



Horizon Charter School

2019-2020

Enrollment Application

(All information is confidential)

Please send original or apply online: www.horizoncharterschools.org

STUDENT INFORMATION (Please print legibly)

Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

County of Residence: \_\_\_\_\_ School District of Residence: \_\_\_\_\_

Legal Alias (Adopted/Maiden/Married/Other): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Date entered U.S.: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Parent Cell Ph: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

PREVIOUS SCHOOLS ATTENDED (Please list last school first):

Current School: \_\_\_\_\_ Address: \_\_\_\_\_  Public  Non-public

Previous School: \_\_\_\_\_ Address: \_\_\_\_\_  Public  Non-public

What interests you about Horizon Charter School?

Empty rectangular box for student response.

**ENROLLMENT HISTORY**

Date first enrolled in Kindergarten: \_\_\_\_\_

Date first enrolled in U.S. schools: \_\_\_\_\_ Date first enrolled in Grade 9: \_\_\_\_\_

Has this student been in U.S. less than 12 months?  Yes  No

Is the student over 18 years of age?  Yes  No

Is the student currently enrolled in a K-12 school?  Yes  No

Does this student have an active 504 Accommodation Plan? (Please submit)  Yes  No

Does this student have an active Individualized Education Plan (IEP)? (Please submit)  Yes  No

Did this student previously attend Horizon Charter Schools?  Yes  No

Has this student been recommended for SARB? Date: \_\_\_\_\_  Yes  No

Has this student been expelled? Date: \_\_\_\_\_ District: \_\_\_\_\_  Yes  No

Has this student been recommended for expulsion? Date: \_\_\_\_\_  Yes  No

Is this student currently on probation?  Yes  No

Probation Officer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**HEAD OF HOUSEHOLD INFORMATION** (Do not use a P.O. Box address. Please print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Sur/Suffix: \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to student:  Father  Mother  Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Gender:  Male  Female Marital Status:  Married  Single  Divorced

**SECONDARY HEAD OF HOUSEHOLD INFORMATION** (Do not use a P.O. Box address. Please print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Sur/Suffix: \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to student:  Father  Mother  Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Gender:  Male  Female Marital Status:  Married  Single  Divorced

Does the student have siblings currently enrolled in HCS?  Yes  No

If yes, name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**HOUSEHOLD INFORMATION**

- |  |  |
|--|--|
| <input type="checkbox"/> Developmental Center            | <input type="checkbox"/> Permanent Housing (own home/rental) |
| <input type="checkbox"/> Foster Home/Kinship             | <input type="checkbox"/> Residential School Dormitory        |
| <input type="checkbox"/> Health Institution              | <input type="checkbox"/> State Hospital                      |
| <input type="checkbox"/> Hotels/Motels                   | <input type="checkbox"/> Temporarily Doubled-Up              |
| <input type="checkbox"/> Incarceration Institution       | <input type="checkbox"/> Temporarily Unsheltered             |
| <input type="checkbox"/> Licensed Children's Institution | <input type="checkbox"/> Temporary Shelters                  |
| <input type="checkbox"/> Unknown                         | <input type="checkbox"/> Other: _____                        |

**ETHNICITY**

Is the student Hispanic or Latino? (Select only one)  No, not Hispanic or Latino  Yes, Hispanic or Latino  
*The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be*

**RACE** What is the race of this student? (Select one or more)

- |  |                                    |                                      |   |
|--|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Korean      | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Asian Indian                      | <input type="checkbox"/> Chinese   | <input type="checkbox"/> Hawaiian    | <input type="checkbox"/> Laotian                |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Hmong     | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Tahitian               |
| <input type="checkbox"/> Cambodian                         | <input type="checkbox"/> Filipino  | <input type="checkbox"/> Japanese    | <input type="checkbox"/> Other Pacific Islander |
|  |                                    |                                      | <input type="checkbox"/> Vietnamese             |
|  |                                    |                                      | <input type="checkbox"/> White                  |

**PARENT EDUCATION LEVEL**

(Check the response that describes the education level of the most educated parent/guardian)

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Not a high school graduate | <input type="checkbox"/> High School Graduate                   | <input type="checkbox"/> Some college |
| <input type="checkbox"/> College graduate           | <input type="checkbox"/> Graduate school/Post-graduate training |                                       |

**HOME LANGUAGE**

The California Education Code requires that schools determine the language(s) spoken at home by each student. If a language other than English is spoken in the home, HCS may be required to do further assessment of your son/daughter. Please answer the following questions.

1. What language did your son/daughter learn when he/she first began to speak? \_\_\_\_\_
2. What language does your son/daughter most frequently speak at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_
4. What language is spoken most often by adults in the home? \_\_\_\_\_

**PARENT ON ACTIVE DUTY**

(Check if parent/guardian is on active duty or full-time National Guard)

- Parent/guardian who is on active duty with the Armed Forces (Army, Navy, Air Force, Marine Corps or Coast Guard) or full-time National Guard Duty.

State military branch: \_\_\_\_\_

## ESTIMATED ANNUAL HOUSEHOLD INCOME

This data will be used to ensure we have the resources available to best serve your student(s). It is strictly for informational purposes only. All information is confidential and will not be shared with any specific person or agency.

\*Annual household income: List yearly gross earnings (before deductions) from work for all household members. Include any income received by a child from full-time or regular part-time employment. Include income received for a child from SSI, Welfare, Child Support or Adoption Assistance payments.

Household Size: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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## IMPORTANT INFORMATION

Please include with your application all documents required for completion of the application process:

1. Copy of Birth Certificate
2. Copy of Immunization Records, copy of proof of TDAP (for 7-10 grade only)
3. Report of Health Exam (for TK, Kindergarten and 1<sup>st</sup> grade students only)
4. Report of Oral Health Assessment (for TK, Kindergarten and 1<sup>st</sup> grade students only)
5. Copy of Proof of Residency: Property tax statement or two utility bills
6. Copy of Individualized Education Plan and Psychological Reports (for students with a history of special education only)
7. Copy of 504 Accommodation Plan (for applicable students only)
8. Copy of High School Transcripts (9<sup>th</sup> – 12<sup>th</sup> grade only) and exit grades if applicable
9. Copy of most recent English Language Proficiency Assessments for CA (ELPAC) for students learning English as a second language

**Please note: Applications received without the required documentation will not be processed until all items have been received. In addition, all portions of the application must be completed in order to be processed. The submission of this application does not constitute enrollment. Please send original application.**

**Do not disenroll your student from his/her current school until notified of HCS enrollment.**

I attest that the above statements are true to the best of my knowledge. I understand that *falsification* of any of the information on this enrollment application may result in the denial of enrollment or immediate disenrollment of the student.

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## RELEASE INFORMATION

- I give HCS permission to take pictures/videos of my child which may be used in the school yearbook, newsletter, center bulletin boards, press releases, or the school website.
- I give HCS permission to include parent/student information in a school directory.
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**How did you hear about us? Please Check all that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Radio/TV            | <input type="checkbox"/> Friend/Referral                   |
| <input type="checkbox"/> Magazine/Newspaper  | <input type="checkbox"/> Family                            |
| <input type="checkbox"/> Online/Social Media | <input type="checkbox"/> Returning                         |
| <input type="checkbox"/> Event               | <input type="checkbox"/> Other (If "other" please specify) |

Parent/Guardian/Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_