



Factory Prep Campus
Student Enrollment Application
Academic Year 2024/25

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

E-mail: admin@keystoneacademyschool.com
thefactoryprepacademy@gmail.com

Entering Grade
Last Grade

Enrollment Fees payable directly to The Factory.

Name of Student			Primary E-mail Address:
Last	First	Middle	
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: **The Factory Prep Academy**

Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/>	Emergency Name:
(Only if Applicable) Father Deceased <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/>	Emergency Phone:
(Only if Applicable) Mother Deceased <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/>	

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

<p>On a separate sheet of paper give a brief description of your reasons for educating this student with Factory Prep Academy.</p>	On a separate sheet of paper Explain if Yes to any below:	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Problems with previous school
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous legal problems
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Special Needs
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Individualized Education Program (IEP)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any failing grades?

Attach a photo copy of birth certificate and immunization card with this application.

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. Final date of Attendance.

Please provide the complete mailing address to **the previous school** for the records request (Name, Address, City, State, Zip).

Enrollment Request and Agreement

KA requires the signatures of both parents. We hereby request enrollment of the student named above in the Private Satellite Program of Keystone Academy, Factory Prep Campus, 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.

For Office Use Only

Records Requested _____ Computer Entry _____ Forms to Nurse _____