

The Access Program at AOHS Application 2017-2018

-Please print or type clearly

-Applications will be accepted until August 25, 2017 for the 2017-2018 school year. Please return applications via e-mail to stacey.chavarria@asd2o.org, or physically drop off at the AOHS office, Modular 702, 10750 Thunder Mountain Avenue Hills Dr., Colorado Springs, CO 80908.

Process for acceptance into The Access Program at AOHS:

- Complete the application and submit prior to start of 2017-2018 School Year
- Set up an interview with the AOHS Counselor, to discuss interest in program, review acceptance procedures, and discuss student experience in an online environment. AOHS Ph. 234-1670
- Complete additional paperwork for course options, fees, state testing, and AOHS agreements.

Student Information

Date

Last Name _____ Grade in '16- '17 _____

First Name _____ Nickname (if applicable) _____

Middle Name _____

Student Email (required for coursework) _____

Student Cell Phone _____ Is texting part of this cell plan? _____

Parent/Guardian Name(s) _____

Parent/Guardian Email(s) _____

Best Parent Phone Number _____ cell home work

Additional Phone _____ cell home work

Are you a D20 student?	<input type="checkbox"/> Yes <i>please complete the following</i> D20 Student ID#: _____ School: _____ Counselor: _____	<input type="checkbox"/> No <i>please complete the following</i> Current district: _____ School: _____
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Check all plans that apply to this student	<input type="checkbox"/> IEP <input type="checkbox"/> 504	<input type="checkbox"/> ALP <input type="checkbox"/> ELL	<input type="checkbox"/> RTI/PBIR <input type="checkbox"/> Truancy/Truancy Elimination Plan	<input type="checkbox"/> <i>If any of these plans are in place, check this box to indicate that the team has met and determined that Academy Online is appropriate for this student.</i>
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Have you taken an online/hybrid course before?	<input type="checkbox"/> Yes if so, where? _____ <input type="checkbox"/> No	Why do you want to take Academy Online courses? (please check all that apply)	<input type="checkbox"/> Flexible scheduling <input type="checkbox"/> Health Reasons <input type="checkbox"/> Course options <input type="checkbox"/> Dual college credit <input type="checkbox"/> More independent environment <input type="checkbox"/> Other: _____ _____
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Academy District Twenty

Dr. Mark Hatchell, Superintendent of Schools



Education and Administration Center
1110 Chapel Hills Drive, Colorado Springs, CO 80920-3923
1200
Website: www.asd20.org

Phone: 719-234-

Fax: 719-234-1299

AFFIDAVIT OF STATE OF COLORADO RESIDENCY

Pursuant to 1 CCR301-71, Rules for the Administration, Certification and Oversight of Colorado Online Programs, the Colorado State Board of Education must ensure that student residency is documented and verified, both upon initial enrollment and annually thereafter, for all students enrolled in online schools and/or programs. Colorado residency is determined by the student and Parent or legal guardian currently residing within the State of Colorado boundaries, except for students of military families that maintain Colorado as their state of legal residence for tax and voter registration purposes. Reasonable evidence of residency within the State of Colorado boundaries can be established by a written statement of residency pursuant to Section 8.06.4.

Please complete the below affidavit and submit documentation to the Central Registry Department in Academy District 20 in order to evidence Colorado residency for those students listed below for purposes of residency status for the Colorado Department of Education. Failure to complete all required fields will result in an invalid/incomplete Affidavit.

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### Affidavit by Parent or Legal Guardian:

Name of Person Completing this Affidavit: \_\_\_\_\_

#### Relationship to student(s) listed below:

- \_\_\_\_\_ Parent
- \_\_\_\_\_ Legal Guardian
- \_\_\_\_\_ Self (Student 18 years or older)
- \_\_\_\_\_ Self (Student without a parent/guardian AND is in a crisis housing situation as defined by the McKinney-Vento Act)

Name of Online School/Program: \_\_\_\_\_

#### List all students for whom this affidavit applies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(If additional students enroll after the completion of this affidavit, a new affidavit must be completed for those students not listed above).

#### Physical address (cannot be a post office box or general delivery at a post office) for all students listed above:

\_\_\_\_\_  
(Street) (Apartment #)

\_\_\_\_\_  
(City) (County) (Zip)

I do hereby swear and affirm, under penalty of perjury, that the child(ren) listed above and I are currently, and will continue to be, residents of the State of Colorado for the 2017/2018 school year.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_