Please complete a separate application for each student and leave no section blank. Return by mail, email, fax

School Year Applying for: 21-22 Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Age: \_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level:\_\_\_\_\_\_\_\_\_\_ for 2020-2021 School Last Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Student currently resides in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/PO Box City State Zip Phone

If Foster Placement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Street/PO Box City State Zip Phone

Parent Signature/

Authorization for Records Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Is your child enrolled in special education or a gifted program? If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been suspended/expelled for ten (10) consecutive days in the current term or upcoming term? If so, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ----------------------------------------FOR USA USE ONLY---------------------------------------------

Date Received:\_\_\_\_\_\_\_\_\_\_\_ Time Received:\_\_\_\_\_\_\_\_\_\_\_\_\_ District enrolled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_ Rejected:\_\_\_\_\_\_\_\_\_\_\_\_ Reason(s) if rejected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DORP STATUS: Y or N IF Y, Method\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USA does not discriminate in its educational programs or activities on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender (including pregnancy, sexual harassment and other sexual misconduct including acts of sexual violence such as rape, sexual assault, sexual exploitation and coercion), gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status,  genetic information,  or any other characteristic protected under applicable federal, state or local law.  Retaliation is also prohibited.

*"The Utica Shale Academy is a community school established under Chapter 3314. of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Ohio Department of Education."*

**Request and Consent for Release of Records[[1]](#footnote-1)©**

authorizes the release of the records of

Parent/Guardian Name

Student’s Last Name First Name Mid. Initial Birthdate Mo/Day/Yr

From the Following School/Institution:

Most Recent School/Institution

Address

City, State, Zip Code

Telephone No. Fax No.

The following records may be released (please check).

* Transcript of subjects and grades
* Ohio Proficiency Test Results
* Attendance Record
* Standardized Test Results
* Psychological or Other Individual Test Results
* Health Records
* IEP and Special Education Records, if applicable
* Disciplinary Records

The education records designated should be released and disclosed only to [name and address of recipient]

|  |  |
| --- | --- |
|  |  |
|  |  |

The education records designated are to be disclosed for the following reasons and purposes:

|  |  |
| --- | --- |
|  |  |
|  |  |

I am authorizing the release of these records for these reasons. Please check one.

* I am the subject of these records and 18 years of age or older.
* I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

If this consent had been requested by me, I understand that I have the right not to consent to the release of records. Further, I recognize that a copy of the records must, upon request, be provided to me.

|  |  |
| --- | --- |
|  |  |

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### REQUEST FOR RECORDS

To the Registrar:

Please send the above records, if available for this student as soon as possible. If records are not available, please return our request indicating the following:

* No records available. Reason:
* Unable to find records. Reason:

The undersigned certifies that the above-captioned Request and Consent for Release of Records was complied with on (date) by (mail) or (personal delivery) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

School Registrar Date

1. ©© 1999 Amy J. Borman [↑](#footnote-ref-1)