

May 24, 2017

Hello OCA Families:

My name is Jim Bostic. I am the Superintendent of Schools for the Atwater Management Group. On June 30 of this year, Summit Academy Management will no longer be the management organization for the Ohio Construction; with GREAT honor and privilege OCA will be managed by the Atwater Management Group. We all know that "change" can be a concerning proposition, but I assure you that we will work to keep change to a minimum and always communicating to the families as changes occur.

That said, I must inform you of one change that is currently underway...finding a new school location. It is necessary that we find a new home for the school. We are working with local real estate personnel to find a location in the current locale and very close, if not on, the local transit line. Transportation for your students is a number one priority. Rest assured that when school begins in the fall we will have a school location for our students. I just wanted you to know that we are in the process of finding a new location. If you have a location you might have heard about, please feel free to reach out to me. My contact information is below.

As we fill school positions we will make every effort to let you know and will have an open house in mid-August to introduce everyone to you. The focus of our construction program will maintain now with construction/carpentry and electrical design. The tentative first day of school will be **AUGUST 24th**.

It is with great pleasure I congratulate the five graduates of the class of 2017! We will be graduating many more students in the future and working to place them in an apprenticeship program with a local business. This is our two major goals and commitment to our families: for your student to receive a high school diploma and receive placement in an apprenticeship program with a reputable construction organization.

As the year approaches, there are a few office items that need to be taken care of. Below is a list of items needed from each student. Unfortunately, due to charter law, we must collect these documents each school year:

- * New 2017/2018 enrollment packet (even for returning students)
- * Copy of Birth Certificate
- * New proof of residency (must be from June or later)
- * Updated Immunizations
- * Transportation needs (please respond and let us know if you will require transportation from the school or will You be providing that yourself)

You can email the documents to me, fax them or drop them off at the Ohio Construction Academy School Office.

Jim Bostic

Superintendent, Atwater Management Group

Cell: 330.414.4285

Email: atwatermq@gmail.com

Fax: 330.823.3050



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OHIO CONSTRUCTION ACADEMY ENROLLMENT FORM

STUDENT INFORMATION

Student Name _____ Jr/Sr/III

Nickname (if applicable) _____ Date of Birth ____ / ____ / ____ Female Male

Who has legal custody of the student? _____

PRIMARY LANGUAGE- CHECK ONE:

E (English) S (Spanish) O (Other, please specify: _____)

Ethnic Background - Is this student Hispanic/Latino? Yes No
(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

WHICH OF THE FOLLOWING FIVE RACIAL GROUPS APPLIES TO THE STUDENT? (Check All That Apply)

- American Indian or Alaskan Native – Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – Persons having origins in any of the black racial groups in Africa.
- Native Hawaiian or Other Pacific Islander – Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.
- White - People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

PREVIOUS SCHOOL/EDUCATION INFORMATION

Grade Applying for? 9th 10th 11th 12th Specific Area of Interest? Carpentry Electrical

Public School District of Residence: _____

Name of school previously attended _____

Address of previous school _____

School District attended Last October Count Week _____

Is the student suspended from School? Yes No Is the student expelled from school? Yes No

Does the student have any medical/ health, or other concerns that the school should be aware of? Yes No

Explain: _____

Does the student need to take medication(s) at school? Yes No

Name of medication(s): _____

Has the student ever been retained? Yes No If so, what grade(s)? _____



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Has the student had an ETR? Yes No

If yes, what issues are identified on the ETR? _____

Does the student have a current or active Individual Education Plan (I.E.P.)? Yes No

Did the student ever have an I.E.P.? Yes No

If yes, please provide a copy of the student's I.E.P. and Evaluation. If yes, what school year? _____

Does the student have a current or active 504 Plan? Yes No

If yes, please provide a copy of the student's 504 Plan.

What types of special education services were received? _____

Has the student received Title I services in the past? Yes No

If so, for what? Math Reading

Is the student currently receiving Title I services? Yes No

If so, for what? Math Reading

CONFIDENTIAL PRIMARY CONTACT INFORMATION

EMAIL AND TEXT COMMUNICATIONS*

I would like to receive email messages from the student's Director/teacher and the school at the address listed above OR the address listed below.

Email address: _____ @ _____

I would like to receive text messages from school at the number listed above OR the number listed below. I understand standard messaging and data rates may apply.

Cell phone number: () _____

Contact Name (Dr. Ms. Mrs. Mr.) _____ JR/Sir/III Relationship _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email _____

School District in which Parent/ Guardian resides _____

Address*: _____

Number and Street

City/State

Zip

**This is where all school correspondence, including report card, will be mailed*

Mother's Address:	_____
Father's Address:	_____
Step-Mother's Address:	_____
Step-Father's Address:	_____

If the student does not live with the legal guardian, then what is the relationship to the person with whom the student resides? _____



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Are there any legal documents that pertain to your student? Yes No

If yes, please supply school with copy of same.

CONFIDENTIAL FAMILY INFORMATION

Is a sibling of the applicant currently attending Ohio Construction Academy? Yes No

If yes, please list sibling name. Name: _____

How did you hear about the school? _____

By signing, I agree that the student will abide by and support the Ohio Construction Academy rules and regulations. I further confirm that the information provided in this document is true and correct. I do have legal custody of this student and the right to make decisions regarding educational placement.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Printed: _____

OFFICIAL OFFICE USE ONLY

We accept enrollment of this student at Ohio Construction Academy _____

Director's Signature _____ Date: _____

School Administration Signature: _____ Official Enrollment Date: _____

OHIO CONSTRUCTION ACADEMY SCHOOL CHOICE

In the State of Ohio, School Choice must be offered to all students, meaning that all students will be able to choose to go to a school outside their district of residence. Please initial and check your preference below.

District of Residence

Student may also opt to stay enrolled in their home district of residence.

_____ I wish to keep my child enrolled in his/her home district.

Local Public School District

The local traditional public school district serves students in grades K-12. Instruction is based on the Ohio academic content standards. Special education services are provided to those students who qualify for services.

_____ I wish to enroll my child in the local public school district in which the residential facility is located.

Ohio Construction Academy **Parent/Guardian please complete all information below as you would like your child enrolled in Ohio Construction Academy, career-tech school; during residential placement:

Ohio Construction Academy is a non-profit career-technical school that provides hands-on job skills training, education and recovery support for alternative learners. OCA builds a respectful culture of safety and pride by teaching both life and job skills training in the construction trades. The only school of its kind, OCA provides students the career pathway to a promising future.

CHECK and INITIAL All that apply:

_____ I wish to enroll my child in Ohio Construction Academy.

As the authority legally permitted to enroll the child listed below, the undersigned attests that School Choice has been offered and has chosen to enroll their child in the school selected above.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Printed: _____



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OHIO CONSTRUCTION ACADEMY FIELD TRIP PERMISSION SLIP

I, the parent/guardian of _____, hereby give
(Student's name)
permission for my child to participate in _____,
(Name of Field Trip)
on _____. I understand that frequent field trips are a part
(Date)
of the curriculum. In consideration of the advantages of these field trips, I
agree to release, indemnify, and hold harmless, Ohio Construction
Academy, its agents, and employees from liability for bodily injury or
property damage that might occur in the course of a field trip. If my child
has a medical condition that requires health services and/or medication(s)
while on a field trip, I have communicated those needs to the school
personnel.

School Name: _____

School Address: _____
Number and Street City/State Zip

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Printed: _____



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OHIO CONSTRUCTION ACADEMY MEDIA RELEASE FORM

TO BE COMPLETED BY PARENT, GUARDIAN or ADULT STUDENT:

Student's Legal Name: _____
Last First Middle

Date of Birth: ____ / ____ / ____ Age: _____

Address: _____
Number and Street City/State Zip

Preferred Phone: ____ - ____ - ____ Alternative Phone: ____ - ____ - ____
 Home Work Cell Home Work Cell

School Name: _____

School Address: _____
Number and Street City/State Zip

I/We understand that as part of our child's/my attendance at the School; photos, videos, and quotations may be taken for use in publications and reports about the program. I/We further understand that members of the news media invited to cover the program may take photos, videos and quotations.

I/We grant permission to the School and its Board Members, Management Company, employees, agent and representatives to use such materials for the promotion of the program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official web site of the School and/or Management Company.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Printed: _____



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OHIO CONSTRUCTION ACADEMY EMERGENCY MEDICAL AUTHORIZATION FORM

School Year _____ HR Teacher _____

Student ID Number: _____ Bus Number: _____

Student's Legal Name: _____

Date of Birth: ____/____/____ City of Birth: _____ State of Birth: _____

Address: _____

Number and Street City/State Zip

Preferred Phone: _____ - _____ - _____ Unlisted: No Yes

Home Work Cell

PARENT/GUARDIAN TO BE CONTACTED FIRST

Name: _____

Preferred Phone: _____ - _____ - _____ Alternative Phone: _____ - _____ - _____

Home Work Cell Home Work Cell

Address: _____

Number and Street City/State Zip

Business Name: _____

Business Address: _____

Number and Street City/State Zip

Relationship: Both Parents Mother Father Court Placed Other

If OTHER, please explain: _____

PARENT/GUARDIAN TO BE CONTACTED SECOND

Name: _____

Preferred Phone: _____ - _____ - _____ Alternative Phone: _____ - _____ - _____

Home Work Cell Home Work Cell

Address: _____

Number and Street City/State Zip

Business Name: _____

Business Address: _____

Number and Street City/State Zip

Relationship: Both Parents Mother Father Court Placed Other

If OTHER, please explain: _____



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OHIO CONSTRUCTION ACADEMY STUDENT MEDICATION AUTHORIZATION FORM

Student's Legal Name: _____
Last First Middle
Date of Birth: ____/____/____ Gender: Female Male
Address: _____
Number and Street City/State Zip
Preferred Phone: ____-____-____ Alternative Phone: ____-____-____
 Home Work Cell Home Work Cell

TO BE COMPLETED BY PHYSICIAN/LICENSED PRESCRIBER

MEDICATION #1:

Name of Medication: _____
Reason for Medication: _____
Form of Medication: Tablet/Capsule Liquid Inhaler Injection Nebulizer Other
INSTRUCTIONS:
Dose: _____ Frequency: _____
Start Date: _____ Stop Date: _____
Side Effects: _____
Severe adverse reactions that must be reported to prescriber: _____
Restrictions: _____

Special Storage Instructions: _____
The student must carry this medication. (For emergency ONLY!) No Yes

MEDICATION #2:

Name of Medication: _____
Reason for Medication: _____
Form of Medication: Tablet/Capsule Liquid Inhaler Injection Nebulizer Other
INSTRUCTIONS:
Dose: _____ Frequency: _____
Start Date: _____ Stop Date: _____
Side Effects: _____
Severe adverse reactions that must be reported to prescriber: _____
Restrictions: _____

Special Storage Instructions: _____
The student must carry this medication. (For emergency ONLY!) No Yes

OHIO CONSTRUCTION ACADEMY INTERNET USAGE FORM

Dear Parent/Guardian & Student:

The Internet represents a unique opportunity for students to explore the incredible wealth of information that enhances learning. The Internet can also make accessible some resources that are not appropriate for young people. In an effort to facilitate the appropriate use of the Internet for student research, we have implemented a "Kid Safe" search engine, content filtering, usage logging, and disallowing e-mail and Internet chat.

Students will have opportunities to connect to the Internet in classrooms and computer labs, under the supervision of Teachers and/or Instructional Aides. Students will be given instruction in the appropriate use of the school's technology resources.

All students who use the Internet are required to adhere to the Internet Usage & Safety Policy, and Harassment, Intimidation, Bullying & Cyberbullying policy—copies attached. Violations may result in the loss of a student's privilege to use the Internet, as well as subject him/her to further disciplinary action up to and including suspension or expulsion.

We encourage parents/guardians and students to discuss the content of this form and the attached Policy.

This form must be signed and returned to the school before the student is granted Internet access. The form expires on the 30th of June each year & a new one must be signed & submitted.

STUDENT: I understand and will abide by the provisions and conditions of this contract and the Internet Usage Agreement. I realize that Internet access in school is for educational purposes ONLY! I understand that any violation of the above provisions may result in disciplinary action, the evoking of my user account, and any appropriate legal action, if necessary. I will not hold Ohio Construction Academy or its staff responsible for, or legally liable for materials distributed to or acquired from the Internet or local network. I also agree to report any misuse of the Internet to the School Director, my Teacher, Instructional Aide or other staff member.

Student Signature: _____ Date: ____/____/____

Student Printed: _____

Grade (Check ONE) : 9 10 11 12

PARENT/GUARDIAN: As the Parent/Guardian, I have read this contract and the Internet Usage & Safety Policy. I understand that Internet access in school is for educational purposes ONLY! I also understand that it is impossible for Ohio Construction Academy to restrict access to all inappropriate materials. I will not hold Ohio Construction Academy or its staff responsible for or legally liable for materials distributed to or acquired from the Internet or local network. I also agree to report any misuse of the Internet to the School Director or Teacher.

I accept full responsibility for supervision if and when my child's use is not in a school setting.

I hereby give my permission to allow my child to use the Internet and certify that the information contained in this form is correct.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Printed: _____



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OHIO CONSTRUCTION ACADEMY RELEASE OF STUDENT RECORDS & SPECIAL EDUCATION AUTHORIZATION FORM

When submitted, this authorization will become part of the student's permanent record in accordance with the Family Educational Rights and Privacy Act of 1974.

Student's Legal Name: _____
Last First Middle

Date of Birth: ___/___/___ City of Birth: _____ State of Birth: _____

Present School Attending: _____

School Address: _____
Number and Street City/State Zip

Name of Custodial Parent(s) or Legal Guardian(s): _____

Address: _____
Number and Street City/State Zip

As the parent/ legal guardian of the above-named child, I authorize Ohio Construction Academy to receive my child's records. I have been advised that I have the right to request a hearing to review and discuss the contents of the records checked below.

Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Printed: _____

SCHOOL ADMINISTRATOR: Please return this form, along with copies of the appropriate documents as applicable to this child. CHECK and INITIAL All that apply:

- | | |
|---|--|
| _____ <input type="checkbox"/> Release ALL | _____ <input type="checkbox"/> Permanent/ Cumulative Records |
| _____ <input type="checkbox"/> Psychological Reports/ Assessments | _____ <input type="checkbox"/> Health/ Immunization Records |
| _____ <input type="checkbox"/> Counseling Reports | _____ <input type="checkbox"/> Special Education ETR/ 504/ IEP |
| _____ <input type="checkbox"/> School Disciplinary Records | _____ <input type="checkbox"/> IAT Meeting Information |
| _____ <input type="checkbox"/> Legal Court Documentation | _____ <input type="checkbox"/> Other testing or evaluation |

THE RECORDS SHOULD BE RELEASED TO: Ohio Construction Academy | 1725 Jetway Blvd.
Columbus, Ohio 43219 | PHONE: (330) 329-1959 | FAX: (330) 784-8346



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2017-2018 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	School	Grade		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2. BENEFITS: if any member of your household receives SNAP or OWF benefits, provide the name and 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: _____ 10-DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED												All Other Income (include frequency, such as "weekly" "monthly" "quarterly" "annually")			
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly		Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / quarterly
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____

Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.

Sign here: X _____ Print name: _____ Date: _____
Address: _____ Phone Number: _____
Last four digits of your Social Security Number: _____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity:
 Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):
 Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Determining/Approval Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____
 If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____
 Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____