

<u>Required Documentation</u>: The school must receive the following documents for enrollment to be valid, or to be added to the waiting list. If any document is missing, your application will be incomplete and you will not be enrolled or added to the waiting list.



Copy of Birth
Certificate (Full
page, not an
abstract of
birth)



<u>Proof of Residency:</u> Current utility bill with current address



Immunization Records: Must include current records of all required shots, including Tdap



<u>Transcripts or</u> <u>grades from</u> <u>previous school</u>

birth) including Tdap												
Section 1: Student Demographic Information												
Last Name				Firs	st Name					Mic	ddle	
Gender	Age	Birthdate (N	1M/DD/YYYY)	l .		Year	Entere	d Kinderga	rten (YYYY)			Incoming Grade
	J	,	, , ,					J	, ,			
Name of Charles	/- D : C-b 1/04	1					Disease					
Name of Student	's Previous School (M	lost Recent)					Pnon	e Number				
School Mailing Ac	ddress			City				State		Zip		
Section 2: M	ailing Address											
Mailing Address												
City				Stat	te					Zip		
Saction 2: Dk	nysical Address	/'f	-''' A d d 1		C1' 2 hl1\					1		
Physical Address	iysicai Address	(IT same as IVI	alling Address, le	eave s	Section 3 blank)							
Filysical Address												
										<del></del>		
City				Stat	te					Zip	1	
Section 4: Pa	arent Informati	on										
Parent/Guardian	Name							Cell Phon	e Number			
Employer			Occupation			١	Work P	hone Numl	ber			
Email Address (re	quired)							Other Ph	one Number (if	any)		
									·	• • •		
Parent/Guardian	Namo							Call Dhan	e Number			
Parent/Guardian	Name							Cell Filon	e Nullibei			
						<u> </u>						
Employer			Occupation			'	Work P	hone Numl	ber			
Email Address (required)						Other Phone Number (if			any)	any)		
Section 5: Er	nergency Conta	act Informa	ation									
Name	<u> </u>				Relationship						Pho	ne Number
Name					Relationship						Pho	ne Number
Name					Relationship						Dho	ne Number
ivallie					Relationship						FIIO	iic ivuilibei
					i						1	



Section 6: Education									
SST	heck any that apply)								
504 Plan				*Notice: Special Education services are provided through Beaumont Unified School District. BUSD does not deny enrollment to any student based on a disability. Highland Academy and the BUSD Special Education Department work together and will hold an IEP meeting for each HACS applicant with an IEP to review the student's educational needs.					
*IEP		*IEP Date		If BUSD is unable will provide Free A	to meet the r Appropriate F	nt with an IEP to review the si needs of the student at Highla Public Education (FAPE) for the other district campus based on	nd Academy, then the district s student in the Least		
ELD (English Learner)		EL Level							
Speech and/or hearing									
Section 7: Ethnic I	nformation								
Hispanic / Latino? (Circle One)	? Yes			No					
What is your child's ethnicity?		erican Indi nese anese tnamese an Indian nbodian ong tian er Asian	an/Alas	skan Native	) ] ] ] ]	<ul> <li>☐ Hawaiian</li> <li>☐ Guamanian</li> <li>☐ Samoan</li> <li>☐ Tahitian</li> <li>☐ Other Pacific Islander</li> <li>☐ Filipino</li> <li>☐ African American</li> <li>☐ White/Non-Hispanic</li> </ul>			
Country of Birth (Circle One)	USA	A	*Other		*If "Ot	her", year entered the US			
Section 8: Language did what language did first began to talk?	this student lea	rn when he	e/she						
What language does this student most frequ speak?			•						
What language do you most frequently use who speaking to this student at home?			hen						
What language is most often spoken by adu home?			s in the						
Is your child fluent in the English la writing, reading)		nguage? (sı	peaking <i>,</i>		cle One:	Yes	No		
Has your child bee Development Prog	English Lan	guage		cle One:	Yes	No			
If so, have they been red			fied?	Ciı	cle One:	Yes	No		





Section 9: Expulsion Status								
Has your student ever been suspended fro	Circle (	One:	Yes		No			
Is this student currently under an Expulsion	C'ada	0						
been recommended for expulsion by a previ		Circle One:		Yes		No		
Has he or she been reinstated from a prevexpulsion?	lous	Cirala Ona		V	V		Nie	
expuision:		Circle One:		Ţ	Yes District		No	
If so, when	and where?							
Section 10: Legal Guardianship								
							Legal	
Who does the child currently live with?		Both parents	Both parents Dad Only		Mom Only		Guardian	
		Foster	W	Vard of	Group	)		
	Circle One:	Parents		Court	Home	j	Other	
Are there any court orders involved in the	custody of							
this student?		Yes		No				
Who has legal custody of the student?								
Door the child currently live with you?		Yes		No				
Does the child currently live with you?  Notice: By law, if parents are legally separ	ated or divor		has e		s to the cus	tody (	of the	
child/children UNLESS a parent has a court		•					-	
school MUST HAVE A <b>CURRENT</b> COPY OF T		•	ar erre		y of the chi	, с	narem me	
Section 11: Parent Educational History		,						
Please check the highest level of e	ieved by the par	ent w	ith the mo	st complet	e edu	cation.		
Completed Some High School	Two Year C	College	e/Associat	e Degree				
Graduated High School	General Ed	lucation	on Diploma	a (GED)				
Vocational or Tech College		Four Year (	Degre	e (BA or BS	5)			
Attended Some College Classes		Graduate [	Degre	e (MA, MS	, PhD)			
Section 12: Residence Status								
	loes your fam	ily currently live						
Single Family Residence (home,		In a foster care placement or group						
apartment)		home						
Motel, Car, or Campsite		Shelter or	transi	tional hous	sing			
With more than one family in a house	Other (Please explain)							
or apartment			· ·					
		·						
Falsification of information on this form	n may he gr	ounds for remo	oval d	of student	from the	nrog	ram.	
	, 50 61					8۰۰۶	)· •	
Parent Signature:			D	ate:				
Print Name:								
Time Ivanie.	The Name.							
I								



Castian 42. Basical Authorization								
Section 13: Medical Authorization  Primary Care Doctor					Phone Number			
Filliary Care Doctor		Phone Num	Jei					
Insurance Company			Policy Number					
In the event of an illness or injury,								
<ul> <li>I hereby authorize school office</li> </ul>	ials from Hig	hland Aca	demy Charter	School on	my behalf to obtain medical			
and/or emergency transportat	tion and trea	ıtment.						
<ul> <li>I understand that Highland Ac</li> </ul>	ademy Char	ter School	does not assu	me any fin	ancial responsibility for medical			
care or ambulance transporta	tion in the ev	ent of an	emergency.					
<ul> <li>To help ensure the health and</li> </ul>	safety of my	child, I ag	ree that healt	th informat	tion may be shared with			
appropriate school personnel.								
<ul> <li>My signature acknowledges th</li> </ul>	at I underst	and and ag	gree with the o	consent inf	formation above and that the			
information provided is both c	omplete and	l correct.						
Parent Signature					Date			
Section 14: Medical Emergency Inform	nation							
Student Name				Birthdate (M	MM/DD/YYYY)			
Allergies – Is your child allergic to								
Medicine?	Yes	No	Details:					
Insect Bites?	Yes	No	Details:					
Food?	Yes	No	Details:					
Other?	Yes	No	Details:					
Birth Defects/Learning Disabilities								
Birth Defect	Yes	No	Details:					
Learning Disability	Yes	No	Details:					
Blood								
Hemophilia	Yes	No	Details:					
Hepatitis	Yes	No	Details:					
Other	Yes	No	Details:					
<u>Head</u>			Γ					
Headaches	Yes	No	Details:					
Concussion/LOC	Yes	No	Details:					
Dizziness/Fainting	Yes	No	Details:					
Other	Yes	No	Details:					
<u>Diabetes</u>			Τ =					
Diabetes	Yes	No	Details:					
Issues with Organs			D. J. H.					
Heart	Yes	No	Details:					
Lungs	Yes	No	Details:					
Kidneys	Yes	No	Details:					
Stomach	Yes	No	Details:					



Hearing			
Difficulty	Yes	No	Details:
Hearing Aids	Yes	No	Details:
Amplifiers	Yes	No	Details:
Other	Yes	No	Details:
Extremities	•		
Bones/Joints	Yes	No	Details:
Muscles	Yes	No	Details:
Missing Limbs	Yes	No	Details:
Other	Yes	No	Details:
Nervous System			
Seizures	Yes	No	Details:
Epilepsy	Yes	No	Details:
Spasms	Yes	No	Details:
Other	Yes	No	Details:
Vision			
Nearsighted	Yes	No	Details:
Farsighted	Yes	No	Details:
Glasses	Yes	No	Details:
Contacts	Yes	No	Details:
Other			
Surgery	Yes	No	Details:
Regular Meds	Yes	No	Details:
Sleep Issues	Yes	No	Details:
Anxiety/Depression	Yes	No	Details:
<u>Assurances</u>			
Any conditions that require			
attention or medication during the		Explain:	
school day?			
			*Note: School personnel cannot administer any medication without doctor's
			orders. Please pick up an " <u>Order For Administration of Medication During</u> the School Day" form from the front office.
Any conditions that prevent			
participation in Physical Education?		Explain:	
			Note: Highland Academy must have <u>current</u> doctor's orders on file for a
			student to be limited or excused from Physical Education activities.

## Falsification of information on this form may be grounds for removal of student from the program.

Parent Signature:	Date:
Print Name:	

# REQUIRED!



Section 16: Admission Practices (Information only)									
Part 1 – Household	Members								
Names of <b>ALL</b> household members	For Minors – name of school they are enrolled in or N/A if they are not in school	Check here if a foster child.	Check if no income						
Part 2 - Benefits									
		SNAP, FDPIR, or State TANF (							
case number for the person who receives benefits. If no one receives these benefits, skip to									
Name:		Case Number:							
Part 3 – Total Hous	ehold <u>Gross</u> Income								
Name (List only Househo members with income		Welfare, child support, alimony	Pension, retirement, Social Security, SSI, VA benefits	All other income					
Example: Jane Smith	\$500/weekly	\$250/weekly	\$100/weekly	\$50/weekly					
*Please note that info	ormation on this page	is required for state rep	orting purpose	s only and does					
not in any way affect			ciang parpood	o only and dood					
Sign here:									
Name:		,							



Highland Academy is nonsectarian in its programs, admissions policies, employment practices, and all other operations, does not charge tuition, and does not discriminate against any student based on any of the characteristics listed in Education Code Section 220.

The Charter School admits all pupils who wish to attend the Charter School who reside in California. No test or assessment is administered to students prior to acceptance and enrollment into the Charter School.

The Charter School complies with all laws establishing minimum and maximum age for public school attendance in charter schools. Admission, except in the case of a public random drawing, is not determined by the place of residence of the pupil or his or her parent or legal guardian within the state. Highland Academy expects families to understand and support the Charter School's mission, vision, and educational philosophy.

#### **Application Process**

Families must fill out the Highland Academy Application Form, which conforms to the law regarding nondiscrimination, to be considered for enrollment in Highland Academy.

Parents must commit to participate in Highland Academy's educational community as outlined in the handbook. Before admission, students are required to submit an enrollment packet, which includes the following:

- Student enrollment form
- Proof of minimum age requirements, e.g. birth certificate
- Proof of immunization
- Proof of emergency medical information form
- Home language survey
- Release of records
- Proof of address and other required legal enrollment documents

#### Lottery

Applications are accepted during a publicly advertised open enrollment period each year for enrollment in the following school year. Following the open enrollment period each year, applications are counted to determine whether any grade level has received more applications than availability. If the amount of students who wish to attend Highland Academy exceed the enrollment limit, a public random drawing ("lottery") takes place to determine admission for the impacted grade level, with the exception of existing students, who are guaranteed admission in the following year. Highland Academy's Directors and other representatives draw the pupil names and verify the fair execution of lottery procedures. Highland Academy keeps a file documenting the fair execution of lottery procedures. Highland Academy conducts a separate lottery drawing for each grade level. Admission preferences in the case of a public random drawing are given to the following students in the following order:

- 1. Siblings of enrolled students (exempt)
- 2. Children of employees (exempt)
- 3. Residents of California

### **Lottery Process Communication**

Highland Academy typically designates an application deadline of March 31, and only applications received prior to the deadline are considered for the public random drawing. Public random drawing rules, deadlines, dates and times are communicated in the application form and on the Charter School's website. Public notice is posted in a public location and the Highland Academy school website regarding the date and time of the public drawing once the deadline date has passed. The Charter School also informs parents of all applicants and all interested parties of the rules to be followed during the public random drawing process via mail or email at least two weeks prior to the lottery date.

The lottery is conducted on a Saturday afternoon or weekday evening so that all interested parties can attend. A parent/ guardian or an authorized representative is not required to be present at the time of the Lottery.

### Waiting List Development, Communication, Record Keeping

In reference to the development of the waiting list, the lottery is conducted so that all names have an equal opportunity to be pulled. Any applications received after the lottery is placed at the bottom of the waiting list.

Each year, maintenance of the waiting list is conducted. Each family on the waiting list is contacted via phone or email and asked to confirm that they wish to remain on the waiting list. Each family has 2-3 business days to respond. At the end of the 2-3 business days, those families not responding are removed from the waiting list.