

Student Enrollment Application Academic Year 2023/24

ION Keystone Academy School P.O. Box 1888 Norwalk, CA 90651-1888 Phone: (562) 862-7134 E-mail: admin@keystoneacademyschool.com

Traditional Schedule 36 weeks Sept. - June

			E-man. au	init@keystoneaeademysenool.com
Entering Grade Last Grade			Enrollment Fees – (per student) Jı	Before June 20th \$35.00 une 21st - August 31st \$45.00 After August 31st \$55.00
Name of Student				PrimaryE-mail Address:
Last	First	М	liddle	
	1 1150	111		
Date of Birth C	City of Birth	County	State	
Complete Mailing Address including Zip C	ode—Residence		Cell Phone:	I
			Home Phone:	
Father	Employer Contact In	fo (Name, Address, City, State	e, Zip, Phone)	
			-	
Mother	Employer Contact In	fo (Name, Address, City, State	e, Zip, Phone)	
Name of person, other than paren Or outside-the-home classes:	it, providing regular academic instruction an	nd courses to be taught:		
Marital Status: Married D	ivorced 🗌 Separated 🗌 Single 🗌	Emergency Nam	ne.	
	Deceased Remarried Separated	Emergency Phor	ne:	
	eceased Remarried Separated	HSLDA #	Expiration	
List languages other than English	spoken at home Religious Affi	liation	Home Chu	rch
Is this your first year of Independent Study? Yes 🗌 No 🗌 On a separate sheet of paper Explain if Yes to any below:				
If No, How many yea		Yes 🗌 No 🗌	Problems with previous	
		Yes No	Previous legal problems	
On a separate sheet of paper g your reasons for home educati		Yes □ No □ Yes □ No □	Special Needs Individualized Educatior	n Program (IEP)
your reasons for nonice cadean		Yes 🗌 No 🗌	Any failing grades?	č ()
	indergarten, 1st grade, or is entering the CA pri	vate school system for the fir	rst time (due to a move or prev	ious homeschooling).
If yes, a health exam must be sche Schedule the appointment and use OR	duled with a physician. e the health form from KA. Attach a photo copy	of the birth certificate and i	mmunization card. Check	here to request waiver immunization.
Check here if your student will be transferring from another California public or private school. Do not withdraw if currently attending this school, until after acceptance. Attach a photocopy of the immunization card and birth certificate. Final date of Attendance.				
Please provide the complete mailing address and email address to the previous school for the records request (Name, Address, City, Zip).				
	Enrollment Reo	uest and Agreen	nent	
	-			
1 8	es of both parents and that one pa		6	• 1
	amed above in the Private Satellit school before acceptance. We as	-	• • • • • • • • • • • • • • • • • • •	
	listed and acknowledge by our si			
immunization records.	(By typing your name here as you wou	•	1.5	
Signature of Father				
Father, Stepfather, Guardian (circ	ele one)		Date	
Signature of Mother				
Mother, Stepmother, Guardian (c	ircle one)		Date	
You will be notified by email when your application has been accepted. If it is not, you will be refunded the enrollment fee.				
PayPal For Office Use Only				
Check Amount	Check Number Check		Balance Due	Initials