

# WHITMORE CHARTER SCHOOLS

3435 Don Pedro Road • Ceres, California • 95307 • Phone: 209-556-1617 • Fax: 208-556-1087

**School Year**

20\_\_\_\_\_ to

20\_\_\_\_\_

## **APPLICATION FOR ENROLLMENT - WHITMORE CHARTER HIGH SCHOOL**

**This is NOT an enrollment form and does not mean that your child is enrolled in Whitmore Charter High School.**

*Your student must continue enrollment and attendance at their current school until accepted, enrolled, and ready to begin at Whitmore Charter High School.*

*Nonattendance, truancy, expulsion, and/or excessive tardies may prevent your child from being enrolled at Whitmore Charter High School.*

*Please attach a current copy of the student's transcripts to this application*

\_\_\_\_\_ Student's Legal Name \_\_\_\_\_ Age \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_ Grade

\_\_\_\_\_ Father/Legal Guardian \_\_\_\_\_ Mother/Legal Guardian

\_\_\_\_\_ Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Home Phone

\_\_\_\_\_ Residence Mailing Address (if different) \_\_\_\_\_ City/State/Zip \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Work Phone

Mother:  Does not work away from home  Works full time  Works part-time \_\_\_\_\_ E-mail Address

Father:  Does not work away from home  Works full time  Works part-time \_\_\_\_\_ E-mail Address

Would you like to have your phone number(s) and e-mail address(es) published in a WCHS phone and e-mail list?  Yes  No

Has this student ever been tested for Resource or had an active Individual Education Program (IEP)?  Yes  No  
 If yes, complete the additional information on the back of this page and **attach a copy of the most recent IEP & Form 6** to this form.

Is this student currently under any form of suspension or expulsion?  Yes  No  
 Is this student currently considered truant or have any non-attendance issues with the current school of attendance?  Yes  No  
 If yes to either of the above two questions, complete the additional information on the back of this page.

Have you home-schooled before?  Yes  No If yes, how long? \_\_\_\_\_ What school or program? \_\_\_\_\_

Reason for seeking enrollment: \_\_\_\_\_

Does your child want to be home-schooled?  Yes  No

Do you intend to have your child enrolled for the entire school year?  Yes  No

Do you have an Internet connected computer at home?  Yes  No If yes, what kind? \_\_\_\_\_

Do you foresee any difficulties in working with your child in a teacher-student relationship?  Yes  No

If yes, please explain \_\_\_\_\_

Will you be able to attend the required regularly-scheduled appointments with your Advisory Teacher?  Yes  No

Do you have reliable transportation?  Yes  No

*This educational option requires that a parent, or other responsible adult, serve as the primary instructor and monitor the child during the period of the day that is devoted to schooling. Parents who work outside the home have difficulty in meeting the demands of this schedule and can assign this duty to another responsible adult.*

Who will be providing the home-based instruction for this student?

\_\_\_\_\_ Name Relationship to Student Phone Number(s) E-mail Address

School & District of Residence: \_\_\_\_\_  
 Name of School Name of District

Last School Attended: \_\_\_\_\_  
 School Name School Address School Phone Number

*We understand that the omission or falsification of any information required on this Application for Enrollment shall be grounds for immediate dismissal from Whitmore Charter Schools. If enrolled, we agree to abide by all school policies in the Master Agreement and the Student Handbook.*

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

## Individual Education Plan (Resource) Information

(Complete only if you answered "YES" to the boxed question on the front of this form.)

Student Name: \_\_\_\_\_

Has this student been tested for Speech, Resource, or any other area?  Yes  No

If yes, when? Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has this student received special services?  Yes  No

If yes, in what areas?  Speech  Resource  Other \_\_\_\_\_

Date of last Individual Education Plan (IEP): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is your child performing below grade level in any of the following subjects?

Language Arts/ Spelling  Math  Reading  Science  Social Studies  Other \_\_\_\_\_

Does this student have any physical challenges that might affect their ability to learn?

ADD  ADHD  Physical Handicap  Other \_\_\_\_\_

How do you plan to fulfill your child's special needs through home-schooling? \_\_\_\_\_

Please attach copies of the following items:  Most recent/current IEP  Test results  Achievement test results  Report card

***This Application for Enrollment may not be accepted if the IEP, Form 6 and other documentation listed above are not attached.***

### **Suspension, Expulsion, and/or Attendance Information:**

Please provide an explanation for "yes" answers to questions on the front of this form regarding suspension, expulsion, and/or attendance.

---

---

---

---

---

---

---

---

### **Additional Information:**

Do you have any other comments or information to share that would help us better understand your needs?

---

---

---

---

---

---

---

---