

Mr. Brian Terrell
Chief Academic Officer



Academic Acceleration Academy
1990 Jefferson Avenue
Columbus, OH 43211
(614) 298-4742
Fax (614) 298-9107

Enrollment Checklist

For: _____

- _____ AAA Enrollment Application
- _____ Global Risk Assessment Device Parent Survey
- _____ AAA Parental Permission of Student Enrollment Interview
- _____ Title I Form
- _____ Emergency Medical Authorization Form
- _____ Immunization Records
- _____ Prescribe Medical Authorization Form (include doctor's notes for special medical situations) **Parent Signature Required**
- _____ School Records Release (includes testing data, OGT results, psychological testing and MFE results, and most recent copy of Individualized Education Plan (IEP), Individualized Health Care Plan (IHCP) **Parent Signature Required**

**THE FOLLOWING ITEMS MUST BE PRESENTED
BEFORE AN INTERVIEW CAN BE CONDUCTED:**

- _____ **High School Transcript with OGT Scores**
- _____ **Psychological Testing, MFE results, copy of most recent IEP**
- _____ **Copy of Birth Certificate**
- _____ **Proof of Residence (copy of lease or utility bill)**
- _____ **Copy of Social Security Card**
- _____ **Request for Pupil Transportation to a Community School
Parent Signature Required**

The Academic Acceleration Academy is a community school established under chapter 3314 of the Ohio Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency test 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 instruction 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.

The Academic Acceleration Academy does not discriminate because of race, color, national origin, religion, sex, or handicap with regard to admission, access, treatment, or employment. This policy is applicable in all programs and activities.

Documents required for enrollment:

- Birth Certificate (or passport)
- Proof of residency
- Social Security Card



ACADEMIC ACCELERATION ACADEMY

1990 Jefferson Avenue - Columbus, OH 43219 - (614) 298-4742

STUDENT ENROLLMENT FORM

Legal Last Name _____ Suffix (if any) _____ First _____ Middle _____

Birth Date: (MM/DD/YYYY) _____ Gender: Male Female
 (Birth Certificate or Passport required.)

Home Address: _____
 House# _____ Street Name _____ Apt# _____ City _____ Zip Code _____

Mailing Address (if different): _____
 House# _____ Street Name _____ Apt# _____ City _____ State _____ Zip Code _____

Home Phone #: (____) _____ Cell #: (____) _____ Email address: _____

Proof of address may be a cable bill, deed, lease, mortgage statement, passport, pay stub, phone bill, residency affidavit, tax bill, utility bill, water bill.

Ethnicity/Race Information

The collection of Ethnicity and Race data is in compliance with the Federal Government's standards effective July 1, 2010.

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

What is the student's race? Choose one or more, regardless of ethnicity.

- | | |
|--|--|
| <input type="checkbox"/> (A) Asian
Origins in any of the original peoples of the Far East, southeast Asia, or the Indian subcontinent | <input type="checkbox"/> (B) Black or African
Origins in any of the original peoples groups or of Africa |
| <input type="checkbox"/> (I) American Indian or Alaskan Native
Origins in any of the original peoples of North and South America (including Central America) and maintaining tribal affiliation or community attachment.) | <input type="checkbox"/> (P) Native Hawaiian/Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |
| <input type="checkbox"/> (W) White
Origins in any of the original peoples of Europe, the Middle East, or North America | <input type="checkbox"/> (M) Multicultural
Origins that are of mixed race (check all applicable race codes) |

Who has Legal Custody of this student? (Provide custody documents if applicable.)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Shared Parenting | <input type="checkbox"/> Other |

With whom does this student live? Check appropriate box.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Shared Parenting | <input type="checkbox"/> Other |

Mother/Guardian Legal Name

(Please print) Last Name	First Name	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian/Relationship
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- Check if address is same as student's
 Check if different from student's

House# _____ Street Name _____ Apt# _____ City _____ Zip Code _____ Home Phone _____
 Works on Gov't Property Yes No Works at: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact? Yes No Copy of Correspondence Yes No

The Academic Acceleration Academy does not discriminate because of race, color, national origin, religion, sex, or handicap with regard to admission, success, treatment or employment. This is applicable in all programs and activities. AAA Mission: Each student is highly educated, prepared for leadership and service and empowered for success in a global community.

Father/Guardian Legal Name

_____ (Please print) Last Name	_____ First Name	<input type="checkbox"/>	<input type="checkbox"/>	Parent	Guardian/Relationship
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- Check if address is same as student's
 Check if different from student's

House#	Street Name	Apt#	City	Zip Code	Home Phone
Works on Gov't Property		<input type="checkbox"/> Yes <input type="checkbox"/> No	Works at: _____	Occupation: _____	
Work Phone: _____		Cell Phone: _____		Email: _____	
Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Copy of Correspondence <input type="checkbox"/> Yes <input type="checkbox"/> No		

English as a Second Language (ESL) Information

Was this student born outside of the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was one or both parents born outside of the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a language other than English spoken at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Special Education Information

Does your student have an IEP/MFE? ___ yes ___ no If yes, what is your child's disability category? _____

<p>Is this student working?</p> Employer: _____ Address _____ Phone: _____ Supervisor's Name: _____	<p>What is the student's career interest?</p> <input type="checkbox"/> Business/Entrepreneurial <input type="checkbox"/> Construction <input type="checkbox"/> Health and Human Services <input type="checkbox"/> Other _____
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Previous School History

Previous School Name: _____ Previous Grade: _____ Withdrawal Date: _____

If the previous school was a Columbus City School, what is student's ID#? _____

Has the student ever attended any public school, Head Start, preschool, charter or community school in the state of Ohio? ___ yes ___ no

If school was not in the Columbus/Franklin County area, complete the following:

School District Name	Street Address	City	State	ZIP
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**Academic Acceleration Academy
Prescribed Medication Authorization**

Parent to Complete

Purpose: To permit students to possess and/or use prescription medications during school hours when regular attendance at school would be impossible without the medication.

Name of Student _____ ID Number _____
Address _____ Phone _____
Date of Birth _____

To the Parent or Guardian:

The following information is necessary for any student who possesses or uses prescribed medication in school; both the parent and physician portion of this form must be completed.

1. I am requesting permission for the student named above to possess and use medication according to the doctor's verification on this card.
2. I will assume responsibility for the safe delivery of the medication to the school, either by myself or the student.
3. I will notify the school immediately if there is any change in this medication.
4. I authorize the Academic Acceleration Academy personnel to communicate with my health care provider as necessary concerning the use of this medication.
5. I release and agree to hold the Academic Acceleration Academy, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this medication.

Signature of Parent or Guardian _____ Date _____
Home Phone _____ Work Phone _____

Physician to Complete

To the Physician:

The Academic Acceleration Academy urges you to schedule medication administration of students at times outside of school hours. When that is not possible, the possession and use of medication will be permitted, insofar as feasible, during school hours. Medication in pill form is preferable to liquids for use in school.

I verify that this medication must be taken by _____ during school hours.

Medication _____ Dosage _____ Route _____

Medication is to be taken at the following times: _____

Instructions of precautions, including side effects: _____

Beginning date _____ Expiration date _____

Physician Signature _____ Date _____

Physician printed name, address, phone and fax or stamp: _____

EMERGENCY MEDICAL AUTHORIZATION FORM
Academic Acceleration Academy

Student's Name _____

Address _____

Telephone Number _____

Social Security Number _____

School Attended _____

Medicaid Number _____

Purpose- To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OF GUARDIAN

Mother's Name _____

Daytime Phone _____

Father's Name _____

Daytime Phone _____

Other's Name _____

Daytime Phone _____

Name of Relative or Childcare Provider _____

Relationship _____

Phone Address _____

PART I OR PART II MUST BE COMPLETED

PART I- To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted. I have listed below:

Signature of Parent/Guardian _____

Date _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II- REFUSAL TO CONSENT
I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian _____

Address _____

Date _____

Sample Letter for Use with Student Income Form When No Meals Are Served

STUDENT INCOME FORM

Dear Parent or Guardian:

Why should you complete the student income form if your child does not eat school meals?

The amount of federal funds your school building receives is dependent on the return of this completed form. These funds pay for additional educational services for students who are failing or at risk of failing to meet the same high standards as everyone else in the school.

These federal funds for additional educational services are known as Title I. Our district provides additional tutoring in reading and mathematics. The Title I law requires that funds be given to schools based on the number of children from low-income families who live in the building's attendance area.

While the amount of money each school receives depends on the number of children from low income families, the tutoring services are based on the academic need of the students regardless of income level.

What happens if you fill out this form?

- Your name will not be given out. Your name and your child's are NOT required on the form.
- Your school building may be able to get more money.
- That money may be used to hire teachers and buy materials.
- Your child or other children may get extra help with reading and mathematics.

So please fill out this form and return it to:

Title I Student Income Form- School Year 2011-2012

To the Parent/Guardian: In order to determine if the school your child attends will receive federal No Child Left Behind Act- Title I funds for reading and/or mathematics or other services, specific income information is needed from you. Please complete this survey form, and return to your child's school immediately. One form should be completed for each child in your family. Thanks You for your cooperation.

Student Information: Please print the information below. Please note, name is NOT required, but the other information is.

Name of Student (Not Required) Grade (Required)	Name of School (Required)

Circle if Child is *Foster Child *Ward of Court *Welfare Reciepiant * Food Stamp Recipient

Calculating Household Income: In order to determine if the school your child attends will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated in your household.) See list below of the types of income to report:

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment Compensation
- Worker's Compensation
- Net income from self-owned business or farm

Public Assistance/Child Support/Alimony

- Public Assistance (welfare) payments
- Alimony/child support payments

Pensions/Retirement/Social security

- Pensions
- Supplemental Security Income
- Retirement Income
- Social Security

Other Income

- Disability benefits
- Cash withdrawl
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from person not living in the household
- Net royalties/annuities/net rental income
- Any other income

Household Income: In column 1 below, enter the total number of people living in the household, whether they receive income or not. In column 2, enter the total amount of income of all those household members. The income can be the amount received per year, per month, or per week, but should be the total before taxes or anything else is taken out.

Effective from July 1, 2011 to June 30, 2012

		FOR SCHOOL USE ONLY Income Guidelines for Title I building/attendance area eligibility					
1	2	Household Size	Annual	Monthly	Twice per month	Every two weeks	Weekly
Total no. of people living in the household	Total household income and frequency						
	\$ _____						
	<input type="checkbox"/> Annual	1	\$14,157	\$1,180	\$590	\$545	\$273
	<input type="checkbox"/> Monthly	2	\$19,123	\$1,594	\$797	\$736	\$368
	<input type="checkbox"/> Twice per month	3	\$24,089	\$1,008	\$1,004	\$927	\$464
	<input type="checkbox"/> Every two weeks	4	\$29,055	\$2,422	\$1,211	\$1,118	\$559
	<input type="checkbox"/> Weekly	5	\$34,021	\$2,836	\$1,418	\$1,309	\$655
		6	\$38,987	\$3,249	\$1,625	\$1,500	\$750
		7	\$43,953	\$3,663	\$1,832	\$1,691	\$846
		8	\$48,919	\$4,077	\$2,039	\$1,882	\$941
	For each add'l member add		\$4,966	\$414	\$207	\$191	\$96

Required Parent/Guardian Information

Address: _____

City/State/Zip: _____

Date: _____

FOR SCHOOL USE ONLY

Signature of School District:

X _____

Within guidelines: Yes No

Mr. Brian Terrell
Chief Academic Officer



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**The Academic Acceleration Academy (AAA) Notification of Parental Permission
Of Student's Participation in the Intake and Enrollment Interview**

This is a parental notification form regarding the gathering of information to be used in determining eligibility for enrollment. In addition, this information will be used for evaluation and/or research purposes related to getting more students ready to graduate high school and be prepared for college and/or work.

The Intake and Enrollment Interview will explore the education experiences of youth coming to the attention of the AAA program. These experiences will be used to examine the impact of learning difficulties, family factors, mental health, peer influences and environmental factors on school failure, school drop-out and retention and graduation rates. The interview will be used to develop recommendations for planning and appropriate programming for young people in order to improve academic achievement. Students seeking enrollment, voluntarily apply to AAA. The interview will include:

- A school application form containing demographic and school information
- A parent questionnaire
- A student questionnaire
- The Global Risk Assessment Device Youth version(provided in interview format)
- The Global Risk Assessment Device Parent version(provided in paper and pencil format)

For question about your child's right as a participant in the intake interview, you may contact Mr. Brian Terrell, Chief Academic Officer for the Academic Acceleration Academy at (614) 298-4742.

Signing the parental notification form

I have read this form and voluntarily agree to permit my student to participate in the intake interview.

Printed Name of Student

Printed Name of parent or guardian Signature of parent or guardian Date

AAA Staff
I have explained the intake and enrollment process to the student and/or parents. A copy of this form has been given to the participant or his/her representative.

Printed name of AAA Staff Signature of AAA Staff Date

The Academic Acceleration Academy does not discriminate because of race, color, national origin, religion, sex, or handicap with regard to admission, access, treatment, or employment. This policy is applicable in all programs and activities.

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Academic Acceleration Academy Parent Survey

Attached you will find the Global Risk Assessment Device (GRAD) Parent Survey. This survey will allow for a more comprehensive assessment of your child during the Student Enrollment Process. This survey is comprised of eleven sections. Please complete this survey in its entirety and return with your child's completed enrollment package.

Any questions regarding the GRAD parent survey may be directed towards the Student Services Coordinator at (614)298-4742.

Thank you in advance for your cooperation.

GRADcis™

Global Risk Assessment Device

GRAD Adult Caregiver Version

Here are some questions about young people.
Please answer the following questions with these responses:
No. There is no evidence/It is not a concern = 0
Yes. There is some evidence/It is a concern = 1
Yes. There is strong evidence/It is a major concern = 2

Prior Offenses

Within the past 6 months...

- | | 0 | 1 | 2 |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has this youth come to the attention of law enforcement for their behavior or for a delinquent offense? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this youth participated in any kind of illegal activity that did NOT come to the attention of law enforcement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this youth made a formal appearance in court (appeared for a court date before a judge or magistrate)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this youth made an informal appearance in court? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does this youth have a history of prior detention? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Here are some questions about young people.
 Please answer the following questions with these responses:
 No. There is no evidence/It is not a concern = 0
 Yes. There is some evidence/It is a concern = 1
 Yes. There is strong evidence/It is a major concern = 2

Family/Parenting
Within the past 6 months...

- | | 0 | 1 | 2 |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are there any adults in the home in conflict with this youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do adults in the home have difficulty keeping track of this youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are family members too critical of this youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is this youth not welcome to stay in the family home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this youth at-risk of harm or in imminent physical danger if they remain in the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do adults have to come down hard on this youth (i.e harsh punishment)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do physical altercations happen between this youth and adults in the home because of the youth's misbehavior? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do adults in the home get into verbal shouting matches with this youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the youth become more uncontrollable after they have been punished? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do family members seem to take extra care not to upset this youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do adults in the home tip-toe around this youth in order not to upset them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there is too much conflict or fighting between this youth and their siblings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do adults in the home find it easier to do things themselves instead of asking the youth to do them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is the quality of the youth's relationship with their mother/primary female caregiver poor or non-existent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the quality of the youth's relationship with the father/primary male caregiver poor or non-existent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is the family experiencing financial hardship? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is the family at-risk for homelessness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 Please answer the following questions with these responses:
 No. There is no evidence/It is not a concern = 0
 Yes. There is some evidence/It is a concern = 1
 Yes. There is strong evidence/It is a major concern = 2

Education/Vocation
 Within the past 6 months...

- | | 0 | 1 | 2 |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is the youth experiencing academic difficulty in school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the youth experiencing difficulty with their behavior in school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the youth have difficulty getting to school/or staying in school for the entire day? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the youth miss school frequently due to family responsibilities (sibling care, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the youth in conflict with any teachers at school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the school call home because this youth has been disruptive in class? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the youth frequently interrupt classroom activity (excessive talking, unable to control themselves physically, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the youth in danger of dropping out of school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the youth behind one or more academic years in school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there any evidence to suggest that the youth may have learning problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the youth enrolled in special education classes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the youth have difficulty reading and/or writing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has the youth displayed any difficulty in keeping a job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has the youth displayed any difficulty living up to job responsibilities or requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has the youth displayed any difficulty with adult supervisors in work situations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has the youth displayed any difficulty with same age employees in work situation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Here are some questions about young people.
 Please answer the following questions with these responses:
 No. There is no evidence/It is not a concern = 0
 Yes. There is some evidence/It is a concern = 1
 Yes. There is strong evidence/It is a major concern = 2

Peer/Significant Relationships
Within the past 6 months...

- | | 0 | 1 | 2 |
|--|--------------------------|--------------------------|--------------------------|
| 1. Does the youth NOT have any SAME sex friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the youth NOT have a best friend or confidante? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the youth prefer to hang around with friends who are older than themselves (at least two years)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the youth's dating relationships significantly older/younger (by four or more years)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the youth get into trouble (at school, with the police, etc.) with the persons they date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the youth have frequent conflict with the people they date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the youth associate with other young people who are known to be gang involved or are loosely associated with a gang? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the youth report that they are gang involved or has been identified as being gang involved by school, law enforcement or family members? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the youth have contact with other young persons who get into trouble with the law? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the youth have longstanding arguments with other youths? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the youth frequently lie, gossip, and/or spreads rumors about other youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the youth cruel or do they bully other youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the youth refuse to bring friends home to meet adult family members? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do other youth frequently lie, gossip, and/or spread rumors about this youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do other youth bully or are they cruel to this youth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Here are some questions about young people.
 Please answer the following questions with these responses:
 No. There is no evidence/It is not a concern = 0
 Yes. There is some evidence/It is a concern = 1
 Yes. There is strong evidence/It is a major concern = 2

Substance Use/Abuse

Within the past 6 months...

- | | 0 | 1 | 2 |
|--|--------------------------|--------------------------|--------------------------|
| 1. Does the youth use alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the youth use marijuana? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the youth smoke or chew tobacco regularly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the youth use "club drugs" (ecstasy), acid or other psychedelic drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the youth sniff glue, aerosol sprays, or other inhalants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the youth use street drugs or legal drugs for non-medical reasons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the youth use highly addictive drugs (crack, cocaine, heroin)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do drugs and/or alcohol play a role in disrupting the youth's academic performance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do drugs and/or alcohol play a role in disrupting the relationship between the youth and school personnel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do drugs and/or alcohol play a role in disrupting the relationship between the youth and his/her peer group? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do drugs and/or alcohol play a role in disrupting the relationship between the youth and their family members? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the youth use drugs and/or alcohol with any adults in the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the youth use drugs and/or alcohol at home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the youth trade sex for drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Leisure

Within the past 6 months...

- | | 0 | 1 | 2 |
|---|--------------------------|--------------------------|--------------------------|
| 1. Does the youth NOT participate in activities at school or in the community that are available to them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the youth have family responsibilities that limit or prohibit their after-school activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the youth have a lot of spare time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the youth show a lack of interest in having any kind of hobbies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Here are some questions about young people.
 Please answer the following questions with these responses:
 No. There is no evidence/It is not a concern = 0
 Yes. There is some evidence/It is a concern = 1
 Yes. There is strong evidence/It is a major concern = 2

Personality/Behavior

Within the past 6 months...

- | | 0 | 1 | 2 |
|---|--------------------------|--------------------------|--------------------------|
| 1. Does the youth have difficulty controlling their anger? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the youth exaggerate their abilities or personal accomplishments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the youth have trouble paying attention or concentrating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the youth high strung or tense? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the youth nervous or are they easily startled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the youth have problems sitting still? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the youth attention-seeking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the youth try to get even with others when they feel wronged? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the youth destroys their own belongings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the youth yell, shout or curse too much? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the youth threaten to harm people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the youth physically aggressive towards others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the youth get into motor vehicles with others who drive under the influence of drugs and/or alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the youth engage in self-mutilating behaviors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the youth engage in dangerous physical activities like jumping from high places, moving cars etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the youth have bad dreams or nightmares? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the youth have difficulty sleeping? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Has the youth lost interest in things they used to enjoy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does the youth seem sad, moody, blue or depressed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Does the youth seem to not trust anyone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has the youth experienced a major change in appetite (either increase or decrease)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does the youth experience panic attacks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Does the youth have difficulty breathing, experiences pain in their chest, or complains of their heart pounding? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Does the youth seem to be physically numb to pain? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is the youth preoccupied with sex or talks about sex too much? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does the youth seem to be troubled by who they are as an individual (in terms of their family background, the color of their skin, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 Please answer the following questions with these responses:
 No. There is no evidence/It is not a concern = 0
 Yes. There is some evidence/It is a concern = 1
 Yes. There is strong evidence/It is a major concern = 2

Sociability

Within the past 6 months...

- | | 0 | 1 | 2 |
|--|--------------------------|--------------------------|--------------------------|
| 1. Does the youth seem to have an inflated sense of their abilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the youth seem to have an excessive sense of self-worth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the youth seem to think they are better or more deserving than others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the youth get bored easily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the youth cold and unfeeling towards others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the youth manipulate or use others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the youth seem to be slick or charming but insincere? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Trauma

Over your lifetime...

- | | 0 | 1 | 2 |
|---|--------------------------|--------------------------|--------------------------|
| 1. Does the youth have a past history of physical victimization? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the youth have a past history of sexual victimization? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the youth have a past history of neglect (physical/emotional)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the youth been involved in a violent dating relationship? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the youth has witnessed domestic violence in the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the youth seen someone they know get really sick and/or hurt? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the youth witnessed a violent act against another person (shooting, stabbing, beating)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the youth seen someone die? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the youth been threatened by another person with physical harm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has the youth been a victim of a crime? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the youth been hospitalized for a significant injury or illness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the youth seem to be able to report details of traumatic events with little or no emotion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Here are some questions about young people.
 Please answer the following questions with these responses:
 No. There is no evidence/It is not a concern = 0
 Yes. There is some evidence/It is a concern = 1
 Yes. There is strong evidence/It is a major concern = 2

Accountability

Within the past 6 months...

- | | 0 | 1 | 2 |
|---|--------------------------|--------------------------|--------------------------|
| 1. Does the youth fail to take responsibility for their actions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the youth seem to not feel guilty when caught doing something wrong? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the youth blame others for their own mistakes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the youth lie with a straight face when confronted about wrongdoing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the youth try to cover up their actions after they have done something wrong? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the youth seem to ignore or disregard their responsibilities as a citizen of the community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the youth seem to lack a sense of belonging or attachment to their school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Health Services

Within the past year...

- | | 0 | 1 | 2 |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has the youth had any major health problems in the last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the youth lack regular medical check-ups (at least one yearly examination)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the youth have poor nutrition or hunger-related problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the youth have problems with their weight (either over or under)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the youth sexually active? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the youth been pregnant or has impregnated someone else? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the youth engage in unprotected sex? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the youth have sex with multiple partners? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the youth take money in exchange for sexual acts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Mr. Brian Terrell
Chief Academic Officer



Academic Acceleration Academy
1990 Jefferson Avenue
Columbus, OH 43211
(614) 298-4742
Fax (614) 298-9107

Records Release

Student Name: _____ DOB: _____

To: _____ Fax: _____
School

School Address: _____
Street Address City State Zip

Dear Records Office:

This student is currently interested in enrollment or has been successfully admitted into the Academic Acceleration Academy. Please send all records including:

- Official Transcripts (official school stamp; school official signature and/or embossed seal)
- Most recent grade card and transfer grades
- State Schievement/OGT test scores (including scaled scores and test dates)
- Special Education records (IEP/MFE/ETR/504 etc.)
- Immunization Records
- Attendance records, including dates student was enrolled/withdrawn from your school

It is imperative that we obtain the student records as soon as possible to ensure accurate student scheduling. If you have any questions, please contact the school at (614)298-4742.

Signature of parent/legal guardian: _____

Date Signed: _____

Sincerely,

Student Services



Columbus City Schools Transportation Services Department

2011 - 2012 REQUEST FOR PUPIL TRANSPORTATION TO A COMMUNITY SCHOOL

A separate application must be submitted for each pupil. Use the student's full, legal name. Only one transportation service will be provided per pupil. Information must be provided along with certification by the school administrator. Reimbursement-in-lieu of transportation is provided *only* if no school bus or COTA Pass is available. The due date for full year reimbursement is September 30, 2011. Late applications will be pro-rated from the date of receipt.

Student Information

Check all that apply: New Student Returning Student Address Change Effective Date Of Change

Please Print or Type

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ (mm/dd/yyyy) Sex _____ Race _____ Grade _____ Home Phone _____

Address _____ City _____ Zip _____

Mother/Guardian Name _____ Daytime Phone _____ Other Phone # _____

Father/Guardian Name _____ Daytime Phone _____ Other Phone # _____

Emergency Contact Name _____ Relationship to Student _____

Emergency Contact Address _____ Phone # _____ Other Phone # _____

Name of School Transportation is Requested to: _____ Enrollment Date _____

What School did your child previously attend? _____ Withdrawal Date _____

Parent Signature (REQUIRED FOR PROCESSING) _____ Date _____

School Certification (Must be completed by the school administrator & required for processing)

I hereby certify that the above student resides in the Columbus City School District and was enrolled as of _____ (mm/dd/yyyy) at _____

_____ and is eligible for services provided by Columbus City Schools Transportation Dept. I further certify that I will notify Columbus City Schools immediately if the above student is withdrawn.

School Administrator Signature (REQUIRED FOR PROCESSING) _____ Date _____

Service Provided (check only one): School Bus COTA Pass Reimbursement Start Date _____

Bus Route # _____ Time & Location _____ Processed By _____

Incomplete Applications Will NOT Be Processed