

## Adult Workforce Diploma Applicant Information

(Please Print)

|                                              |                                                                                                                                                                                                                                                                                                                                                     |                                                                      |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| First Name:                                  | Middle:                                                                                                                                                                                                                                                                                                                                             | Last:                                                                |
| Date of Birth:                               | Phone:                                                                                                                                                                                                                                                                                                                                              |                                                                      |
| Maiden Name                                  | Name on Birth Certificate (if different from Maiden or current)                                                                                                                                                                                                                                                                                     |                                                                      |
| Email Address:                               |                                                                                                                                                                                                                                                                                                                                                     |                                                                      |
| Current Physical Street Address:             |                                                                                                                                                                                                                                                                                                                                                     |                                                                      |
| City:                                        | State:                                                                                                                                                                                                                                                                                                                                              | Zip Code:                                                            |
| Mailing Address (If Different than above)    |                                                                                                                                                                                                                                                                                                                                                     |                                                                      |
| City:                                        | State:                                                                                                                                                                                                                                                                                                                                              | Zip Code:                                                            |
| School District Residence:                   | County                                                                                                                                                                                                                                                                                                                                              | Birth Place City:                                                    |
| Birth Place State:                           | Gender: <input type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                                                                                                                                                            | Mother's Maiden Name:                                                |
| Native Language _____<br>Home Language _____ | <b>Race:</b> (Check) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino |                                                                      |
| Social Security Number:                      | US Veteran <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                    | US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Applicant Educational Background |                                                                                         | (To be completed by Applicant) |
|----------------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| Highest Grade Completed:         | Did you receive special education services or have a 504 Disability Accommodation Plan? |                                |
| Name of School Attended:         | <input type="checkbox"/> YES <input type="checkbox"/> NO                                |                                |

| Employment Information                                                                                     |                                                             |                                                          |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| Are you currently employed?                                                                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Name of Employer:                                        |
| If unemployed, are you interested in help with career planning, job search or other career related skills? |                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature of Applicant:                                                                                    |                                                             |                                                          |



**FINDLAY**  
**DIGITAL ACADEMY**  
 Where Learning Fits You™

**I request and authorize the release of my educational records to Findlay Digital Academy.**

Name \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

I attended from \_\_\_\_\_ to \_\_\_\_\_.  
*School year School year*

| Specific Records to be released |     |    |
|---------------------------------|-----|----|
| Academic                        | YES | NO |
| OGT Results                     | YES | NO |
| IEP & Multi-Factored Evaluation | YES | NO |
| Birth Certificate               | YES | NO |
| SSID Number                     | YES | NO |

**Records Requested From: (Applicant please complete)**

|                |  |
|----------------|--|
| <b>School</b>  |  |
| <b>Contact</b> |  |
| <b>Address</b> |  |
| <b>Phone</b>   |  |
| <b>FAX</b>     |  |

**Records to be sent to:**

**Mark Willeke**  
**Findlay Digital Academy**  
**1219 West Main Cross, Suite 101**  
**Findlay, Ohio 419-423-8378 or**  
**567-525-1560**

**Email or Fax records to:**

**[mwilleke@findlaydigitalacademy.com](mailto:mwilleke@findlaydigitalacademy.com)**  
**Fax: 419-425-3588**

\_\_\_\_\_  
*Authorized Signature for Release of Records*

\_\_\_\_\_  
*Date*