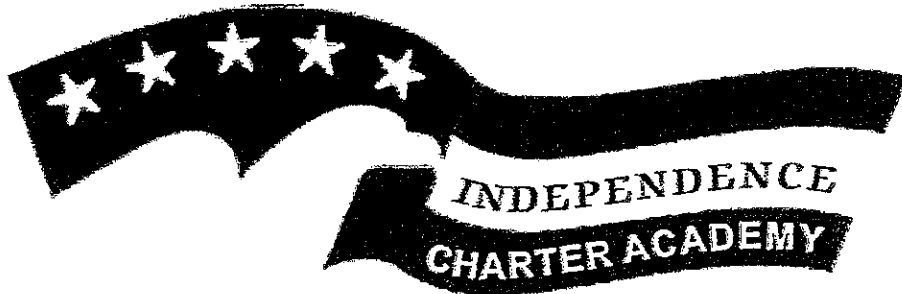


Welcome To



HELENDALE SCHOOL DISTRICT'S INDEPENDENT STUDY PROGRAM

Please contact us at (760) 952-1760
School Website: WWW.HELENDALESD.ORG

I, _____, have provided

- _____ Withdrawal Form from Previous school (if applicable)
- _____ A Complete Enrollment Packet
- _____ Immunization Records
- _____ Birth Certificate
- _____ Transcripts (High School Students)
- _____ Acceptable Use Agreement
- _____ Lunch Application

INDEPENDENCE CHARTER ACADEMY
Enrollment Packet

Student Information

Grade: _____

Name: _____ Nickname: _____
 Last First Middle

Sex: M F Date of Birth: ___/___/___ Place of Birth: _____

Street Address: _____ PO BOX #: _____

City: _____ Zip Code: _____

Home Phone: _____ Student Cell Phone: _____

Check one box only (This information will be used to determine if your child qualifies for additional assistance under the "No Child Left Behind Act of 2001") Your child lives:

- In a single family residence
- With more than one family in a house or apartment due to economic hardship
- In a shelter or transitional housing program
- In a motel, car or campsite
- In a foster home or group home

Ethnicity: Hispanic Yes No

Race: American Indian/Alaska Native Black or African American Cambodian Chinese
 Guamanian Hawaiian Hmong Japanese Korean Laotian Other Asian Filipino
 Other Pacific Islander Samoan Tahitian Vietnamese White

School Information

Name and Address of Last School Attended: _____ Last date of Attendance at Previous School: _____

Name and Address of 1st School Attended in California:

Special Programs: EL Special Education Speech Title I 504 Plan

If you DO NOT want your student to participate in one or more of the following please check the box next to that item. If it is OK for them to participate please leave blank.

- NO Vision and Hearing Screenings
- Do NOT release contact information to Military Recruiters
- Do NOT release photo or videos to public media other than School Yearbook

I request my student does not participate in the above marked

Parent Signature

Family Information

Primary Caregiver (Lives with Student)

Only Natural Parent(s) and Legal Guardian(s) having legal custody shall act as Custodial Parents. All others must have Authorization from Natural Parent(s) to act as Custodial Parent

Name: _____ Relationship: _____
 Cell Phone: _____ Work Phone: _____ Email: _____
 Highest Level of Education: High School Diploma GED Some College Vocational College
 Associates Degree Bachelors Degree Masters Degree PHD Military: Active Duty Retired
 Occupation: _____ Place of Employment: _____

Name: _____ Relationship: _____
 Cell Phone: _____ Work Phone: _____ Email: _____
 Highest Level of Education: High School Diploma GED Some College Vocational College
 Associates Degree Bachelors Degree Masters Degree PHD Military: Active Duty Retired
 Occupation: _____ Place of Employment: _____

Natural Parent (Not living with Student)

Send Mail?

Name: _____ Relationship: _____
 Address: _____ Home Phone: _____
 Cell Phone: _____ Work Phone: _____ Email: _____
 Occupation: _____ Place of Employment: _____

Siblings

Name	Date of Birth	Relationship to Student	Lives at Home

Emergency Contacts

Name	Relationship To Student	Lives With Student (Y/N)?	Home #	Work #	Cell#

Medical Information

Physician Name: _____ Phone: _____
 Insurance: _____ Hospital Preference: _____
 Please List Any Medical Conditions/Allergies: _____

Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide instruction for all students.

What language did your child learn when he/she began to talk? _____

What language do you most frequently speak to your child? _____

What language does your child most frequently use at home? _____

What language do the adults at the home most often speak? _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I/We), the undersigned, parent(s) of a minor, do hereby authorize the Helendale School District or its designee as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of a physician, dentist, or at a hospital. We further authorize the hiring of an ambulance or other emergency vehicle to transport, at my/our expense, such minors to a suitable place where medical or dental care is provided.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician or dentist in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California, and after a reasonable attempt has been made to contact the parent(s).

This authorization shall remain effective until revoked in writing and delivered to said agent.

Parent Signature

Date

RECEIPT OF PATRIOT HANDBOOK

We have read and understood the Independence Charter Academy Parent/Student Handbook. We will abide by all rules and responsibilities. Available online at www.helendalesd.org. Printed copies by request.

Student Signature

Parent Signature

**Helendale School District Request for
Student Records
INDEPENDENCE CHARTER ACADEMY
(760)952-1760
Fax: (760)245-1034**

Public law 93-380 (The Family Education Rights and Privacy Act of 1974) states in part that when student records are to be transferred to another school, and/or agency, parents or guardians of students, or students over 18 years of age, be notified of such transfer, receive a copy of the records being transferred if desired, and have an opportunity for a hearing to challenge the content of the record.

In order to honor the request for transfer of records, approval is necessary as indicated below. Copies of such records may be obtained by parents or guardians of students, or students over 18 years of age, by submitting a request in writing to the school office (there may be a charge not to exceed \$.25 per page copied in order to defray costs).

Request transfer of:

- Medical and Health Records
- Cumulative Folder and Transcript
- Any Psychological Testing and Special Education Placements

Previous School Attended, Address, Fax #, Email

Name of Student

Date of Birth

Signature of Parent or Authorized School Employee

Date

Please Send To:

**Independence Charter Academy
Attn: Tesla McOrmand
PO Box 249
Helendale, CA 92342**