

Phone: (530) 547-9726
Fax: (530) 547-9734
info@chrysalischarter.org



Address:
P.O. Box 709
Palo Cedro, CA 96073

Chrysalis Charter School Application

Child's Name: _____ Date of birth: _____
Last First Middle

Applying for which program: Classroom HomeSchool School year: 2023-24 2024-25

School currently enrolled in: _____ Current grade: _____

Public school district of residence: _____ Gender: Male Female

Birth place: City _____, State _____, Country _____

What language does your child speak at home? _____ Is more than one language spoken in your home? Yes No If yes, what other languages? _____

Parent/Guardian #1 Name: _____

Street Address: _____

City: _____, Zip _____, E-mail _____

Home phone: _____ Cell/Work phone _____

Parent/Guardian #2 Name (if applicable): _____

Street Address (if different than above): _____

City: _____, Zip _____, E-mail _____

Home phone: _____ Cell/Work phone _____

Initial as applicable:

_____ This child has been home schooled by parents in the past for _____ years.

_____ This child is in the foster care system.

_____ This child has an existing, written 504 Plan.

_____ This child has an existing, written Individual Educational Plan (IEP).

_____ This child has been SARBed. School _____ Date: _____ **Please attach a copy.**

_____ This child has been expelled. School _____ Date: _____ **Please attach a copy.**

_____ I am aware that families are expected to contribute at least 40 hours of service per year. This is an expectation, not a requirement -- that is, we would never discipline, exclude, withhold enrollment, dismiss, or expel your student if your family fails to achieve 40 hours of service.

_____ I am aware that admission to Chrysalis does not guarantee classroom placement. I understand that each entering student is screened by the teacher and, taking into consideration input from the parents/guardians, is initially placed in the multi-aged math and language arts classes that seem appropriate to their academic and socioemotional development while still maintaining a normal peer group. Regular progress monitoring allows movement within and between academic classes.

_____ I am aware that declining to accept an available opening will result in my child's name being removed from the waiting list. I understand that my child will need to reapply if they wish to be considered at some later time.

I affirm that the information on this application for enrollment is accurate to the best of my knowledge. If information is misrepresented, your student may be subject to dismissal.

Parent/Guardian Signature: _____ Date: _____

If referred, who may we thank for referring you: _____

Charter School Complaint Notice & Form

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California Education Code (EC) Section 47605(d)(4) (https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=47605&lawCode=EDC) states the following:

- A charter school shall not discourage a pupil from enrolling or seeking to enroll in a charter school for any reason, including, but not limited to, academic performance of the pupil or because the pupil exhibits any of the following characteristics:
 - Academically low-achieving
 - Economically disadvantaged (determined by eligibility for any free or reduced price meal program)
 - English learner
 - Ethnicity
 - Foster youth
 - Homeless
 - Nationality
 - Neglected or delinquent
 - Race
 - Sexual orientation
 - Pupils with disabilities
- A charter school shall not request a pupil's records or require the parent, guardian, or pupil to submit the pupil's records to the charter school before enrollment.
- A charter school shall not encourage a pupil currently attending the charter school to disenroll from the charter school or transfer to another school for any reason (except for suspension or expulsion).
- This notice shall be posted on a charter school's Internet website and a charter school will provide copies of this notice (1) when a parent, guardian, or pupil inquires about enrollment; (2) before conducting an enrollment lottery, and (3) before disenrollment of a pupil.

Complaint Procedures: In order to submit a complaint, complete and submit this form to the charter school authorizer, electronically or in hard copy, to the following location: Shasta County Office of Education, Attn: Nathan Fairchild, 1644 Magnolia Ave, Redding, CA 96001, nfairchild@shastacoe.org, (530) 225-0200

Your Name: _____ Date of Problem: _____
Mailing Address: _____
E-mail Address: _____ Phone number: _____

Basis of complaint (check all that apply):

- Pupil was discouraged from enrolling or seeking to enroll in the charter school.
- Records were requested to be submitted to the charter school before enrollment.
- Pupil was encouraged to disenroll from the charter school or transfer to another school.

Please provide further details: