



The school must receive the following documents and information for enrollment to be valid, or to be added to the waiting list. If any document is missing your application will be considered incomplete and you will not be enrolled or added to the waiting list.

- 1** Copy of Birth Certificate
(Full page, not an abstract of birth)
- 2** Proof of Residency:
Current utility bill with current address
- 3** Immunization Records: Must include current records of all required shots, including Tdap
- 4** Transcripts or grades from previous school

Office Use Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes:		Staff Initials:

Section 1: Student Demographic Information

Last Name		First Name		Middle	
Gender	Legal Gender	Age	Birthdate (MM/DD/YYYY)	Year Entered Kindergarten (YYYY)	Grade level for 2020/2021
Name of Student's Previous School (Most Recent)				Phone Number	
School Mailing Address			City	State	Zip

Section 2: Mailing Address

Mailing Address			Do you reside within the boundaries of Beaumont USD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City	State	Zip			

Section 3: Physical Address (if same as Mailing Address, leave Section 3 blank)

Physical Address		
City	State	Zip

Section 4: Parent/Guardian Information

Parent/Guardian Name		Cell Phone Number
Employer	Occupation	Work Phone Number
Email Address (required)*		Other Phone Number (if any)
Parent/Guardian Name		Cell Phone Number
Employer	Occupation	Work Phone Number
Email Address (required)*		Other Phone Number (if any)

*Highland Academy sends the majority of its communications home via email.

Section 5: Sibling Information				
Is the student the sibling of a <u>currently enrolled</u> student of Highland Academy?	No	Yes*	*If yes, please list the student(s) below	
			Name	Grade
			Name	Grade
			Name	Grade

Section 6: Emergency Contact Information		
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Section 7: Education Programs			
(Check any that apply)			
EMT/SST			
504 Plan		504 Date	*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. If BUSD is unable to meet the needs of the student at Highland Academy, then the district will provide Free Appropriate Public Education (FAPE) for the student in the Least Restrictive Environment at another district campus based on the student's IEP.
*IEP		*IEP Date	
ELD (English Learner)		EL Level	
Speech and/or hearing			

Section 8: Ethnic Information			
Hispanic / Latino? (Circle One)	Yes	No	
What ethnicity do you report your student as?	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian		<input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> African American <input type="checkbox"/> White/Non-Hispanic
Country of Birth (Circle One)	USA	*Other	*If "other", year entered the US



Section 9: Language Information				
What language did this student learn when he/she first began to talk?				
What language does this student most frequently speak?				
What language do you most frequently use when speaking to this student at home?				
What language is most often spoken by adults in the home?				
Is your child fluent in the English language? (speaking, writing, reading)	Circle One:	Yes	No	
Has your child been enrolled in an English Language Development Program?	Circle One:	Yes	No	
If so, have they been reclassified?	Circle One:	Yes	No	
Section 10: Expulsion Status				
Has your student ever been suspended from school?	Circle One:	Yes	No	
Is this student currently under an Expulsion Order or been recommended for expulsion by a previous school?	Circle One:	Yes	No	
Has he or she been reinstated from a previous expulsion?	Circle One:	Yes	No	
If so, when and where?	Date	District		
Section 11: Legal Guardianship				
Who does the child currently live with?	Both parents	Dad Only	Mom Only	Legal Guardian
	Circle One:	Foster Parents	Ward of Court	Group Home
				Other
Are there any court orders involved in the custody of this student?	Yes	No		
Who has legal custody of the student?				
Who has educational rights?				
Does the child currently live with you?	Yes	No		
<i>Notice: By law, if parents are legally separated or divorced, each parent has equal rights (custody and educational) of the child/children UNLESS a parent has a court order that indicates which parent has custody of the child/children. The school MUST HAVE A CURRENT COPY OF THE COURT ORDER on file.</i>				
Section 12: Parent Educational History				
Please check the highest level of education achieved by the parent with the most complete education.				
Completed Some High School		Two Year College/Associate Degree		
Graduated High School		General Education Diploma (GED)		
Vocational or Tech College		Four Year Degree (BA or BS)		
Attended Some College Classes		Graduate Degree (MA, MS, PhD)		

Section 13: Residence Status

Where does your family currently live? (Check one)

Single Family Residence (home, apartment)		In a foster care placement or group home	
Motel, Car, or Campsite		Shelter or transitional housing	
With more than one family in a house or apartment		Other (Please explain)	

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

Parent Signature:	Date:
Print Name:	



Section 14: Medical Authorization

Primary Care Doctor	Phone Number
Insurance Company	Policy Number

In the event of illness or injury:

- I hereby authorize school officials from Highland Academy Charter School on my behalf to obtain medical and/or emergency transportation and treatment.
- I understand that Highland Academy Charter School does not assume any financial responsibility for medical care or ambulance transportation in the event of an emergency.
- To help ensure the health and safety of my child, I agree that health information may be shared with appropriate school personnel.
- My signature acknowledges that I understand and agree with the consent information above and that the information provided is both complete and correct.

Parent Signature	Date
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Section 15: Medical Emergency Information

Student Name	Birthdate (MM/DD/YYYY)
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Medication – Does the student take any *regular* medication...

At Home?	Yes	No	Details:
At School?*	Yes	No	Details:

*Note – School personnel cannot administer any medication without current doctor’s orders. Please pickup an “Order For Administration of Medication During the School Day” form from the front office.

Allergies – Is the student 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:

Head

Headaches/Migraines	Yes	No	Details:
Concussion/LOC	Yes	No	Details:
Dizziness/Fainting	Yes	No	Details:
Other	Yes	No	Details:

Diabetes

Diabetes	Yes	No	Details:
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<u>Issues with Organs</u>			
Heart	Yes	No	Details:
Lungs	Yes	No	Details:
Kidneys	Yes	No	Details:
Stomach	Yes	No	Details:
Other	Yes	No	Details:
<u>Hearing</u>			
Difficulty	Yes	No	Details:
Hearing Aids	Yes	No	Details:
Amplifiers	Yes	No	Details:
Other	Yes	No	Details:
<u>Extremities</u>			
Bones/Joints	Yes	No	Details:
Muscles	Yes	No	Details:
Missing Limbs	Yes	No	Details:
Other	Yes	No	Details:
<u>Nervous System</u>			
Seizures	Yes	No	Details:
Epilepsy	Yes	No	Details:
Spasms	Yes	No	Details:
Other	Yes	No	Details:
<u>Vision</u>			
Nearsighted	Yes	No	Details:
Farsighted	Yes	No	Details:
Glasses	Yes	No	Details:
Contacts	Yes	No	Details:
<u>Other</u>			
Surgery	Yes	No	Details:
Sleep Issues	Yes	No	Details:
Anxiety	Yes	No	Details:
Depression	Yes	No	Details:
<u>Any medical condition or diagnosis that requires attention during the school day?</u>			
	Yes	No	Details:
<u>Any conditions that prevent participation in Physical Education?*</u>			
	Yes	No	Details: *Highland Academy must have current doctor's orders on file for a student to be limited or excused from Physical Education activities.
Parent Signature:			Date:
Print Name:			

Parents - Please make sure health information is complete and accurate for your student. Failure to disclose medications or health issues can be putting your student at risk.



Important Information – Please Review Carefully!

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. 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 Application
- Medical Authorization and Emergency Information
- Free or Reduced Lunch Income Eligibility Form
- Birth Certificate
- Proof of Residency
- Immunization Records
- Transcripts or grades from Previous School

Lottery

The public random lottery will be held on April 6, 2020 at 6:00 pm in the Multi-Purpose room on the Highland Academy campus.

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. Per the school's charter, admission preferences in the case of a public random drawing are given to the following students in the following order:

1. Siblings of currently enrolled students
2. Children of employees
3. Residents of Beaumont USD
4. Residents of California outside Beaumont USD

Lottery Process Communication

Highland Academy has designated an open enrollment application deadline of March 31, 2020 at 3:00 pm, and only applications received prior to the deadline are eligible for the public random lottery.

Public random lottery 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 at a time when as many interested parties as possible 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 open enrollment application deadline of March 31, 2020 at 3:00 pm are placed at the bottom of the waiting list and will not be part of the lottery.

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 24 hours to respond. At the end of 24 hours, those families not responding are removed from the waiting list.

TK and Kindergarten Age Requirements

Per California Law, to enroll your child in Kindergarten, your child needs to be 5 years of age on or before September 1 of the year for which they are applying.

To be eligible for Transitional Kindergarten, students must be 5 years old between September 2 and December 2 of the year for which they are applying.

School Year 2020-2021

Highland Academy Charter Schools Application for Free and Reduced-Price Meals Complete one application per household.

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online at lunchapplication.com. This institution is an equal opportunity provider.

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

STEP 1 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, or Runaway** are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.				
	EXAMPLE: Joseph P Adams	Lincoln Elementary		1st	12-15-2010	Foster	Homeless	Migrant
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If **NO**, skip STEP 2 and continue to STEP 3.

If YES , check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the **TOTAL GROSS** income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Total Student Income	How Often
\$	

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List **ALL** household members not listed in STEP 1, even if they do not receive income. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work		Public Assistance/SSI/ Child Support/Alimony		Pensions/Retirement/ All Other Income	
	How Often	How Often	How Often	How Often		
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

C. Total Household Members (Children and Adults)

D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member

Check the box if **NO SSN**

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Signature of adult completing this application:	
Print Name:	
Date:	Phone Number:
Mailing Address:	
City:	State: Zip:
E-mail:	

DO NOT COMPLETE. SCHOOL USE ONLY	
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$
Total Household Size <input type="text"/> <input type="text"/>	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES
We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.
Ethnicity (check one):
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (check one or more):
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White