



## Registration Packet 2024-2025

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Grade Level: \_\_\_\_\_

Previous School: \_\_\_\_\_

Program: \_\_\_\_\_ Elementary (TK-5) \_\_\_\_\_ MS/HS (6-12) \_\_\_\_\_ Online \_\_\_\_\_ In-person

School Site Requested: \_\_\_\_\_ 395 (HS) \_\_\_\_\_ Amargosa (TK-8) \_\_\_\_\_ Bartlett (TK-12)

### YOU WILL NEED TO HAVE THE FOLLOWING DOCUMENTS TO ENROLL YOUR STUDENT:

- Copy of Birth Certificate
- Copy of Immunization Record
- Proof of Residency (Current utility bill, bank statement, lease/rental/mortgage papers)
- \*Any court-ordered documents (only if applicable to student)\*
- Withdrawal Slip from the previous school (if applicable to the student)
- Current progress report showing grades for each class enrolled
- Copy of IEP or Special Education Documentation (if applicable to the student)

### REQUIRED SIGNATURES:

- Independent Study Learning Agreement
- NSLP Form Signature
- Technology Agreement
- Parent/Student Handbook Acknowledgement
- Parent/Guardian Release
- Health Information
- High School enrollment grade level policy
- Housing Questionnaire
- Special Education Services
- Household Data
- Student T-Shirt & Instructional Materials Policy
- Bus Pass permission
- Student Orientation Signature

## Student Registration Form 2024-2025

### Initial Year Registration in a CA Public School:

First Name:	Middle Name:	Last Name:	Suffix:
Alias First Name:	Alias Middle Name:	Alias Last Name:	Alias Suffix:
Gender:	Grade level:	10 digit State ID:	Birthdate:
Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please describe below)			Proof of residency on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Physical Address</b> **Note: If a physical address does not represent permanent housing, please briefly describe what type of Temporary Housing the physical address represents:			
Street Address:		City:	State: Zip:
<b>Mailing Address</b>			
Mailing Address:		City:	State:
Home Phone:	Student Cell Phone:	County of Residence:	School District of Residence:
<b>Student Email Address:</b>			
<b>Ethnicity</b> *Note federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:			
Is the student Hispanic or Latino?			
<input type="checkbox"/> No, not Hispanic or Latino		<input type="checkbox"/> Yes, Hispanic or Latino	
<b>Race</b> *In addition to ethnicity, at least one race must also be selected below:			
<input type="checkbox"/> <b>American Indian or Alaskan Native</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.	<input type="checkbox"/> <b>Black or African American</b> A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> <b>Middle Eastern</b> <input type="checkbox"/> <b>White</b> A person having origins in any of the original peoples of Europe (including South/Central Americans), the Middle East, or North America.	
<b>Asian</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Japanese		<b>Pacific Islander</b> <input type="checkbox"/> Guamanian <input type="checkbox"/> Tahitian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan	

<b>Parent/Guardian Information</b>			
<b>Parent/Guardian 1</b>		<b>Parent/Guardian 2</b>	
Name:		Name:	
Relationship to student:		Relationship to student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch/Service:	Active Duty Military:	Military Branch/Service:
Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	Email address:	Work Phone:	Email address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?
<input type="checkbox"/> Parent/Guardian 1- Highest Education Level (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD, or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Hold AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to state (15)		<input type="checkbox"/> Parent/Guardian 2- Highest Education Level (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD, or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Hold AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to state (15)	
<b>Home Language Survey</b>			
Which language did your child learn when they first began to talk?		Which language did your child most frequently read/speak at home?	
Which language do you (the parents and guardians) most frequently use when speaking with your child?		Which language is most often spoken by adults in the home?	
Is the student fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Dashboard Alternative School Status (DASS)

(check all that apply)

<input type="checkbox"/>	Expelled (Ed. Code 48925(b)) including situations in which enforcement of the expulsion order was suspended (Ed. Code 48917)
<input type="checkbox"/>	Suspended (Ed Code 48925[d]) more than 10 days in a school year
<input type="checkbox"/>	Wards of the court (WIC 601 or 602) or dependents of the court (WIC 300 or 654)
<input type="checkbox"/>	Pregnant and/or parenting
<input type="checkbox"/>	Habitually truant (Ed. Code 48262) or habitually insubordinate and disorderly (Ed Code 48263), and whose attendance at the school is directed by a school attendance review board (SAAB) or probation officer (Ed. Code 48263)
<input type="checkbox"/>	Retained more than once In kindergarten through grade 8.
<input type="checkbox"/>	Recovered dropouts based on EC Section 52052.3(b) as students who: (1) are designated as dropouts pursuant to the exit and withdraw codes in the California Longitudinal Pupil Achievement Data System (CALPADS), or (2) left school and were not enrolled in a school for a period of 180 days.
<input type="checkbox"/>	Students who are credit deficient (i.e., students who are one semester or more behind in the credits required to graduate on-time, per grade level, from the enrolling school's credit requirements)
<input type="checkbox"/>	Students with a gap In enrollment (i.e., students who have not been In any school during the 45 days prior to enrollment in the current school, where the 45 days does not include non-instructional days such as summer break, holiday break, off-track, and other days when a school Is closed)
<input type="checkbox"/>	Students with high level transiency (i.e., students who have been enrolled in more than two schools during the past academic year or have changed secondary schools more than two times since entering high school)
<input type="checkbox"/>	Foster Youth (EC Section 42238.01[b])
<input type="checkbox"/>	Homeless Youth

## Enrollment Enhancements/Modifiers

Is the parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization information is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate Is included with this enrollment Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Parent/Guardian Release

Permission for the school directory information to be made available to institutions of higher learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for school directory Information to be made available to military recruiters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants the student permission to sign themselves in and out of the school	<input type="checkbox"/> Yes <input type="checkbox"/> No
My student must wait inside learning center until picked up by authorized person	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is allowed to use computers at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student allowed to access the Internet at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to include student Information In the School Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student in Yearbook ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student work produced by this student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student audio/video for school purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use student's name and image in school publications,website,and digital ads exclusively for Taylion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for the school to use student images,audio,video and student work exclusively for Taylion's social media	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Has your child ever received any Special Education services of any kind?**  Yes  No

If No: Sign and date here.

I certify that my student has never received Special Education services of any kind. I further certify that my student does not have a 504 Plan.

Parent/Guardian X \_\_\_\_\_ Date: \_\_\_\_\_

*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.*

I certify that all of the statements and information given above are true and correct to the best of my knowledge:

Parent/Guardian X \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Card

Currently Assigned Staff: \_\_\_\_\_

Student Name:	Gender:	Grade:	Birthdate:	Age:	Student ID#:
Physical Street Address:		City:		State:	Zip:
Mailing Address:		City:		State:	Zip:

## Parent/Guardian

Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Person(s) authorized to pickup student from school:	
Custody issue regarding the student:	
Legal restrictions for any parent:	

## Emergency Contacts

(Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)

Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 2 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:

## Other Children in Family

Name	Gender	Year Born	School Currently Attending	over 18	Relationship to student
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

## Health Information

Medications taken by student at School or at Home (written authorization from doctor required for medications taken at school):

Other Health Condition:

What action is to be taken if student has a complication due to his/her allergic condition or other health condition (Please be specific):

**Known Conditions:** (check all that apply)

<input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Known hearing problem <input type="checkbox"/> Preferential seating <input type="checkbox"/> Wearing a hearing aid	<input type="checkbox"/> Glasses to be worn at all times <input type="checkbox"/> Known eye condition/defect in vision <input type="checkbox"/> Wears contact lenses <input type="checkbox"/> Wears glasses
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**Insurance**

Health Insurance Carrier:	Insurance ID or Policy #:	Hospital Preference:
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**Physical**

Name of Physician:	Address:	Phone:
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Vision (list Dr):

Hearing (list Dr):

**Parent Signature**

*In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.*

*Under such circumstances, I further authorize the physician named above to undertake such acts and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.*

*I certify that all of the statements and information given above are true and correct to the best of my knowledge:*

The undersigned hereby agree to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by the undersigned in writing:

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Household Data Collection - Taylion High Desert Academy - 2024 - 2025

Last Name:	First Name:	Birthdate:	
School: Taylion High Desert Academy	Grade:	Classroom:	School Code: 0128462
<p>1. Check the total number of adults and children living in your household:  <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4   <input type="checkbox"/> 5   <input type="checkbox"/> 6   <input type="checkbox"/> 7   <input type="checkbox"/> 8   <input type="checkbox"/> 9   <input type="checkbox"/> 10   Other: _____</p> <p>2. Total Annual Household Income: \$ _____</p>			
Home Phone Number:	Cell Phone Number:	Email Address:	
<p>I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.</p> <p>Parent/Guardian X _____ Date: _____</p>			
<p><i>The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.</i></p>			



## 2024-2025 Additional Information

### Section A: Special Education Services

<p><b>Note** If you answer "YES" to ANY questions in this section, you MUST complete Section B: Special Education Details.</b></p>	
1. Has your child ever been referred and/or evaluated to receive Special Education Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your child ever attended a Special Education class?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your child have a current active Individualized Education Plan (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your child have a current 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing here, I certify that my child has NEVER received special education services of any kind. I further certify that my child does NOT have a 504 Plan.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B: Special Education Details

1. What was the date of your child's most recent IEP?	Month:	Year:
2. What type of services did your child attend? ( Check all that apply)		
<input type="checkbox"/> Speech <input type="checkbox"/> RSP <input type="checkbox"/> SDC <input type="checkbox"/> Adaptive PE <input type="checkbox"/> DOT <input type="checkbox"/> DPT		
<input type="checkbox"/> Other:		
3. What was the last date your child was in Special Education Class or received services?	Month:	Year:
4. School name and address where IEP was last evaluated or developed:		
School Name:		
Address:		

**Sign here and provide a copy of the IEP, including an exit IEP.**

I understand I must submit all Special Education documentation, and/or 504 Plan with my child's Enrollment paperwork, and that without it my child cannot be enrolled in this school. I certify that all statements are true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_

## Housing Questionnaire for:

Student's Last Name:	Student's First Name:	Student's Middle Name:

**Name of School: Taylion High Desert Academy**

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations?

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Living in a single-home residence that is permanent

I am a student under the age of 18 and living apart from parent(s) or guardian

- Yes       No

*The undersigned parent/guardian certifies that the information provided above is correct and accurate.*

Print Parent/Guardian Signature	Signature	Date

Phone Number	Street Address	City	State	Zip

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in their best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	School	Grade	Birthdate

If you have any questions about these rights, please contact your LEA's Homeless Liaison:

Name; Veronica Prado

Phone: (760) 951-5501

Email: [veronica.prado@taylion.com](mailto:veronica.prado@taylion.com)

## High School Enrollment of Grade Level Policy

Taylion Academy requires at least 220 credits for graduation. Students typically take six classes per semester and receive five credits for each class passed. Which equals to a total of 30 credits per semester, 60 credits per year if they are on track towards graduation.

However, many students enter Taylion Academy credit deficient or want to get ahead and often their grade level by age does not reflect an accurate representation of the credits they have earned.

Taylion High Desert Academy has adopted an Enrollment of Grade Level Policy that is based on credits earned vs a student's age. Included is a grade by credit breakdown.

9th Grade	10th Grade	11th Grade	12th Grade
0 to 60 credits	61 to 120 credits	121 to 180 credits	181 to 220 credits

Each transcript will be evaluated and a grade will be assigned based on the number of credits completed upon enrolling. This policy improves accurate records of graduation rates as reflected on the school's CA Dashboard and avoids confusion among students and parents as to the progress towards graduation.

By signing this form you agree to allow Taylion High Desert Academy to make the necessary changes to the students grade level based on credits earned for the 2024-2025 school year.

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

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Student T-Shirt & Instructional Materials Policy

Taylion Academy requires students' shirts with the Taylion logo to be worn and visible at all times for safety purposes. Logo must be visible and may not be covered by other articles of clothing. The first shirt will be provided to the student at no cost, replacement or additional shirts can be purchased for \$10. Students will be given a loaner shirt to wear while on campus if needed. Upon enrollment, students will be provided with materials necessary for instruction. Chromebooks are available upon request for school use only.

Does the student have access to a computer at home? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does the student have access to the internet at home? \_\_\_\_\_ YES \_\_\_\_\_ NO

I agree to abide by Taylion's T-shirt & Instructional materials policy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Bus Pass Permission

BUS PASSES- Parents may choose to allow their child to leave campus with a bus pass, if a buss pass permission slip is on file at the school. Parents choosing to allow their child to leave campus waive Taylion's responsibility to provide supervision of their child once the student has signed out or left the facility.

Please initial One of the following:

\_\_\_\_ My son/daughter has permission to leave campus using a Bus Pass.

\_\_\_\_ My son/daughter does NOT have permission to leave campus using a Bus Pass

I give my consent to the initialed items above.

Parent Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Orientation

I have been informed of program expectations and have all necessary information about the program. I, the undersigned parent/guardian, affirm that I have reviewed, Taylion Academy Student Handbook and I understand and agree to abide by the policies contained therein.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_