KEYSTONE ACADEMY
A Private Christian School

Student Enrollment Application
Academic Year 2024/25

Traditional Schedule 36 weeks **Sept. - June**

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

Entering Grade	
Last Grade	

Enrollment Fees – (per student)

Before June 20th	$35.00
June 21st - August 31st	$45.00
After August 31st	$55.00

Name of Student
Last First Middle

Primary E-mail Address:

Date of Birth _____ City of Birth County State

Complete Mailing Address including Zip Code—Residence

Cell Phone:
Home Phone:

Father **Employer Contact Info (Name, Address, City, State, Zip, Phone)**

Mother **Employer Contact Info (Name, Address, City, State, Zip, Phone)**

Name of person, other than parent, providing regular academic instruction and courses to be taught:
Or outside-the-home classes:

Marital Status: Married ☐ Divorced ☐ Separated ☐ Single ☐
(Only if Applicable) Father Deceased ☐ Remarried ☐ Separated ☐
(Only if Applicable) Mother Deceased ☐ Remarried ☐ Separated ☐

Emergency Name:
Emergency Phone:
HSLDA # Expiration Date:

List languages other than English spoken at home Religious Affiliation Home Church

Is this your first year of Independent Study? Yes ☐ No ☐
If No, How many years? _____

On a separate sheet of paper give a brief description of your reasons for home educating this student.

On a separate sheet of paper Explain **if Yes** to any below:

Yes ☐ No ☐ Problems with previous school
Yes ☐ No ☐ Previous legal problems
Yes ☐ No ☐ Special Needs
Yes ☐ No ☐ Individualized Education Program (IEP)
Yes ☐ No ☐ Any failing grades?

☐ Check here if your student is in Kindergarten, 1st grade, or is entering the CA private school system for the first time (due to a move or previous homeschooling).
If yes, a health exam must be scheduled with a physician.
Schedule the appointment and use the health form from KA. Attach a photo copy of the birth certificate and immunization card. ☐ Check here to request waiver immunization.
OR
☐ 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 Request and Agreement

KA requires the signatures of both parents and that one parent be at home during school hours. We hereby request enrollment of the student named above in the Private Satellite Program of Keystone Academy, and **will not withdraw our student from the current school before acceptance.** We agree to pay all fees and fulfill all requirements for enrollment. We hereby agree to the terms listed and acknowledge by our signatures below. Attached is a copy of the birth certificate and immunization records. (By typing your name here as you would sign it, you are acknowledging and agreeing to the terms listed above.)

Signature of Father
Father, Stepfather, Guardian (circle one) Date

Signature of Mother
Mother, Stepmother, Guardian (circle 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 Date _____ Balance Due _____ Initials _____

Date Forms Issued _____ Records Requested _____ Computer Entry _____ Reg or Dist _____ Forms to Nurse _____