Admission Application 2023-2024

Enrollment Office: 937-229-5890

DECA Fax: 937-229-5753

**KEEP THIS PAGE FOR FUTURE REFERENCE**

* **Tuesday, January 17th— Friday, April 7st**   
  Applications available at DECA High and online at <http://daytonearlycollege.org/enroll-now>

**Family obtains application and completes the following**:

* completes **Student** **Registration Worksheet**
* student completes **Personal Information** worksheet; student/parent signs at bottom
* completes **Parent/Guardian Checklist;** parent signs at bottom
* completes **Parent/Guardian Compact Sign Off**; parent signs at bottom
* signs **Release of Records Request**and submits **to current school**
* requests **two current teacher recommendations,** using official form
* parent **returns completed application packet** to DECA High
* parent attends at least one enrollment informational meeting (see schedule below)
* student attends required test session**\***

**Current school:**

* school official prepares copies of requested school records, signs the bottom and mails/faxes to DECA High
* two teachers complete recommendation form, places in sealed envelope and returns to student or directly to DECA High
* **Enrollment Meeting Dates and Information:** All enrollment meetings will take place in person at DECA High (1529 Brown Street). Attendance at one of the meetings below is **mandatory**.
* Tuesday, January 17th - 6:00 PM - Enrollment Informational Meeting
* Thursday, January 26nd - Enrollment Informational Meeting
* Thursday. February 9th – 6:00 PM – Enrollment Informational Meeting
* Tuesday, February 23rd – 6:00 PM – Enrollment Informational Meeting
* Thursday, March 7th – 6:00 PM – Enrollment Informational Meeting
* Friday, April 7th - Enrollment ends at 4:00 PM.
* TBD – Mandatory MAP testing – date will be assigned upon acceptance
* TBD – Mandatory Parent Orientation
* TBD – Mandatory Student orientation



All DECA, Inc., educational programs are available to its students without regard to race, creed, color, national origin, sex and disability, as well as parent/guardian education level.

**DECA High**

**ADMISSION APPLICATION – 2023-2024**

**Enrollment Office: (937) 229-5890**

**APPLICATION CHECKLIST**

**Applications will not be considered for admission unless all fields and signatures are completed on the following:**

* Student Registration Worksheet
  + Custody papers (if applicable)
* Student Personal information sheet
* Parent/Guardian Checklist Sign-off
* Parent/Guardian Compact Sign-off
* Signed (by school official) Mid-Year release of records form
* Two student evaluation forms

**In addition, applications will not be considered for admission unless a copy of all of the following records and documents are received by DECA High by the deadline of Friday, April 7, 2023:**

* Copy of student’s birth certificate (image must be clear)
* Copy of student’s Health/immunization records
* Copy of parent/guardian photo ID with signature (image must be clear)
* Copy of PROOF OF ADDRESS:
  + We will **ONLY** accept a utility bill, lease agreement, mortgage statement, paycheck stub, court order, USPS change of address statement, or bank statement in the parent or legal guardian’s name and dated within the last 60 days. **We can NOT accept disconnect notices.**
  + Verify you are a resident of the Dayton Public School district and **your name dated within the last 60 days. If you do not live in the DPS district, you will not be admitted to DECA High.**
* Copy of Current and prior year report cards **AND** attendance records
* Copy of Current and prior year standardized test scores
* Copy of Student’s current IEP/MFE **AND** ETR, if applicable

Per Title IX requirements, DECA has made available on its website under legal notices its grievance procedures as it relates to sexual harassment claims. DECA has designated a Title IX Coordinator whose information can be found below:

**Name:** Charlie Bull

**Title**: Director of Human Resources

**Address**: 1529 Brown Street

Dayton, OH 45469

**E-mail**: cbull@daytonearlycollege.org

**Telephone**: 937.974.7651

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**2023-2024 DECA High – Student Registration Worksheet**

**All spaces must be answered**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Last Name First Name Middle Name Grade Entering Month Day Year

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female (circle)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City & State of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_

**Answer both the following:**

**Ethnicity:** Non-Hispanic/Latino\_\_\_\_\_\_ Hispanic/Latino\_\_\_\_\_\_\_ (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture regardless of race)

**Race (choose one or more):** American Indian/Alaskan Native Asian\_\_\_\_\_ Black or African American\_\_\_\_\_ Native Hawaiian or Other Pacific Islander\_\_\_\_\_\_ White\_\_\_\_\_\_

Homeless Status: yes no If yes, check one: lives in public operated shelter \_\_\_\_

lives in privately operated shelter\_\_\_\_

lives with friends or relatives\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Citizen: yes no If no, check one: Exchange student Other Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limited English Proficiency: yes no If yes, provide documentation with application

Has your child ever been retained? yes\_\_\_\_ no\_\_\_\_\_ If yes, what grade? \_\_\_\_\_

Does your child have an IEP: yes no

Has this student been in any **gifted** program in school? no \_\_\_ yes \_\_\_ If yes, what program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print parent/guardian information** (first box should be Primary Contact; second box should be Secondary Contact)**:**

  
 Father Mother Step Parent Guardian Foster Parents (circle appropriate status) Father Mother Step Parent Guardian Foster Parents (circle appropriate status)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell or Home Primary Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell or Home

Secondary Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell or Home Secondary Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell or Home

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

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you active military: \_\_\_\_No \_\_\_\_Yes Are you active military: \_\_\_\_No \_\_\_\_Yes:

Branch \_\_\_\_Armed Forces \_\_\_Natl’ Guard Branch \_\_\_\_Armed Forces \_\_\_Natl’ Guard

Some college Y or N College degree Y or N Some college Y or N College degree Y or N

**Custodial Information**

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

**PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD/STUDENT:**

\_\_\_\_\_\_\_ A. Child lives with natural parent(s) or with legally adoptive parents.

\_\_\_\_\_\_\_ B. Parents are divorced or legally separated; child resides with parent who has legal custody by court order.

(If this is the case, you must provide the school with a copy of the court order within 30 days)

\_\_\_\_\_\_\_ C. Parents are divorced or legally separated; child resides with parent who **DOES NOT** have legal custody.

(If this is the case, you must obtain legal custody within 60 days)

\_\_\_\_\_\_\_ D. Child lives with a Guardian who has been granted legal custody by court order.

(If this is your situation, you must provide the school with a copy of the court order)

\_\_\_\_\_\_\_ E. Child lives with a Guardian who **HAS NOT** been granted legal custody by court order.

(If this is your situation, you must obtain legal custody within 60 days)

\_\_\_\_\_\_\_ F. Child lives with Foster Parents.

(If this is your situation, you must provide all necessary custodial agency paperwork designating proof of district responsibility for educational costs and previous school records at the time of application – YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL THESE REQUIREMENTS)









**COMPLETED BY THE STUDENT: Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering: \_\_\_\_\_\_\_\_\_\_**

**I. PERSONAL INFORMATION**

1. What hobbies or interests do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_







2. What makes DECA stand out from other schools? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_







3. What other schools are you considering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



4. What factors helped you to choose this high school? Rank your top three choices.

\_\_\_\_\_\_\_\_\_\_ academic reputation \_\_\_\_\_\_\_\_\_\_ family members attend / attended DECA

\_\_\_\_\_\_\_\_\_\_ friends attend / attended DECA \_\_\_\_\_\_\_\_\_\_ availability of college access

\_\_\_\_\_\_\_\_\_\_ convenient location \_\_\_\_\_\_\_\_\_\_ association with University of Dayton

\_\_\_\_\_\_\_\_\_\_ community learning opportunities \_\_\_\_\_\_\_\_\_\_ others

5. Where did you hear about DECA (✓ all that apply)

\_\_\_\_\_\_ newspaper \_\_\_\_\_\_ school visit \_\_\_\_\_\_ mailings \_\_\_\_\_\_ other

\_\_\_\_\_\_ television \_\_\_\_\_\_ individual family visit \_\_\_\_\_\_ web site

\_\_\_\_\_\_ radio \_\_\_\_\_\_ open house \_\_\_\_\_\_ word of mouth

6. **List the names of any IMMEDIATE FAMILY or HOUSEHOLD MEMBERS who currently attend DECA:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Describe something about yourself that you would like us to know:







8. Will you be the first generation in your family to attend college (only counting parents and grandparents)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

To complete this application, you are asked to write your name on the Student Evaluation forms and give them to two of your current teachers. Parent signature below authorizes the release of disciplinary and academic information as defined by the Family Educational Rights and Privacy Act from the applicant’s current teachers to the Dayton Early College Academy (DECA).

**Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

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# DECA High Marketing and Recruitment

# Parent Checklist

**COMPLETED BY THE PARENT:**

\_\_\_ Yes \_\_\_ No My child will be **no older than 15** when school begins.

\_\_\_ Yes \_\_\_ No My child will be **promoted to the 9th grade** as a first year 9th grade student.

\_\_\_ Yes \_\_\_ No My child demonstrates a **strong desire to go to college**.

\_\_\_ Yes \_\_\_ No My child will be the first generation in my family to attend college (only counting child’s parent(s)/guardian(s) and grandparent(s)/guardian(s)

\_\_\_ Yes \_\_\_ No My child is **drug free**.

\_\_\_ Yes \_\_\_ No My child will be the **first generation** in the family to attend college.

\_\_\_ Yes \_\_\_ No My child’s **first language is English**, or

\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Yes \_\_\_ No My child demonstrates the necessary **personal characteristics** (maturity, work  
 habits, citizenship, team work...) to function in a demanding and independent  
 learning environment.

**Residency status (current proof of residency document required prior to final acceptance)**  
  
Please check one:

\_\_\_ Yes \_\_\_ No My child lives with a parent or legal guardian who is currently a resident of the **Dayton**

**Public School district**.

\_\_\_ Yes \_\_\_ No My child will become a **Dayton Public School district resident** prior to the

start of the 2023-2024 school year.

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**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

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PLEASE FORWARD COMPLETED TO DECA High – FAX 937-229-5753

**STUDENT EVALUATION**

**TO BE COMPLETED BY CURRENT OR RECENT TEACHER:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Student’s Name Current School School Phone Number

#### I. ACADEMIC EVALUATION

Please indicate below your estimation of this student’s performance in comparison to all students his/her age, not only those in his/her classes but those he/she will most likely encounter in high school. (please circle)

Reading Achievement Superior Above Average Average Below Average Poor

Mathematical Achievement Superior Above Average Average Below Average Poor

Oral English Achievement Superior Above Average Average Below Average Poor

Written English Achievement Superior Above Average Average Below Average Poor

Mental Ability Superior Above Average Average Below Average Poor  
Academic Motivation Superior Above Average Average Below Average Poor  
Completion of Assignments Superior Above Average Average Below Average Poor  
Personal Initiative Superior Above Average Average Below Average Poor  
Daily Attendance Superior Above Average Average Below Average Poor

Class Participation Superior Above Average Average Below Average Poor

Level of Respect (self & others) Superior Above Average Average Below Average Poor

Ability to Seek Assistance Superior Above Average Average Below Average Poor

Ability to Work Independently Superior Above Average Average Below Average Poor

In my opinion, this student works: \_\_\_\_\_\_\_ above ability \_\_\_\_\_\_\_ at ability \_\_\_\_\_\_\_ below ability

### II. DISCIPLINARY EVALUATION

Has the student ever been expelled? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No If yes, explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever been suspended (in-school or out-of-school)? During 7th grade \_\_\_\_ Yes \_\_\_\_ No # of days \_\_\_\_\_\_\_\_\_

During 8th grade \_\_\_\_ Yes \_\_\_\_ No # of days \_\_\_\_\_\_\_\_\_

Briefly indicate reasons for suspension: (i.e. tardies, fighting, cheating, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### III. SUMMARY INFORMATION

1. How long have you known this student and in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does the student have any significant health problems or physical disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, briefly describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does the student have a diagnosed learning disability? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No   
 If yes, does the student have an active IEP or 504 plan? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

4. Are any type of educational accommodations made for this student? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

5. Can this child be successful in a rigorous college prep program? \_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_  
 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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6. Are there student-specific concerns (disciplinary, academic, etc.) that you would like to discuss by phone? \_\_\_\_\_ Yes \_\_\_\_\_\_ No

Please add on back of this form anything else you would like us to know about this student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Printed Name Evaluator’s Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Evaluator’s Signature Phone Number Date

PLEASE FORWARD COMPLETED TO DECA High – FAX 937-229-5753

**STUDENT EVALUATION**

**TO BE COMPLETED BY TEACHER:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Student’s Name Current School School Phone Number

#### I. ACADEMIC EVALUATION

Please indicate below your estimation of this student’s performance in comparison to all students his/her age, not only those in his/her classes but those he/she will most likely encounter in high school. (please circle)

Reading Achievement Superior Above Average Average Below Average Poor

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Daily Attendance Superior Above Average Average Below Average Poor

Class Participation Superior Above Average Average Below Average Poor

Level of Respect (self & others) Superior Above Average Average Below Average Poor

Ability to Seek Assistance Superior Above Average Average Below Average Poor

Ability to Work Independently Superior Above Average Average Below Average Poor

In my opinion, this student works: \_\_\_\_\_\_\_ above ability \_\_\_\_\_\_\_ at ability \_\_\_\_\_\_\_ below ability

### II. DISCIPLINARY EVALUATION

Has the student ever been expelled? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No If yes, explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever been suspended (in-school or out-of-school)? During 7th grade \_\_\_\_ Yes \_\_\_\_ No # of days \_\_\_\_\_\_\_\_\_

During 8th grade \_\_\_\_ Yes \_\_\_\_ No # of days \_\_\_\_\_\_\_\_\_

Briefly indicate reasons for suspension: (i.e. tardies, fighting, cheating, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### III. SUMMARY INFORMATION

1. How long have you known this student and in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does the student have any significant health problems or physical disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, briefly describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does the student have a diagnosed learning disability? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No   
 If yes, does the student have an active IEP or 504 plan? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

4. Are any type of educational accommodations made for this student? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

5. Can this child be successful in a rigorous college prep program? \_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_  
 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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6. Are there student-specific concerns (disciplinary, academic, etc.) that you would like to discuss by phone? \_\_\_\_\_ Yes \_\_\_\_\_\_ No

Please add on back of this form anything else you would like us to know about this student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Printed Name Evaluator’s Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Evaluator’s Signature Phone Number Date

PLEASE FORWARD COMPLETED TO DECA High – FAX 937-229-5753 | enroll@daytonearlycollege.org

**DECA High Mid-Year Release of records request**

**for Admission consideration**

***Parent Signoff***

I hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release copies of the

(CURRENT SCHOOL)

school records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Dayton Early College Academy

(STUDENT NAME)

for application/admissions consideration. Such records include, but are not limited to, course grades, standardized test results, Individualized Education Plans (IEP’s), attendance records, school health record, conduct reports, and evaluation reports such as psychological/educational evaluations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE (DATE) STUDENT SIGNATURE (DATE)

***DECA is requesting the following information and records:***

***To be completed by the designated school official***:

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please send copies of all records below:
* birth certificate
* social security card
* current mid-year report card / attendance record
* final report card / attendance record from PREVIOUS grade
* standardized test scores from current and previous grade
* health/immunization record
* custody paperwork (if applicable)
* Is the student on an Individualized Education Plan (IEP)? \_\_\_\_\_Yes \_\_\_\_\_\_ No
  + If yes, are copies of the IEP and MFE enclosed? \_\_\_\_\_ Yes \_\_\_\_\_\_ No **(REQUIRED)**
* Number of suspensions student had last year: \_\_\_\_\_\_\_\_\_\_
* Number of expulsions: \_\_\_\_\_\_\_\_\_\_
* Has this student been asked to leave a school? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No
* Is this student currently in an ESL/Bilingual program? \_\_\_\_\_Yes \_\_\_\_\_\_No
* Does the student receive any support services other than special education? \_\_\_\_\_\_ Yes \_\_\_\_\_\_No  
  If so, please indicate services provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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School official name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward requested information of school records to:

**Dayton Early College Academy**

**Attn: Ka’Ron Bryant**

**300 College Park**

**Dayton, OH 45469-2930**

937-229-5890 Office

937-229-5753 Fax

**DECA High PARENT/GUARDIAN COMPACT**

**2023-2024**

The Dayton Early College Academy and the parent/guardian of the students participating in activities, services, and programs funded by Title I Part A of the Elementary and Secondary Education Act (ESEA) agree that this compact outlines how the parents/guardians, the entire school staff, and students will share the responsibility for improved student academic achievement and the means by which the school and parent/guardian will build and develop a partnership that will help children achieve the State's high standards.

**SCHOOL RESPONSIBILITIES:**

**The Dayton Early College Academy will:**

**Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the state's student academic achievement standards as follows:**

1. DECA's mission is that all students will be college ready and will go to college. To help students be successful in high school and to prepare students for college the faculty and staff will:

* Provide classes and programs that are designed to help students learn. This includes:
  + An advisor/teacher who will help guide the learning process
  + High quality Junior High and High School classes aligning what is being taught in the classroom to the Ohio State academic content standards
  + After school study tables
  + PARCC and AIR Prep and Boot Camps on weekends
  + Classes teaching how to master Gateway components in the First Year Academy
  + Summer enrichment experiences
  + Targeted intervention both during the school day and outside of school hours (including tutoring, small group instruction, one-on-one instruction,  and computer based programs)
  + Supplemental-skill based instruction
  + Direct study skills instruction
* Ensure that all students participate in national testing including ACT, SAT, PSAT, and EXPLORE and/or PLAN. The Measurement of Academic Progress (MAP), the Partnership for Assessment of Readiness for College and Careers (PARCC), and the State Developed Assessments (known as the AIR Assessments) all provide data to teachers on what each individual student has mastered and where they need instruction.
* Hold parent/guardian-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement. Parent/guardian meetings are held on a regular basis throughout the school year. At the first meeting of the school year, parents/guardians will learn about DECA's Title I program and their right to be involved. Suggestions for working with students at home will be one of the topics to be discussed at parent meetings.
  + There are regular grade level parent meetings for all grades.
  + At the beginning of each school year the student's advisor will hold a meeting with the parent/guardian and student.
  + The School-Parent Compact will be available at the DECA website in the "parent" section and will be handed out at meetings.
  + As partners in the school, parents/guardians are asked to provide feedback regarding their child's academic growth in Presentations of Learning (POL), Exhibitions, and/or Gateway presentations
  + Academic/Behavioral Early Alerts Meetings will be held with parent/guardians if their student is experiencing academic difficulties and/or behavior problems in an effort to get the student back on track.

2.  Provide parent/guardians with frequent reports on their children's progress. Specifically, the school will provide reports as follows:

* MAP, PLAN, EXPLORE, and Accuplacer test results are shared with parents/guardians biannually with the child's advisor being the primary contact.
* DECA will send PARCC and AIR results to parents/guardians promptly.
* Junior High students will receive newsletters, grades, and behavioral updates weekly or bi-monthly.
* DECA will provide parents/guardians with online access to grades.
* At the conclusion of each quarter DECA will distribute report cards to parents/guardians. High school students will also receive interim reports at the mid-point of each quarter.
  + Note: Important events and academic announcements are made by an automated calling system.

3.   Provide parent/guardians reasonable access to staff. Specifically, staff will be available for consultation with parent/guardians as follows:

* Each student is assigned to an advisory at the beginning of the school year. The advisor is responsible for monitoring the child’s academic progress and providing guidance/intervention as appropriate. At the high school the advisor is responsible for guiding the student through the Gateway process. The advisor will be the main contact for the parent/guardian but the parent/guardian may also contact any teacher as needed.
* Each DECA staff member has a mobile telephone and email address and extends their availability to outside school hours.
* Contact information is published on the website, in handbooks, and through parent/guardian meetings.
* Parents/guardians and advisors meet together when their student presents his/her exhibition and for Gateway presentations
* Teachers are available to meet with parent/guardians as each feels the need to do so during the school year

4.  Provide parent/guardians opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:

* At DECA all parents/guardians participate in their student's learning through conferences, exhibitions, grade level parent meetings, and Gateway presentations
* School-sponsored activities (e.g. NERD Night, field trips)
* A parent/guardian is appointed annually by board trustees to represent parents/guardians at  DECA Board Meetings

**PARENT/GUARDIAN RESPONSIBILITIES:**

**We, as parents/guardians, will support our children's learning in the following ways:**

* Ensuring my child has proper nourishment, rest, and supplies so they come to school ready to learn
* Making sure my child is at school on time each day
* Providing a time and place for my child to study
* Helping and monitoring my child's work at home each day and signing the weekly planning calendar
* Transporting students outside the school day when necessary
* Attending monthly parent/guardian meetings
* Attending at least one whole school-community function (Open House, Family Information Nights, End-of-the-Year Celebration, etc.) each year
* Attending all of my child's presentations and Gateway promotion conferences (there could one or more in a school year)
* Reporting changes to contact information (such as change in address or phone number) in a timely manner
* Staying in contact with my child's advisor on a monthly basis

**STUDENT RESPONSIBILITIES:**

**We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards. Specifically we will:**

* Follow the DECA code of conduct and be a responsible student by:
  + Being at school on time each day
  + Doing my work at school each day
  + Completing assignments to the best of my ability and turning them in on time
  + Doing my school work at home each day
  + Respecting my classmates, teachers, and DECA staff
  + Working to be a positive member of the DECA school community
  + Initiate help when facing academic difficulty by contacting teachers and  advisors before there is a problem
  + Working productively with a mentor when one is provided
  + Take advantage of academic opportunities at Sinclair Community College by:
    - * Understanding that taking college classes is a privilege
      * Attending all classes
      * Taking notes and keeping a planner with assignment due dates
      * Actively participating in class discussions and group work
      * Doing homework as assigned
      * Making an appointment with the professor and asking for help as soon as possible and following requirements as listed on the school contract when attending college classes

**DECA High – Parent/Guardian Sign-Off**

**DECA Parent/Guardian Compact - 2023-2024**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian), of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student name), have read and agree to the school, parent and student responsibilities outlined in the Parent/Guardian Compact. I understand that a copy of this contract will remain on file and in effect throughout my child’s school career.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_

Initial