THE SANDUSKY DIGITAL ACADEMY
SANDUSKY CITY SCHOOLS

e: askdigitalacademy@scs-k12.net
w: www.scs-k12.net
p: 419-984-1060

#SDA

the 22+ PROGRAM
APPLICATION

- Please submit proof of residency in the state of Ohio. This may be a piece of mail delivered to you with your name and address.

- Please submit a Birth Certificate and a Drivers' License or State Issued ID

- A High School Transcript of Courses and State of Ohio Test results must be obtained prior to enrollment

DATE:_____   NAME:_____
FIRST, MIDDLE, LAST, (& MAIDEN, If Applicable)

DATE OF BIRTH:_____   MOTHER'S MAIDEN NAME:_____

LAST FOUR DIGITS OF
SOCIAL SECURITY NUMBER:_____   TELEPHONE/
CELL PHONE:_____

ADDRESS:_____
CITY, STATE, ZIP

EMAIL:_____   GENDER:_____

PLACE OF BIRTH:_____   NATIVE LANGUAGE:_____

HISPANIC/LATINO? ___ YES ___ NO   RACE?_____
LIST ALL THAT APPLY

YEAR THAT YOU
ENTERED 9TH GRADE:_____   HIGHEST GRADE COMPLETED
& ACADEMIC YEAR:_____

HAVE YOU EVER BEEN DIAGNOSED WITH A
LEARNING DISABILITY/SERVED ON AN IEP? ___ YES ___ NO

IDENTIFIED DISABILITY:_____   DATE OF MOST
RECENT IEP:_____

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- Please list the Name/City/State of all prior schools in which you received high school credit or completed Ohio Testing Requirements (Most recent first):

NAME OF SCHOOL: _____ GRADE: _____

CITY/STATE: _____ LAST DATE OF ATTENDANCE: _____

NAME OF SCHOOL: _____ GRADE: _____

CITY/STATE: _____ LAST DATE OF ATTENDANCE: _____

NAME OF SCHOOL: _____ GRADE: _____

CITY/STATE: _____ LAST DATE OF ATTENDANCE: _____

EMPLOYED? ___ YES ___ NO   NAME OF EMPLOYER: _____

CITY: _____ APPROXIMATE HOURS PER WEEK: _____

Please submit to: Sandusky City School 22+ Program
314 W. Madison Street
Sandusky, Ohio 44870
Fax: 419-502-2305
Email: askdigitalacademy@scs-k12.net
You may also upload your application to www.scs-k12.net/22plusprogram.aspx