

Early College Academy

Mr. Jonathan Stevens
Superintendent
614-298-4742
Fax 614-298-9107

Enrollment Checklist: THE FOLLOWING ITEMS MUST BE PRESENTED BEFORE ENROLLMENT CAN BE COMPLETED:

For: _____

- _____ ECA Enrollment Application
- _____ Global Risk Assessment Device Parent Survey
- _____ ECA 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 Early College 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 Early College 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.

ECA EARLY COLLEGE ACADEMY

Records Release Effective Student Start Date: _____

Student Name: _____ **DOB:** _____

To (School): _____ **Fax:** _____

School Address: _____
Street Address City State Zip

Dear Records Office:

This student is currently interest in enrollment or has been successfully admitted to the Early College 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 Achievement/OGT Test Scores (including scaled scores and test dates)**
- **Special Education Records (IEP/MFE/ETR/504)**
- **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: _____

RETURN REQUEST TO:

Early College Academy
345 E 5th Ave
Columbus Ohio 43201
(614) 298-4742
(614) 298-9107 fax

Documents required for enrollment:
 Birth Certificate (or passport)
 Proof of residency
 Social Security Card

Early College Academy

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 black racial groups 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) Multirace
Origins that are of mixed race (<i>check all applicable race codes</i>) |

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

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Please print) Last Name	First Name	Parent	Guardian/Relationship

- 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

Parent

Guardian/Relationship

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

English as a Second Language (ESL) Information

Was this student born outside of the U.S.? Yes No

Was one or both parents born outside of the U.S.? Yes No

Is a language other than English spoken at home? Yes No

Special Education Information

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

Is this student working?

What is the student's career interest?

Employer: _____

Address _____ Phone: _____

Supervisor's Name: _____

- Business
- Information Technology
- Construction
- Health Care
- Other _____

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 _____

Title I Student Income Form--

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 it to your child's school immediately. One form should be completed for each child in your family. Thank 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 Recipient • 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

Pensions/Retirement/Social Security

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

Public Assistance/Child Support/Alimony

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

Other Income

- Disability benefits
- Cash withdrawn from saving
- 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.

INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2017 to June 30, 2018

HOUSEHOLD SIZE	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES										
1	22,311	1,860	930	859	430	15,678	1,307	654	603	302
2	30,044	2,504	1,252	1,156	578	21,112	1,780	880	812	406
3	37,777	3,149	1,575	1,453	727	26,546	2,213	1,107	1,021	511
4	45,510	3,793	1,897	1,751	876	31,980	2,665	1,333	1,230	615
5	53,243	4,437	2,219	2,048	1,024	37,414	3,118	1,559	1,439	720
6	60,976	5,082	2,541	2,346	1,173	42,848	3,571	1,786	1,648	824
7	68,709	5,726	2,863	2,643	1,322	48,282	4,024	2,012	1,857	928
8	76,442	6,371	3,186	2,941	1,471	53,716	4,477	2,239	2,066	1,033
or each add'l family member, add	7,733	645	323	298	149	5,434	453	227	209	105

Required Parent/Guardian Information
 Address: _____
 City/State/Zip: _____
 Date: _____

FOR SCHOOL USE ONLY
 Signature of School District: _____
 X _____
 Within guidelines: Yes No

2017-2018 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

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

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

NAME: _____ 10-DIGIT CASE NUMBER: _____

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

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

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

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

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

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

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

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino
 Choose one or more (regardless of ethnicity):
 Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

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

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change Free to Reduced Price Free to Paid Reduced Price to Free Reduced Price to Paid

EMERGENCY MEDICAL AUTHORIZATION FORM
Early College 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 _____

Early College Academy Prescribed Medication Authorization

NAME OF STUDENT _____

Parent to Complete

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

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 HEALTHCARE PROVIDER PORTIONS OF THIS FORM MUST BE COMPLETED.

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

Parent Signature _____ Date _____

Healthcare Provider to Complete

To the Healthcare Provider:

The ECA Board of Directors urges you to schedule the taking of medication by students at times outside of school hours. When that is not possible, the possession and use of medications 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:

(Student's Name)

Medication

Dosage

Medication is to be taken at the following times _____
Instructions of precautions (including possible side effects):

Beginning
date:

Expiration
Date:

Healthcare Provider

Signature: _____ Date:

**EARLY COLLEGE ACADEMY
PARENT COMPACT**

Overview of Federal Program

- ECA is a Schoolwide Title School
- Federal Program provides public schools with resources to close the achievement gap in reading and mathematics.
- Funding is tied to Federal Education Mandates

Federal Requirements

- Parent Involvement
- Parent Right To Know
- Highly Qualified Teachers
- Information about School Achievement
- Disclosure and Input into the Budget Process

Federal Budget

- Our total budget for 2017-18 is \$105,424.74
- This money is a supplement to our school's general fund.

You as the parent/guardian have the right be involved in planning the program, curriculum, and /or tutoring services offered to help your child as well as all children in the school.

Opportunities:

_____ Parent Conferences

_____ Educational and program planning

_____ Volunteer opportunities

_____ Other (We welcome your suggestions and input)

I understand that Early College Academy utilizes its Federal funds to provide a Schoolwide program to help raise the achievement level of all students. I also understand that Early College Academy will review my transcripts for standardized testing passage that is required by law prior to graduation, OGT, End of Course Exams, etc.

I also have been informed that all teachers have been certified as Highly Qualified through the State of Ohio. If I have any questions about the Federal funds, courses, or status of the teachers employed, I also have the right to discuss this with the Superintendent, Director of Student Development and Instruction, Counselor, or Student Resource Specialist.

Parent/Guardian/Student Signature

Early College Academy

614-298-4742

Student's Name _____

1. **PHOTO RELEASE FORM** During the course of the academic year, Early College Academy may wish to use photographs of ECA students on bulletin boards, publications or in media releases on a controlled basis.
2. **PARENT/GUARDIAN PERMISSION SLIP FOR ECA FIELD TRIPS** I, The parent/guardian of the above student, gives my permission for my child to participate on Early College Academy Field Trips.
3. **OHIO CORE OPT OUT INFORMED CONSENT AGREEMENT** I understand that participation in the Early College Academy program will result in graduation without the Ohio Core. The consequence will mean enrolling at Community College until completing 10 semester hours of dual enrollment credits which ECA can provide.

By signing below, consent is given to use the child's image on all ECA publications, permission for ECA Field Trips and Ohio Core Opt Out Program.

Parent's/Guardian Signature: _____

ECA EARLY COLLEGE ACADEMY

Student Demographics

Name: _____ **Cap & Gown Height** _____

Address: _____

Phone: _____

Cell Phone _____

Email _____

Twitter _____

Facebook _____

Emergency Contacts

Grandmother Phone _____ **Cell #** _____

Mother Phone _____ **Cell#** _____

Father Phone _____ **Cell#** _____

Phone number of closest relative not living with you _____

Best Friend/Significant Other _____ **Cell#** _____



Columbus City Schools Transportation Services Department

2017 - 2018 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, 2017**. Late applications will be processed from the date of receipt.

Student Information

Please Print or Type

Check all that apply: New Student Returning Student

Address Change

Effective Date Of Change

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 _____

School for the 2017- 2018 school year, has been entered into the OSES with SSID # _____

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 _____

Columbus City Schools Transportation Department Use Only

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

Bus Route # _____ Time & Location _____ Processed By _____

Incomplete Applications Will NOT Be Processed

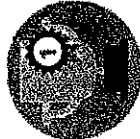
2015 - 2016 Report Card for Early College Academy

SCHOOL RATING
Meets Standards

Location: Columbus
Administrator: Jonathan K. Stevens

Career Technical Planning District: Columbus City CTPD

Enrollment: 186
Attendance Rate: 55.1%



High School Test Passage Rate

The High School Test Passage Rate component represents the number of students who passed all five state tests that are required for graduation.

Students who Passed all Five Tests.....48.7%

RATING
Meets Standards



Graduation Rate

The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four, five, six, seven or eight years.

Graduation Rates

25.5% of students graduated in 4 years
30.8% of students graduated in 5 years
32.0% of students graduated in 6 years
38.0% of students graduated in 7 years
50.7% of students graduated in 8 years
36.3% is the weighted average of all graduation rates.



Gap Closing

The Gap Closing component shows how well schools are meeting the performance expectations for our most vulnerable populations of students in English language arts, math and graduation.

Annual Measurable Objectives.....3.3

RATING
Meets Standards

4-YEAR RATING
Meets Standards

5-YEAR RATING
Meets Standards

6-YEAR RATING
Meets Standards



Progress

The Progress component looks closely at the growth that all students are making during the school year.

COMPONENT GRADE
Does Not Meet Standards

7-YEAR RATING
Meets Standards

8-YEAR RATING
Exceeds Standards

COMBINED RATING
Meets Standards

Value-Added
Overall.....Does Not Meet Standards

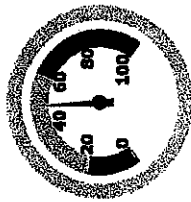
High School Test Passage Rate



The High School Test Passage Rate component represents the number of students who passed all five state tests that are required for graduation.

Students Who Passed All Five Tests

RATING
Meets Standards



48.7%

Exceeds Standards 68.0 - 100.0%
Meets Standards 32.0 - 67.9%
Does Not Meet Standards 0.0 - 31.9%

How Does This School Compare to the Other Dropout Recovery Program Schools in Ohio?

