



2024-2025 New Student Packet

This packet requires your time and attention for accurate completion.
You will need approximately 20 minutes to finish all pages.

We encourage you to skim the packet prior to starting. If 18 years of age or older and completing registration as an independent adult, please complete all parent/guardian sections as yourself.
Confirm that you have all necessary information completed before returning it.

Title I Student/Family Income Form (2024-2025)

To determine if a school will receive Federal Title I funds for reading, mathematics, and/or other services, specific income information is required. This form will help you calculate information needed by TRECA to determine our eligibility for funding. Please complete and return to your child's school immediately. This is not to determine a student's eligibility for free or reduced meals, as TRECA does not offer meals. The information helps to identify the amount of funding we receive for additional educational services, as well as discounts on the technology we provide. When completing, please consider any income received by all members of the household- including you, your spouse, grandparents, and anyone else living in the home (excluding foster children).

Please fill out this form completely and accurately; thank you for your cooperation!

State Benefits Information

If any member of the household is part of the *Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps")* or receives *Ohio Works First* benefits, please provide the information below.

Benefits Recipient's Name: _____ Case Number: _____

Section 1: Family Size

*Total number of individuals living in your household, including adults and children: _____

Section 2: Student Information

Complete for each student Pre-K through grade 12.

Please enter any TRECA Digital Academy students first.

After any TRECA Digital Academy students, add students enrolled elsewhere.

*
H - Homeless
M - Migrant
R - Runaway
F - Foster
W - Ward of
the Court

Living
Scenario *

*Last Name	*First Name	*Grade	*Date of Birth	*School District	Living Scenario *
1					
2					
3					
4					
5					
6					
7					
8					

Section 3: Public Assistance Information

Yes/No

*Is your family eligible for Supplemental Nutrition Assistance Program (SNAP or "food stamps")? _____

*Is your family eligible for medical assistance under Medicaid? _____

*Does your family receive Temporary Assistance for Needy Families (TANF)? _____

*Does your family receive Supplemental Security Income (SSI)? _____

*Does your family receive housing assistance? (Section 8)? _____

*Does your family receive home energy assistance (LHEAP)? _____

Section 4: Monthly Income

Income is defined as the earnings brought in by any members of the household including yourself, your spouse, grandparents, all children in the home, and all others related or unrelated who live with the student(s). Report income for all members of household excluding foster children. Below is a list of the types of income to report:

• Wages/Salary/Tips	• Pensions	• Disability Benefits
• Strike Benefits	• Supplemental Security Income	• Cash withdrawn from savings
• Unemployment Compensation	• Retirement Income	• Interest dividends
• Workers Compensation	• Social Security	• Income from estates/trusts
• Income from self-owned business	• Public Assistance (welfare) payments	• Income from investments
• Income from a farm	• Alimony/child support payments	• Net royalties/annuities/rental income

Use the chart below to calculate your household's monthly income.

Income Type		Approximate Amount Earned Monthly Enter "0" if none.
1	Wages, Salary, and/or Commissions	\$
2	Welfare Payments, Child Support, and/or Alimony	\$
3	Payments from Pensions, Retirement, and/or Social Security	\$
4	Dividends and/or Interest on Savings	\$
5	Workers Compensation, Unemployment, and/or Strike Benefits	\$
6	Other Monthly Income (SSI, VA, Disability, Farm, other)	\$
*Total Monthly Income (Add Lines 1-6)		

Not sure of how much income is earned monthly? Use the equations below to help you calculate.

$$\text{weekly income} \times 4.3 = \text{monthly income}$$

$$\text{twice per month income} \times 2.0 = \text{monthly income}$$

$$\text{bi-weekly income} \times 2.1 = \text{monthly income}$$

$$\text{annual income} \div 12 = \text{monthly income}$$

Section 5: Signature

I certify (promise) that all the information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

*Parent / Guardian: _____ *Signature: _____ *Date: _____

*Do you possess a valid social security number? _____ If yes, please provide last four digits: XXX-XX-_____

*Address: _____ *City, State: _____ *Zip: _____

*Home Phone: _____ Work Phone: _____ *Email: _____

Residency/Address Verification (2024-2025)

Student

*Last Name: _____ *First Name: _____
*Physical Address: _____
*City, State: _____ * Zip: _____
*Mailing Address: _____ PO Box: _____
*City, State: _____ * Zip: _____
*Home Phone / Cell: _____ *Email: _____

What is your TRECA R number? (optional) _____

Legal Guardian *(Relation to student? _____)

*Last Name: _____ *First Name: _____
*Address: _____ PO Box: _____
*City, State: _____ *Zip: _____
*Home Phone / Cell: _____ *Work Phone: _____
*Email: _____

Legal Guardian (Relation to student? _____)

Last Name: _____ First Name: _____
Address: _____ PO Box: _____
City, State: _____ Zip: _____
Home Phone / Cell: _____ Work Phone: _____
Email: _____

I certify that the information provided above is accurate as of the date on this form.

*Parent / Guardian: _____ *Signature: _____ *Date: _____

Emergency Medical Form (2024-2025)

Student Info

*Last Name: _____ *First Name: _____ *Date of Birth: _____

*Home Phone / Cell: _____ *Legal Guardian: _____

Legal Guardian *(Relation to student? _____)

*Last Name: _____ *First Name: _____ *Date of Birth: _____

*Home Phone / Cell: _____ Work Phone: _____

*Address: _____ P.O. Box: _____

*City, State: _____ *Zip: _____ *Email: _____

Legal Guardian (if applicable) (Relation to student? _____)

Last Name: _____ First Name: _____ Date of Birth: _____

Home Phone / Cell: _____ Work Phone: _____

Address: _____ P.O. Box: _____

City, State: _____ Zip: _____ Email: _____

**** Optional ** Emergency Contact** (Relation to student? _____)

Last Name: _____ First Name: _____

Home Phone / Cell: _____ Work Phone: _____

Address: _____

City, State: _____ Zip: _____ Email: _____

**** Optional ** Emergency Contact** (Relation to student? _____)

Last Name: _____ First Name: _____

Home Phone / Cell: _____ Work Phone: _____

Address: _____

City, State: _____ Zip: _____ Email: _____

INSTRUCTIONS FOR FOLLOWING PAGE

If you do **NOT GIVE CONSENT** to emergency treatment, skip Sections 1 & 2.

Section 1: Emergency Medical Information

Food Allergies: _____

Insect Allergies: _____

Medicine Allergies: _____

Other Allergies: _____

Is EPI-PEN Required? _____

Current Medication: _____ Dosage: _____ Frequency: _____

Current Medication: _____ Dosage: _____ Frequency: _____

Current Medication: _____ Dosage: _____ Frequency: _____

Health Concerns (Diabetes, Asthma, etc.): _____

Additional Allergies, Medications, or Concerns? Please email any lists or documents to records@treca.org.

Section 2: Emergency Medical Providers

Preferred Physician: _____

Phone Number: _____

Preferred Dentist: _____

Phone Number: _____

M.D. Specialist: _____

Phone Number: _____

Preferred Hospital: _____

Phone Number: _____

Section 3: Consent/Refusal to Emergency Treatment

*Please select one of the options below to indicate your consent or refusal to medical treatment for the student. Failure to check an option will result in a decision of refusal, and NO action will be taken.

In the event reasonable attempts to contact the aforementioned parent(s)/guardian(s) has been unsuccessful, I give my consent for the administration of any treatment deemed necessary** by the emergency medical providers listed above.

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

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to TAKE NO ACTION.

*Parent / Guardian: _____ *Signature: _____ *Date: _____

Enrollment Policy (2024-2025)

TDA is a nontraditional school designed to serve at-risk students who are not learning effectively in more traditional educational environments. Because TDA is a distance learning school, an essential element of TDA's program is the ability of its students to learn independently in their own homes using an online educational program.

TDA serves students who are at risk of dropping out of (or of failing to learn effectively in) their current educational settings (or such other educational settings as are available to them in their respective public school districts). It also serves students who have a desire for, and whose education can be optimized by, a program of online instruction in an independent environment that does not include most ancillary components of a more traditional education.

These are the categories of students who fall within TDA's definition of *at risk* and who are therefore eligible to enroll:

- Students who are performing at or above grade level but who seek a more challenging curriculum and, in particular, who wish to capitalize upon the enrichment potential of individually-paced and independently-completed online instruction.
- Students who are performing below grade level and who wish to focus their education exclusively on an independent online course of study, starting at the student's current skill and knowledge level and building forward at a pace determined by the student in collaboration with online instructors.
- Students who have been removed from school for disciplinary reasons but who are committed to and capable of regaining their focus on academic pursuits in the independent and solitary context of online instruction delivered in their homes.
- Students who are successfully learning at home but whose homeschooling is insufficiently comprehensive and requires the kind of augmentation offered by TDA's formal and standards-based online curriculum.
- Students who are transient and seek the stability of a portable online educational program that is not linked to, and does not utilize, any particular physical school facility.

Additionally, a student's enrollment and successful participation in TRECA are predicated upon the following parameters. We ask that you initial next to each item to indicate your acknowledgement.

***** *(further, the "student")* and the student's parent/guardian must ensure the student's participation in any and all state-mandated tests.

*****The student and the student's parent/guardian must provide within the home, at all times during which the student is engaged in TDA's program of study, adult supervision of such a nature as to ensure the student's safe and responsible participation in the program.

*****The student and the student's parent/guardian will have access to the current on-line student handbook. It will be the guardian/ parent responsibility to become familiar with the contents and updates.

*****Occasionally, face-to-face meetings with teachers or other staff may become necessary. In such cases, and except as otherwise agreed by TDA or required by law, the meeting will take place at TDA's Central offices in Marion, Ohio.

I have read, understand, and agree to abide by the terms of the foregoing Enrollment Policy.

***Parent / Guardian:** _____

***Signature:** _____

***Date:** _____

Financial Responsibility Notice (2024-2025)

As part of TRECA Digital Academy (TDA), each student is provided with computer hardware and/or other electronic devices and resources sufficient to access and participate in the school's learning environment.

TDA-issued hardware, software, electronic devices and/or resources are the property of the State of Ohio- purchased by TRECA and assigned to you (your child) for use while enrolled in TDA. By signing this agreement, you assume responsibility for due care and handling of any and all school-issued hardware, software, electronic devices and/or resources issued to you on this date or at any future date during your enrollment with TDA.

You and your child are not to add, delete, alter, load unapproved software, or reconfigure this equipment and/or its contents in any manner. This equipment is your "school environment" and any changes to it may affect the equipment capabilities and the educational process. We ask that you initial the item below to indicate your acknowledgement.

***You are required to provide insurance coverage for any and all TRECA equipment up to the amount of \$1000 while this equipment is in your possession. Contact your insurance agent to have the equipment added to your personal articles on your homeowners or rental insurance policy. This coverage must include fire, lightning, theft, and extended coverage. Have TRECA listed as the "additional insured" for your computer system. Provide TDA with a copy of the certificate of insurance by mailing it to TRECA Digital Academy, 107 N Main St, Suite 100, Marion, OH 43302.**

All repairs to this equipment (including printer) are to be provided directly by TRECA. In the event that TRECA equipment requires repairs outside the bounds of your insurance policy (due to unapproved alterations, negligence or misuse, etc.), you will be held financially responsible and will be billed for necessary repairs. In the event that you (your child) withdraw from TRECA Digital Academy, it is your responsibility to return the equipment to TRECA in good repair within 10 business days from the date of withdrawal.

I understand my financial and due care obligation to TRECA and assume full responsibility for any and all equipment and/or electronic device and resources issued to me (my child/children) at any time while enrolled at TDA. I understand that I/my child(ren) may not alter, tamper with add additional unauthorized software, or reconfigure this equipment and that it is my responsibility to transport the equipment to locations designed by TDA for any maintenance or repairs; and I further agree that I am financially responsible for the shipping, proper packaging and return of all equipment and supplies upon termination from TRECA Digital Academy. I understand that all returned equipment must be in working order, or I will be responsible for repair and/or replacement costs. Failure to return equipment promptly will result in referral to a collection agency or legal action. Referral to a collection agency will result in charges including but not limited to costs, fees, collection costs, attorney fees, and court costs as well as interest at ten percent (10%) per annum until the entire balance is paid in its entirety.

*Parent / Guardian: _____

*Signature: _____

*Date: _____



Acceptable Computer & Internet Use Policy (2024-2025)

Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the School setting. I also accept full responsibility for all files, images, and information loaded and/or saved on the school issued electronic devices and file servers. I hereby give permission for my child or ward to use the building-approved account to access the School District's computer network and the Internet.

*Parent / Guardian: _____ *Signature: _____ *Date: _____

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Computer and Internet Use Policy. I also accept full responsibility for all files, images, and information loaded and/or saved on the school issued electronic devices and file servers. Should I commit any violation or in any way misuse my access to TRECA's computer network and the Internet, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me.

If I am signing this Policy when I am under 18, I understand that when I turn 18, this Policy will continue to be in full force and effect and I agree to abide by this Policy.

***Are you 18 years or older?**

*Student: _____ *Signature: _____ *Date: _____

Legal References: Children's Internet Protection Act of 2000 (H.R. 4577, P.L. 106-554)
Communications Act of 1934, as amended (47 U.S.C. 254[h], [l])
Elementary and Secondary Education Act of 1/5, as amended (20 U.S.C. 6801 et seq., Part F)



Publicity Form (2024/2025)

I understand that there may be situations when/where TRECA Digital Academy will have the opportunity to interview, photograph, or videotape the student * _____.

(student name)

*Do you give TRECA Digital Academy permission to use quotes, photographs, or video footage for publicity, social media, or other venues in relation to promoting TRECA and its partner Digital Academies?

(yes/no)

***Parent / Guardian:**

***Signature:**

*Date:

Children of Parents in Military Services (2024/2025)

*It's important for TRECA to be aware of any relationships a student may have to members of the United States Armed Forces. If the student is a **dependent** of any Armed Forces member (active or reserve), please check the relevant box below. Once done, sign to confirm acknowledgment.

- No Relation**
The student is **not** a dependent of any U.S. Armed Forces personnel (active or reserve).
- Active Duty**
The student is a **dependent** of an active duty member of the United States Armed Forces.
- National Guard / Reserve**
The student is a **dependent** of a member of the National Guard or Reserve.

***Parent / Guardian:**

*Signature:

***Date:**

School/Family Pledge (2024-2025)

TRECA Digital Academy and the families of its students agree that this compact outlines how the families, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and families will build and develop a partnership that will help students achieve the State of Ohio's high standards.

TRECA's Commitment

As a commitment to the family, TRECA promises to:

- **Provide the student with high-quality online individualized instruction with support of teachers and support staff in compliance with all requirements of the state of Ohio.**
- **Contact the parent or guardian of each student by phone, email, or U.S. mail in the event that the student falls behind in attendance or work submission.**
- **Provide information about student progress continuously through the TDA online gradebook. Parents/guardians will have 24-hour access to the gradebook.**
- **Provide posted hours during which teachers and advisors may be reached through email or chat.**
- **Provide the student with the equipment necessary to access their learning environment.**

Family Consequences

The family's failure to live up to the pledge can result in any combination of the following:

- **Students and parents/guardians will receive a call on the day after the student has been absent.**
- **Parents/guardians and students may be required to attend face-to-face, online, or telephone conferences with teachers to discuss progress.**
- **A SAFE representative may make a home visit to assess barriers to learning.**
- **Students who neglect to log in to the learning environment will be treated as absent and TRECA may file a complaint with the juvenile court. Prolonged absences, without legitimate excuse, may result in the automatic withdrawal of your student per state law.**

Please continue on the following page.

Parent/Guardian Pledge

As a commitment to * _____ (further, the "student") and TRECA, we ask that you initial next to each item to indicate your acknowledgement:

*I will ensure that my student logs in for the required 5 hours 10 minutes each scheduled school day. I will ensure that my student submits work daily in accordance with their school calendar in each course. I will check this progress using the TDA gradebook. If I am unsure of how to check my student's progress, I will ask for assistance from the TDA staff.

*I understand that there are acceptable reasons for an excused absence. I understand that there is a requirement to notify the attendance officer of my circumstances and provide appropriate documentation.

*I will communicate with teachers or others about questions that I have about school policies or my student's progress. I understand these communication will include SMS texts, emails, and phone calls. I will participate in parent-teacher-student communication and/or conferences, as well as other school events.

* By initialing this box, I consent to receive text messages from TRECA. You can reply "STOP" at any time to opt-out. Message and data rates may apply. Message frequency may vary, text HELP to (888.828.4798) for assistance. For more information, please refer to our privacy policy and SMS Terms and Conditions at treca.org/smstexting

* I understand the importance of state mandated testing, and will ensure my student attends every test they are identified to take at the time and place arranged by TRECA staff. I understand that not taking these tests can result in the loss of the privilege to attend an online school in the state.

I agree that by enrolling my student in TRECA Digital Academy that I am providing a means for the most effective environment for learning. I understand that if there is a breach in the pledge, my student may be subject to an intervention plan, which may require an on-site meeting with TDA administration. If at any time that I discover that TRECA Digital Academy is not an optimal placement for my student, I will withdraw my student voluntarily.

*Parent / Guardian: _____

*Signature: _____

*Date: _____

Please continue on the following page.

Student Pledge

As a commitment to your education and TRECA, we ask that you initial next to each item to indicate your acknowledgement:

- *I understand that the start date for my courses will be my orientation date. This is my first day of school.
- *I will log on to the learning environment each scheduled school day for 5 hours 10 minutes according to my school calendar. If I am unable to log on due to illness or other circumstances, I will make up all work that I have missed so that I do not drop below an acceptable rate of progress. I understand that there are acceptable reasons for an excused absence. I understand that there is a requirement to notify the attendance officer of my circumstances and provide appropriate documentation.
- *I understand that this is a self-directed program, and that I am responsible to reach out to my teacher, advisor and/or my school counselor when there is a barrier preventing me from completing schoolwork.
- *I will review all course expectations, read the syllabus, and become familiar with all grading policies.
- *I will complete work in each class each day to ensure I am making satisfactory progress. I understand that I am responsible to log in daily and complete school work for no less than 5 hours 10 minutes a school day.
- *I understand that it is my responsibility to keep track of progress, and make sure that all of my courses are complete by the end of my school calendar.
- *I will communicate regularly with my teachers through email, phone, text messaging, live conferencing, and/or other forms of communication.
- *I understand that if I have technical difficulties, I am responsible to make contact with the Call Center to resolve the issue.
- *I understand that the plagiarism policy states that plagiarism may result in being asked to redo the assignment, receiving a 0 for the assignment, or not receiving credit for the course.
- *I understand that if there is a breach in this agreement we are subject to an intervention plan, which may require an on-site meeting with TDA administration.

*Are you 18 years or older? _____

*Student: _____

*Signature: _____

*Date: _____

Language Usage Survey (2024-2025)

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Info

*Last Name: _____ *First Name: _____ *Date of Birth: _____

Communication Preferences

Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.

*In what language(s) would your family prefer to communicate with the school?

Language Background

Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

*What language did your child learn first? _____

*What language does your child use most? _____

*What languages are used in your home?

Prior Education

Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.

*In what country was your child born? _____

*Has your child ever received formal education outside of the United States?

If yes, how many years/months? _____

(yes/no)

If yes, what was the language of instruction? _____

*Has your child attended school in the United States? _____

(yes/no)

If yes, when did your child first attend a school in the United States?

(MM / DD / YY)

Additional Information

Please share additional information to help us understand your child's language experiences and educational background.

*Parent / Guardian: _____ *Signature: _____ *Date: _____

Release of Educational Records for Medicaid (2024-2025)

The Ohio Medicaid School Program

TRECA Digital Academy has the opportunity to receive Federal Medicaid funds through a program called the Medicaid School Program. Through this important program, schools can receive critically necessary Medicaid dollars to help support special education services such as Speech-Language Pathology, Audiology, Physical Therapy, Occupational Therapy, Nursing, Psychology, Counseling, Target Case Management, and Social Work.

In the process of billing Medicaid for these services, a limited amount of information must be shared with the Ohio Department of Medicaid/Ohio Department of Jobs and Family Services. We must first obtain a signed Parental Consent to release educational records.

Your consent for the release of information is voluntary. You have the right under Federal Medicaid Regulations (34 CFR Part 99 and Part 300) to withdraw your consent for a records release at anytime. You are not required to enroll in Medicaid for your child to receive special education services in this school or any Ohio Public School District. TRECA Digital Academy's Medicaid billing process will not require you to incur any out-of-pocket expenses such as a deductible or co-pay, decrease lifetime coverage, increase premiums or lead to the discontinuation of benefits, or result in you paying for services that would otherwise be covered by Medicaid. No matter whether you grant, refuse, or revoke the release of information, your child will be provided with an evaluation and/or the services listed in his/her IEP at no cost to you.

*Student Name: _____

*Date of Birth: _____

I authorize TRECA Digital Academy to release my child's educational records in order to bill Medicaid.

I DO NOT authorize TRECA Digital Academy to release my child's educational records in order to bill Medicaid.

*Parent / Guardian: _____

*Signature: _____

*Date: _____

Digital Copy Permission Form (2024/2025)

*Student's Name: _____

I give permission to TRECA Digital Academy to provide digital copies of all special education documents (Individual Education Programs (IEP), Evaluation Team Reports, Progress Reports, etc) instead of providing paper copies of the documents. I understand my consent is voluntary and I can revoke consent at any time.

I do NOT give permission to TRECA Digital Academy to provide digital copies of all special education documents (Individual Education Programs (IEP), Evaluation Team Reports, Progress Reports, etc) instead of providing paper copies of the documents. I understand my consent is voluntary and I can revoke consent at any time.

*Parent / Guardian: _____ *Signature: _____ *Date: _____

The GATOR Way (2024-2025)

**Have Goals****Actively Attend****Try Your Best****Be Organized****Reach Out**

The GATOR Way is a set of positive behavior expectations that students should use to have a successful school year. The GATOR Way stands for: have goals, actively attend, try your best, be organized, and reach out.

When TRECA staff notice students exhibiting the positive behaviors in The GATOR Way, staff can acknowledge the positive behaviors with GATOR Gold. Students can redeem their GATOR Gold for rewards in the TRECA Treasures reward store. Students and families can learn more about The GATOR Way by visiting the TRECA Main Office in Brightspace.

*I acknowledge that the GATOR Way is an important set of behaviors that students should strive toward.

Student:** _____Signature:** _____***Date:** _____***Parent / Guardian:** _____***Signature:** _____***Date:** _____



Congrats! You made it!

Thanks for taking the time to complete this packet!

Please make sure to review your answers before returning!

Once the packet has been returned, we will supply you with any additional information.

