

Phone: (530) 547-9726
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admin@chrysalischarterschool.com



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

Application Status: Date Received _____ Grades _____ Attendance _____ Date Admitted _____

Chrysalis Charter School Application

Child's Name _____ Date of Birth _____

Applying for which program? Full time (classroom) _____ Home School _____

Gender M F Grade applying for during the 2012-2013 school year: K 1 2 3 4 5 6 7 8

School Currently Enrolled In _____ Current Grade _____

Public School District of Residence _____

Parent Information:

Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Important Points (Initial as applicable):

- This child has been home schooled by parents in the past for _____ years.
- This child has special needs and has an existing, written Individual Educational Plan (IEP). (This will not exclude a child, but requires special procedures.)
- Has your child been SARBed? _____ Suspended? _____ Expelled?
- I am aware that enrollment at Chrysalis requires 40 hours a year of parent participation and service.
- I understand that declining to accept an enrollment opening during the school year will result in my child's name being removed from the waiting list.

How did you learn about Chrysalis?

- Friend
- Parent Magazine
- Newspaper
- Phone Book
- Internet
- Other _____

Please include with this application:

- A copy of your child's school report card (for placement purposes) and attendance records for the last 12 months
- A copy of your child's IEP or 504 plan, if your child has one

Parent Signature _____

Mail to Chrysalis Charter School, P.O. Box 709, Palo Cedro, CA 96073-0709

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