

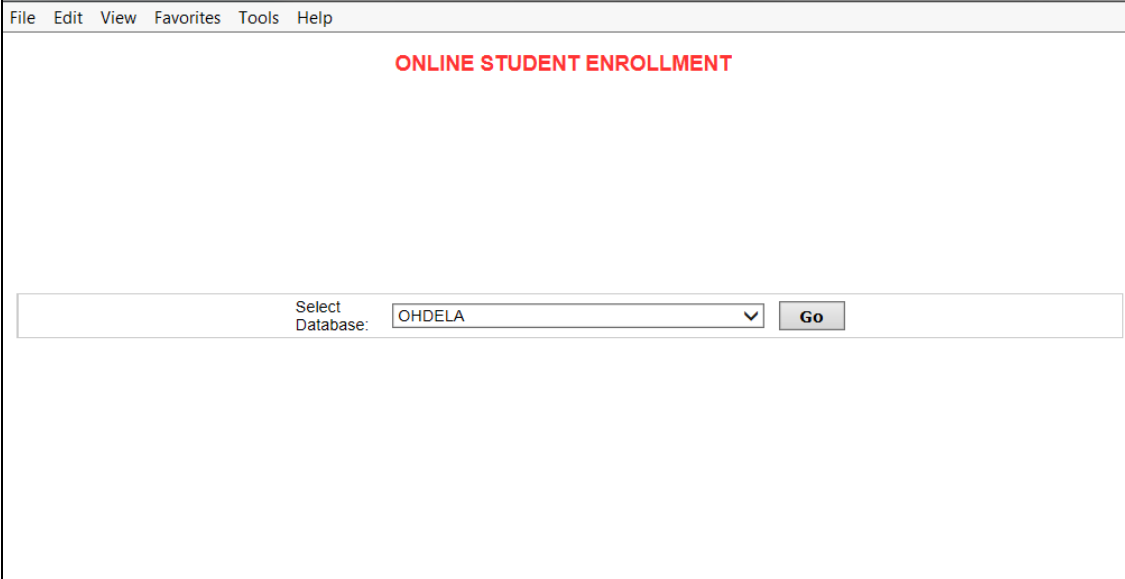
## How to Enroll your Student in OHDELA

*\*Enrollment must be completed by the legal parent/ guardian.*

- 1) Click this link to access the Online Enrollment Application -  
[https://hacw.sungardk12saas.com/eo\\_parent/](https://hacw.sungardk12saas.com/eo_parent/)

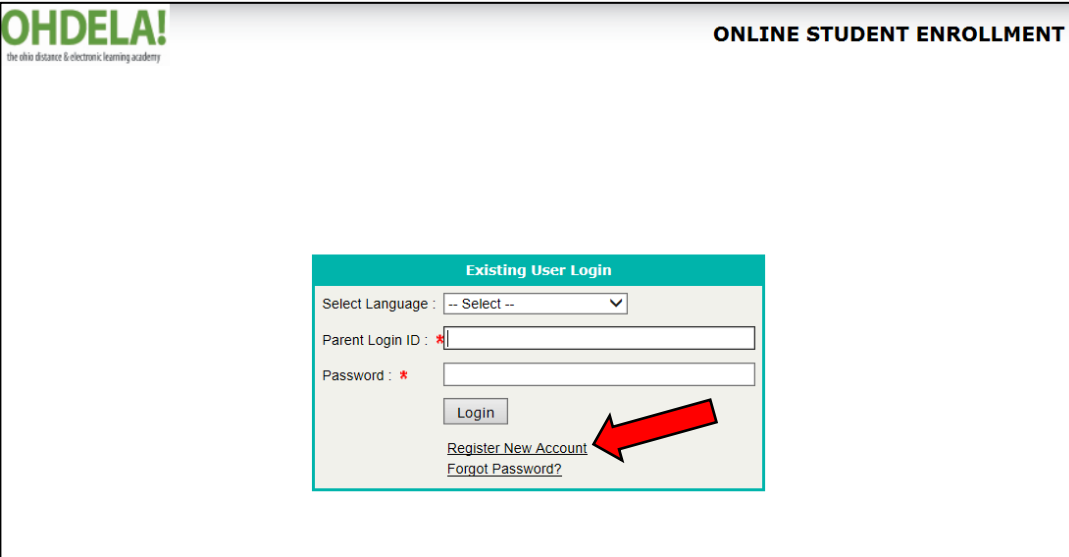
Select database: **OHDELA**

Click **GO**



The screenshot shows a web browser window with a menu bar (File, Edit, View, Favorites, Tools, Help) and a title bar. The main content area displays "ONLINE STUDENT ENROLLMENT" in red text. Below this, there is a form with a "Select Database:" label, a dropdown menu showing "OHDELA", and a "Go" button.

- 2) Create an account by clicking on **Register New Account**



The screenshot shows the "Existing User Login" form within the "ONLINE STUDENT ENROLLMENT" application. The form includes a "Select Language" dropdown menu, "Parent Login ID" and "Password" input fields, and a "Login" button. Below the "Login" button, there are two links: "Register New Account" and "Forgot Password?". A red arrow points to the "Register New Account" link. The OHDELA! logo is visible in the top left corner.

Fill out all required fields (demoted with red **\***) and click **Submit**

**OHDELA!**  
the ohio distance & electronic learning academy

**ONLINE STUDENT ENROLLMENT**

Register New Account

**User Information**

Preferred Language: \* English

First: \* Diana

Last: \* Test

Phone: \* (555)555-5555

**Login Information**

Parent Login ID: \* dtest

Confirm Login ID: \* dtest

Parent Email Address: \* dianatest16@yahoo.com

Password: \* .....

Confirm Password: \* .....

**Address**

Apartment:

House Number: 1234

Street: \* State Rd

City: \* Akron

State: \* Ohio

Zip Code: \* 44223

Submit Back to Login

This may take a minute and then this will launch the system with you already logged in.

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Help Home

Welcome, Diana Test Update Profile Logout

**Instruction:**

Applications that you have saved display in the list below. If the application has a status of 'Submitted,' the school can now review it. You can view it, but will not be able to make changes. If the application has a status of 'Saved, but not submitted,' you can still make changes. The application will not be available to the school until you choose the Submit option at the bottom of the application. To add an application for another child, click New Application. You can copy information such as address and phone from the child you select to the new application by selecting the 'Copy basic information from' option.

**Saved Applications**

New Application

If you already have an account, you can skip that portion and add your **Login ID** and **Password** and click **Login** after having selected the database.

(\*Note – if you have more than 1 student to enroll, you only need 1 account in this system)

**OHDELA!**  
the ohio distance & electronic learning academy

**ONLINE STUDENT ENROLLMENT**

Existing User Login

Select Language: English

Parent Login ID: \* dtest

Password: \* .....

Login

Register New Account  
Forgot Password?

3) Click on **New Application** to start a new application.

*Note - You do not have to finish the application all at once. Select Save as you go through the sections so that if you need to logout and return to the application at another time, the information will be saved and ready for you to pick up where you left off.*

**OHDELA!**  
the ohio distance & electronic learning academy

Help Home

Welcome, Diana Test Update Profile Logout

**Instruction:**  
Applications that you have saved display in the list below. If the application has a status of 'Submitted,' the school can now review it. You can view it, but will not be able to make changes. If the application has a status of 'Saved, but not submitted,' you can still make changes. To add an application for another child, click New Application. You can copy information such as address and phone from the child you select to the new application by selecting the 'Copy basic information from' option.

**Saved Applications**

New Application

The form will already be selected. Click **Go**.

**Instruction:**  
Applications that you have saved display in the list below. If the application has a status of 'Submitted,' the school can now review it. You can view it, but will not be able to make changes. If the application has a status of 'Saved, but not submitted,' you can still make changes. To add an application for another child, click New Application. You can copy information such as address and phone from the child you select to the new application by selecting the 'Copy basic information from' option.

**Saved Applications**

New Application

2016 - 2017 Application for Enrollment

Copy basic information from

Go

*\*Note - Once you have submitted a form for one student, if you are then filling out a form for another student who lives in the same household, you may checkmark "Copy basic information from" and this will give you a student to choose from so that data like address, phone information will be auto-populated.*

4) The Form will launch with various Sections. Begin filling out the **"Student Information"** section. Click **SAVE** when finished.

*\*Note - Once that grade level field is selected, additional Sections on the application will appear.*

2016 - 2017 Application for Enrollment: Alternative Education Academy (OHDELA) - Enrollment Application for the Alternative Education Academy (OHDELA)

**Instruction :** Click on 'Show All Sections' to expand all the sections. Click on 'Hide All Sections' to collapse all the sections.

Show All Sections Hide All Sections

**Student Information**

Please ensure all Student Information matches the birth certificate or court documents (if applicable). Your Admissions Counselor may answer any questions you may have by calling 800-493-8680.

Select which school year your child will begin attending class? \*  2016-17  2017-18

Which day will your child begin attending class? \* 9/12/2016

What grade will your child be in the selected school year? \* Fifth Grade

First Name \*

Middle Name

Last Name \*

Generation -- Select --

Nickname

Gender \*  Male  Female

Birth Date \*

Hispanic/Latino Ethnicity \*  Yes  No

Race \* American Indian or Alaska Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White

To select multiple races, hold "CTRL" while clicking all races.

Home Language \* -- Select --

Native Language \* -- Select --

Student Email Address

Save

**Student Address and Phone**  
**Parent Guardian/ Independent Student/ Emergency Contact Information**  
**Student Questionnaire**  
**Electronic Signature and Acknowledgement for Enrollment & Request for Records**  
**DOCUMENT SUBMISSION (Required to Complete Enrollment)**

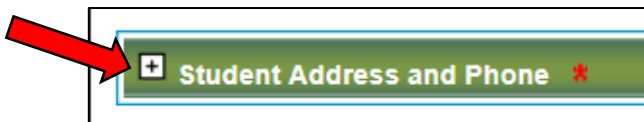
Student Address and Phone \*  
 Parent/ Guardian/ Independent Student/ Emergency Contact Information \*  
 Student Questionnaire \*  
 Electronic Signature and Acknowledgement for Enrollment & Request for Records \*  
 DOCUMENT SUBMISSION (Required to Complete Enrollment)

I certify that all information provided is true and correct. I understand that until my student is officially enrolled at OHDELA, my school district may file truancy charges against me as the legal guardian; furthermore, to ensure that I comply with state regulations, I agree to maintain my student's enrollment elsewhere until they have been officially enrolled by logging-in to the OHDELA system. MY ELECTRONIC SIGNATURE SERVES AS MY OFFICIAL REQUEST FOR RECORDS FROM MY STUDENT'S PREVIOUS SCHOOL

Agree  
 To submit please select 'I Agree'

The Family Education Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible students") certain rights regarding the student's educational records. In order to service the student's educational needs, the Ohio Distance and Electronic Learning Academy may find it necessary to disclose a student's name and address to provide them with appropriate learning equipment. In all cases, these vendors agree to the confidentiality of the student's name and addresses and will not use such information for any purposes other than those needed to provide as has been contracted with OHDELA. I hereby agree that my students name and address be provided to these entities to ensure that OHDELA can best meet the educational needs of the student. As the parent/guardian, I agree to allow ODHELA personnel the right to contact myself or my student in any manner of communication that pertains to the student's academic well being. This may include, but is not limited to, academic advisors, teachers, administrators, family advocates and members of the Admissions and Technical Support teams. This information will remain confidential except in cases where there is an ethical and/or legal responsibility to limit above said confidentiality. I have read and understand all the information contained in the Parent Student Handbook, including the OHDELA Acceptable Use Policy. I agree to abide by and support the Academy's policies and regulations as outlined in the above-stated policies. I understand that if I violate these policies, I am subject to the School's discipline policy.

5) Click the + sign to Expand the **Student Address and Phone** section to fill out the information.



Be sure to select an option for **Phone Type**.

Click **SAVE** when finished.

**Student Address and Phone \***

Please ensure all Address Information matches the Proof of Residency you will be required to submit. Your Admissions Counselor may answer any questions you may have by calling 800-493-8680.

**Physical Address**

Apartment (if applicable)   
 Complex (if Applicable)   
 House Number (or PO Box if Mailing Address)   
 Street Name \*   
 Development   
 City Label \*   
 State \*   
 Zip \*

**Mailing Address**

Same as Physical Address  
  
  
  
  
  
 -- Select --

**Student Phone Number**

Phone Type	Phone Number	Ext	Listing Status	Delete
Mobile	5555555555		L - Listed	<input type="checkbox"/>


6) Click the + sign to Expand the **Parent Guardian/ Independent Student/ Emergency Contact Information** section to fill out the information.

Click **Add Contact**.

**Parent/ Guardian/ Independent Student/ Emergency Contact Information \***

Please ensure to include the Contact Information of the LEGAL Parent/ Guardian. You may complete this section as an Independent Student ONLY if you are 18 year's of age, do not live with your guardian and can provide proof of income. You may also include contacts of those you grant access to your student's education. Your Admissions Counselor may answer any questions you may have by calling 800-493-8680.

No contacts currently exist for this student

Save Add Contact 

Only select ONE contact type. Guardians should ONLY select **Guardian**.

**Contact Types \***

Contact Type
<input checked="" type="checkbox"/> Guardian
<input type="checkbox"/> Emergency
<input type="checkbox"/> Other

Be sure to select **Relationship Label** and **Phone Type**.

Click **SAVE** when finished.

**Contact Correspondence Flags**

Contact Priority

Title -- Select --

First Name \* Diana

Middle Name

Last Name \* Test

Generation -- Select --

**Relationship Label** Mother

Home Language -- Select --

Language Of Correspondence -- Select --

Use Language For Mailing

Email Address dianatest16@yahoo.com

Use Email For Mailing

Education Level -- Select --

Save Cancel Update Contact 

**Contact Address**

Same as Student's mailing address

Apartment

Complex

House Number

Street Name

Development

City

State -- Select --

Zip

**Contact Phone**



Phone Type	Phone Number	Ext	Listing Status	Delete
Mobile	(555)555-5555		Listed	<input type="checkbox"/>

Add Phone Delete Phone

To add another contact, click **Add Contact**, fill out the information and click **Save**. If this is another legal guardian, select Guardian as the Contact Type.

**Parent/ Guardian/ Independent Student/ Emergency Contact Information \***

Please ensure to include the Contact Information of the LEGAL Parent/ Guardian. You may complete this section as an Independent Student ONLY if you are 18 year's of age, do not live with your guardian and can provide proof of income. You may also include contacts of those you grant access to your student's education. Your Admissions Counselor may answer any questions you may have by calling 800-493-8680.

Title	First Name	Last Name	Contact Type	Adjust Priority	Edit/View	Delete	Status
	Diana	Test	Guardian				New

Add Contact

If this is ONLY an Emergency Contact (not a legal guardian) select Emergency as the Contact Type

**Contact Type**

<input type="checkbox"/> Guardian
<input checked="" type="checkbox"/> Emergency
<input type="checkbox"/> Other

If there are 2 legal Guardians listed you may then adjust the priority of the guardian if needed.







The priority is based on the order in which they are listed on the application

(Ex: Diana is the primary guardian in the image below. Clark would be the secondary)

The primary guardian will be the main point of contact for anything relating to the student's education.

This will also be the guardian receiving login information to track student progress.

Click the **Arrows** to adjust the priority if needed.

Parent/ Guardian/ Independent Student/ Emergency Contact Information *							
Please ensure to include the Contact Information of the LEGAL Parent/ Guardian. You may complete this section as an Independent Student ONLY if you are 18 year's of age, do not live with your guardian and can provide proof of Income. You may also include contacts of those you grant access to your student's education. Your Admissions Counselor may answer any questions you may have by calling 800-493-8680.							
Title	First Name	Last Name	Contact Type	Adjust Priority	Edit/View	Delete	Status
	Diana	Test	Guardian	 			New
	Clark	Test	Guardian				New

- 7) Click the + sign to Expand the **Student Questionnaire** section to fill out the information. Click **Save** when finished. There is also a **Spell Check** option for the fields which require a typed answer.

Student Questionnaire *	
Please answer the following questions to enroll your student for the 2017-18 school year	
What city was your student born in (Enter City only)? *	<input type="text"/>
Is your student currently enrolled in school? *	-- Select -- ▾
If student is currently enrolled please list the school name OR if student is not currently enrolled, please list previous school name. *	<input type="text"/>
Who does your student live with primarily? *	-- Select -- ▾
If "Other" please explain.	<input type="text"/>
Are you or your student Homeless, living in someone else's home or an unaccompanied youth?	-- Select -- ▾
Who has Legal Custody of your student? *	-- Select --
Does your student currently receive IEP Services? If "Yes" documentation is required. *	-- Select -- ▾
Does your student currently receive 504 Services? If "Yes" documentation is required. *	-- Select -- ▾
Is the student currently suspended or expelled from any public or private school in the state of Ohio or any other state? *	-- Select -- ▾
If "Yes", please submit a statement describing the nature of the suspension or expulsion and school district where this occurred.	<input type="text"/>
OHDELA is an internet-based school. Please select the type of internet connection you currently have. *	-- Select --
How did you hear about OHDELA? *	<input type="text"/>
If you would like to opt in for text message alerts from the school (standard message rates may apply), please enter your mobile phone number here. Otherwise, leave blank. (FORMAT: XXX-XXX-XXXX)	<input type="text"/>
Ohio law, Section 3313.671 allows any guardian to present a written statement that objects to immunization for medical or religious convictions; thus requiring an exemption. Do you wish to claim exemption from immunizations? *	-- Select -- ▾
If "Yes", please state your reason for exemption.	<input type="text"/>
Please list any health-related conditions you would like OHDELA to be aware of.	<input type="text"/>
I give consent for my student to receive emergency medical treatment. *	-- Select -- ▾
If "No", please list the actions you would like the school to take in the event of an emergency.	<input type="text"/>
List the name of the student's primary Doctor.	<input type="text"/>
List the Phone Number of the student's primary Doctor	<input type="text"/>
List the name of the student's Dentist.	<input type="text"/>
List the Phone Number of the student's Dentist.	<input type="text"/>
List the name of the student's Medical Specialist (if applies)	<input type="text"/>
List the phone number of the student's Medical Specialist (if applies)	<input type="text"/>
List the name of the student's local Hospital	<input type="text"/>
List the phone number of the student's local Hospital	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Spell Check"/>	

- 8) Click the + sign to Expand the **Electronic Signature and Acknowledgement for Enrollment & Request for Records** section to fill out the information. Add Typed **Signature** and **Date** and click **Save** when finished.

**Electronic Signature and Acknowledgement for Enrollment & Request for Records** \*

**PARENT/ GUARDIAN/ INDEPENDENT STUDENT ELECTRONIC SIGNATURE**

Record saved successfully

Guardian/Independent Student Signature (Required - Please type your full name) \*

Today's Date (Please type today's date XX/XX/XX) \*

Save    Spell Check

Once all information on the application has been filled out, add a checkmark next to **I Agree**.  
You may select **Print** to print a copy of this form.  
Select **Submit** when finished.

I certify that all information provided is true and correct. I understand that until my student is officially enrolled at OHDELA, my school district may file truancy charges against me as the legal guardian; furthermore, to ensure that I comply with state regulations, I agree to maintain my student's enrollment elsewhere until they have been officially enrolled by logging-in to the OHDELA system. MY ELECTRONIC SIGNATURE SERVES AS MY OFFICIAL REQUEST FOR RECORDS FROM MY STUDENT'S PREVIOUS SCHOOL

**I Agree**

To submit please select 'I Agree'

Print    Submit

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By selecting SUBMIT you have now submitted your student's application for enrollment into OHDELA.

An Admissions representative will contact you once the form has been reviewed to discuss the next steps and gather any further information needed.

For any assistance you may contact OHDELA Admissions at **800-493-8680**

**Thanks for Choosing OHDELA!**