

# Southern Ohio Digital Academy

## Gallia County Local Schools

I, \_\_\_\_\_ agree to put forth an effort with the SODA program. I agree that I will logon and work on my courses for at least 25 hours a week. I also understand that the SODA program can see if I am sitting idle on my computer. You are REQUIRED to make excellent progress in our program or you will be subject to the following terms:

### 1<sup>st</sup> offense:

1 week at SODA Center Patriot= first offense of not working for 25 hours in a week.

### 2<sup>nd</sup> offense

2 weeks at SODA Center Patriot= second offense of not working for 25 hours in a week.

### 3<sup>rd</sup> offense

Placement back in to the regular building.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Responsibilities

The student's role in SODA is to learn to the best of his or her abilities. Therefore, students should expect to take age-appropriate individual responsibility for their own learning: applying themselves to their studies in a focused and serious manner, working hard, becoming engaged in the lessons and activities, asking questions, exploring their personal interests, improving areas of academic weaknesses, capitalizing on strengths, maintaining contact with their teachers and responding to teacher messages. Students are expected to maintain regular contact with their teachers and respond promptly to teacher messages.

My signature below confirms that I have read, and agree to abide by, the GLDA Honor Code.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

Working Email: \_\_\_\_\_@\_\_\_\_\_.

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Today's Date: \_\_\_\_\_

Student's name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Current Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Legal Guardian's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Does the student have any allergies? Please explain: \_\_\_\_\_

Does the student have an IEP? \_\_\_\_\_ If yes, what is the disability? \_\_\_\_\_

**CCO nurse/ caseworker please list any medical condition and all medications that student is currently taking and provide reason for medication:**

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I understand that for the safety of the student, or to provide for their educational achievement, the SODA staff may need to share information about my child with the appropriate school staff and/or associated agencies. Under the regulations of FERPA (Family Education Rights and Privacy Act of 1974), this information shall be shared in confidential manner only as necessary. If I do not want information shared, I must request this in writing and file this request with the SODA staff.

This is written validation will be in effect until otherwise noted or changed.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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Date: \_\_\_\_\_ Grade enrolling in: \_\_\_\_ Court Placed? Y/N County placing student? \_\_\_\_\_

Student's Legal name: \_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_  
Last First Middle

City, State of Birth: \_\_\_\_\_, \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ M/F \_\_\_\_\_

Ethnicity (Check all that apply):

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Home School District: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Current School/Previous school: \_\_\_\_\_ has my consent  
to release copies of all school records to SODA. School phone #: \_\_\_\_\_

School fax #: \_\_\_\_\_ IRN: \_\_\_\_\_

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

**Date of Enrollment:** \_\_\_\_\_

**To the current school:** The above named child is applying for admission/enrollment to SODA. Please send complete school records including current year-to-date grades. Thank you for your assistance in this process.

- Complete, up-to-date, academic records
- Complete, up-to-date, academic transcripts
- All state testing scores- including ACT
- Current health/immunization records
- Custody/court documents
- Copy of birth certificate and social security card
- Current up-to-date report card
- Responsible school district (if applicable)
- All special education files (when applicable)
  - IEP
  - ETR
  - Diagnostic testing
  - Gifted records
  - ECT.

**Please return all forms to:**

Lori Bevan

**Preferred method:** [gl\\_lbevan@seovec.org](mailto:gl_lbevan@seovec.org)

Fax: 740-379-9138

740-379-9085 Ext. 18

4836 State Route 325

Patriot, Ohio 45658

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### Attendance Procedures and Policies:

1. Some courses have due dates as some do not.
  - a. If the course has a due date
    - i. The student is to keep their work up-to-date.
  - b. No due date courses
    - i. Lesson in these courses are to be completed as such:

Semester Completion	Percentage completion
1/4	25%
1/2	50%
3/4	75%
1	100%

2. If you are behind it is your responsibility to work extra hours to catch up. Unwillingness to catch up in a timely manner will result in truancy issues, meeting with digital representative, placement in SODA center Patriot and or termination of the digital academy.
3. Students should log-in an average of 5 hours per day in their courses each day school is in session. A school week is Monday- Friday, however, you are permitted to complete work on the weekends. You have to keep your assignments up-to-date according to schedule. Please keep in mind we can see exactly where, what, when and how long you have been working.
4. If for any reason you are in need of time off due to illness, you will need a written doctor's excuse explaining why you are not able to participate in the academy with a beginning and an ending date.
5. You are required to make reasonable progress in all course, at all times.
6. Not having internet is not an excuse. If your internet is down, you need to find somewhere else to do your work; including the SODA Center Patriot.
7. Technical issues- Please email [gl\\_lbevan@seovec.org](mailto:gl_lbevan@seovec.org) and explain the problem.

Acceptance Form For: (Student): \_\_\_\_\_ Date: \_\_\_\_\_

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As a student enrolled in S.O.D.A you will adhere to the following guidelines:

\_\_\_ I understand that I must secure and have access to a computer with internet connection to complete my school work.

\_\_\_ I understand that additional school supplies may be required per subjects. It is the parent/student's responsibility to collect those items.

\_\_\_ I understand that I will ask my teacher for assistance if I do not understand the concept, assignment or anything associated to the course. As well as answer any communication in a timely manner from any staff at SODA.

\_\_\_ I understand that a selected time has been set up to communicate with each teacher at the home school. No other time will be allowed, except scheduled hours.

### Parents

\_\_\_ I understand that if my child is not performing and completing the required work my child will fall under truancy issues, which will be my responsibility to comply with the officer.

\_\_\_ I understand that I will answer any correspondence from SODA in a timely manner.

\_\_\_ I understand if determined by the SODA staff that your child is eligible for special education he/she will be assigned an intervention specialist/case manager that you can communicate with. I also understand that I will have to attend yearly IEP meetings for my student.

\_\_\_ I understand that I must keep all personal information updated with SODA.

\_\_\_ I understand that all shot records need to be up-to-date and presented to SODA.

\_\_\_ I understand that full participation in all mandated state testing is expected on the required dates and at the required location (to be determined).

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature  
(Required for students under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date