



Horizon Charter School

2020-2021

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: _____

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 1st grade students only)
4. Report of Oral Health Assessment (for TK, Kindergarten and 1st 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 (9th – 12th 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.

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.

How did you hear about us? Please Check all that apply

- Radio/TV
- Magazine/Newspaper
- Online/Social Media
- Event
- Friend/Referral
- Family
- Returning
- Other (If "other" please specify)

Parent/Guardian/Adult Student Signature: _____ Date: _____