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 (IHP) 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 tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home 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.
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
Early College Academy

STUDENT ENROLLMENT FORM

Legal Last Name

Surname (if any) First

Middle

Birth Date: (MM/DD/YYYY)

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.

(A) Asian

Origins in any of the original peoples of the Far East, southeast Asia, or the Indian subcontinent

(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.

(W) White

Origins in any of the original peoples of Europe, the Middle East, or North America

(B) Black or African

Origins in any of the black racial groups of Africa.

(P) Native Hawaiian/Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(M) Multiracial

Origins that are of mixed race (check all applicable race codes)

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

Both Parents  Father Only  Shared Parenting

Mother Only  Guardian  Other

With whom does this student live? Check appropriate box.

Both Parents  Father Only  Shared Parenting

Mother Only  Guardian  Other

Mother/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

Works on Gov’t Property  Yes  No  Works at:

Zip Code

Home Phone

Work Phone:  Cell Phone:

Email:

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.
<table>
<thead>
<tr>
<th><strong>Father/Guardian Legal Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

(Please print) Last Name

First Name

Parent

Guardian/Relationship

☐ Check if address is same as student’s

☐ Check if different from student’s

<table>
<thead>
<tr>
<th>House#</th>
<th>Street Name</th>
<th>Apt#</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Works on Gov’t Property: Yes  No

Works at: _______________________

Zip Code

Occupation: _______________________

Home Phone

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?**

Employer: _______________________

Address: _______________________

Phone: _______________________

Supervisor’s Name: _______________________

What is the student’s career interest?

☐ 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:*

<table>
<thead>
<tr>
<th>School District Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name of Student (Not Required)</th>
<th>Gender (Required)</th>
<th>Name of School (Required)</th>
</tr>
</thead>
</table>

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/incentives
- Strike benefits
- Unemployment Compensation
- Worker’s Compensation
- Net income from self-owned business or farm

**Public Assistance/Child Support/Alimony**
- Public assistance (welfare) payments
- Alimony/child support payments

**Other Income**
- Disability benefits
- Cash withdrawn from savings
- 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

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Reduced Price Meals - 185%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>72,311</td>
</tr>
<tr>
<td>2</td>
<td>30,044</td>
</tr>
<tr>
<td>3</td>
<td>37,777</td>
</tr>
<tr>
<td>4</td>
<td>45,610</td>
</tr>
<tr>
<td>5</td>
<td>53,243</td>
</tr>
<tr>
<td>6</td>
<td>60,978</td>
</tr>
<tr>
<td>7</td>
<td>68,709</td>
</tr>
<tr>
<td>8</td>
<td>76,422</td>
</tr>
</tbody>
</table>

### FREE MEALS - 130%

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15,676</td>
<td>1,307</td>
<td>654</td>
<td>303</td>
<td>202</td>
</tr>
<tr>
<td>2</td>
<td>21,112</td>
<td>1,790</td>
<td>890</td>
<td>412</td>
<td>496</td>
</tr>
<tr>
<td>3</td>
<td>26,596</td>
<td>2,213</td>
<td>1,107</td>
<td>551</td>
<td>511</td>
</tr>
<tr>
<td>4</td>
<td>31,890</td>
<td>2,685</td>
<td>1,333</td>
<td>623</td>
<td>816</td>
</tr>
<tr>
<td>5</td>
<td>37,414</td>
<td>3,118</td>
<td>1,559</td>
<td>735</td>
<td>725</td>
</tr>
<tr>
<td>6</td>
<td>42,848</td>
<td>3,571</td>
<td>1,788</td>
<td>894</td>
<td>894</td>
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<tr>
<td>7</td>
<td>48,282</td>
<td>4,024</td>
<td>2,012</td>
<td>1,057</td>
<td>936</td>
</tr>
<tr>
<td>8</td>
<td>53,714</td>
<td>4,474</td>
<td>2,239</td>
<td>1,098</td>
<td>1,033</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Parent/Guardian Information</th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>City/State/Zip:</td>
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<tr>
<td>Date:</td>
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</table>

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

<table>
<thead>
<tr>
<th>Names of all household members (First, Middle Initial, Last)</th>
<th>Name of school and school grade level for each child or indicate &quot;NA&quot; if child is not in school.</th>
<th>Check if a foster child (legal responsibility of welfare agency or court). <em>If all children listed below are foster children, skip to Part 5 to sign this form.</em></th>
<th>Check if No Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>School</td>
<td>Grade</td>
<td></td>
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</tbody>
</table>

## 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.

### 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED

<table>
<thead>
<tr>
<th>Name (List all household members with income)</th>
<th>Earnings from work before deductions</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>Pensions, retirement, Social Security, SSI, VA benefits</th>
<th>Weekly</th>
<th>Every 2 Weeks</th>
<th>Twice Monthly</th>
<th>Monthly</th>
<th>All Other Income (include frequency, such as &quot;weekly&quot; &quot;monthly&quot; &quot;quarterly&quot; &quot;annually&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) Jane Smith</td>
<td>$200</td>
<td>$150</td>
<td>$50</td>
<td>$0</td>
<td>$50</td>
<td>/</td>
<td>$150</td>
<td>$50</td>
<td>$0</td>
<td>$50</td>
<td>/</td>
<td>$150</td>
<td>$50</td>
<td>$0</td>
<td>$50</td>
</tr>
</tbody>
</table>

## 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: [ ] Weekly, [ ] 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 I 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
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! 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:
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#
Incomplete Applications Will NOT Be Processed

Processed by

Start Date

Remuneration

COTA Pass

School Bus

Service Provided (check only one):

Bus Route #

Time & Location

School City School Transportation Department

Columbus City Schools Transportation Department

City Administrators

School Administrators

Signature (if any)

City School Immediate

If the above student is withdrawn, the City School

City School Resides in the Columbus City School District and was enrolled as of

I hereby certify that the above student resides in the Columbus City School District and was enrolled as of

School Certification (Must be completed by the school administrator and signed for processing)

Parent Signature (If required by the school administration and required for processing)

Withdrawal Date

What School did your child previously attend?

Enrollment Date

Name of School for Transportation is Requested to:

Other Phone #

Other Phone #

Other Phone #

Daytime Phone

Daytime Phone

City

Home Phone

First Name

Middle Initial

Last Name

Date of Birth (mm/dd/yyyy)

Sex

Race

Emergency Contact Name

Emergency Contact Address

Emergency Contact Phone

Relationship to Student

Father/Guardian Name

Mother/Guardian Name

Address

Student Information

2017 - 2018 Request for Public Transportation to a Community School

Columbus City Schools
College – Career Exploration Worksheet
(Career Narrative Research – IGP)

Name: ___________________________ Date: ___________________________

1. What career do you see yourself in after completing high school?

____________________________________________________________________

2. Does this career require any college or vocational training? If yes – see #3. If no – see #4

____________________________________________________________________

3. What college/university or voc-tech institution would like to attend? Proceed to #4

____________________________________________________________________

4. What is the average entry level salary for this position?

____________________________________________________________________

5. Please indicate 5 qualities a person in this field would need to possess?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

6. Given the opportunity to sell yourself for an open position in this field, please describe yourself.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
<table>
<thead>
<tr>
<th>SCHOOL RATING</th>
<th>Meets Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>Columbus</td>
</tr>
<tr>
<td>Administrator:</td>
<td>Jonathan K. Stevens</td>
</tr>
<tr>
<td>Career Technical Planning District:</td>
<td>Columbus City CTPD</td>
</tr>
<tr>
<td>Enrollment:</td>
<td>185</td>
</tr>
<tr>
<td>Attendance Rate:</td>
<td>55.1%</td>
</tr>
</tbody>
</table>

### 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.

- **RATING**
  - Meets Standards

- **Students who Passed all Five Tests:** 48.7%

### 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

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

- **Component Grade**
  - Does Not Meet Standards

- **Value-Added Overall:** Does Not Meet Standards

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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

<table>
<thead>
<tr>
<th>RATING</th>
<th>How Does This School Compare to the Other Dropout Recovery Program Schools in Ohio?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Standards</td>
<td>48.7%</td>
</tr>
<tr>
<td></td>
<td>Exceeds Standards 68.0 - 100.0%</td>
</tr>
<tr>
<td></td>
<td>Meets Standards 32.0 - 67.9%</td>
</tr>
<tr>
<td></td>
<td>Does Not Meet Standards 0.0 - 31.9%</td>
</tr>
</tbody>
</table>

- [School] 50% - 60%
- [Comparison Group] 0% - 20%

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