

Student Enrollment Application Academic Year 2025/26

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

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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		Mid	dle	
Date of Birth C	ity of Birth	County		State	
Complete Mailing Address including Zip Co	ode—Residence			Cell Phone:	
				Home Phone:	
Father	Employer Contact	Info (Name, Addre	ss, City, State,	Zip, Phone)	
<i>И</i> .1	Employer Contact	Info (Nomo Addu	a City Stata	Zin Dhana)	
Vlother	Employer Contact	inio (Ivame, Addre	ss, City, State,	Zip, Phone)	
Name of person, other than paren Or outside-the-home classes:	t, providing regular academic instruction	and courses to b	e taught:		
	ivorced Separated Single ceeased Remarried Separated	Ellier	gency Name:		
	eceased \square Remarried \square Separated \square		gency Phone	: Expiratior	Date:
List languages other than English	spoken at home Religious At			Home Chu	
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 years?Yes No Problems with previous school					
II No, How many year		Yes □ Yes □	No 🗌 No 🗍	Problems with previous a Previous legal problems	SCHOOL
On a separate sheet of paper gi		Yes 🔲	No 🗌	Special Needs	
your reasons for home educati	ng this student.	Yes 🗌 Yes 🗍		Individualized Education Any failing grades?	n Program (IEP)
Check here if your student is in Ki	ndergarten, 1st grade, or is entering the CA				ious homeschooling).
If yes, a health exam must be schee				-	_
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 Re	equest and	Agreem	ent	
KA requires the signatur	es of both parents and that one	narent he at h	ome during	school hours We	hereby request
	amed above in the Private Satell	•			• 1
	school before acceptance. We				
	listed and acknowledge by our	•		1 5	
immunization records.	(By typing your name here as you we	ould sign it , you	are acknowle	edging and agreeing to the	e terms listed above.)
Signature of Father Father, Stepfather, Guardian (circ	le one)			Date	
Signature of Mother Mother, Stepmother, Guardian (ci	rcle one)			Date	
You will be notified by email who	en your application has been accepted. If	f it is not, you wi	ll be refunded	l the enrollment fee.	
PayPal	For O	ffice Use O	nly		
Check Amount	Check Number Check	k Date		Balance Due	Initials

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