



TAYLTON

With Education To You—Options, to Learn & At Home!

Registration Packet 2022-2023

Date: ____/____/____

Name: _____

Current Grade Level: _____

Previous School: _____

Program: ___ Home School (K-5) ___ Independent Study (6-12) ___ Online
(K-12)

School Site Requested: ___ 395 ___ Amargosa ___ Bartlett ___ Online

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

- Copy of birth certificate
- Copy of Immunization record
- Unofficial Transcript
- Proof of Current Address (current utility bill, bank statement, lease/rental/mortgage papers)
- Proof of Age (birth certificate, baptismal certificate, Passport, state ID or Driver's License)
- *Any court-ordered documents (only if applicable to student)*
- Withdrawal Slip from the previous school (if applicable to the student)
- Copy of IEP or Special Education Documentation (if applicable to the student)

Student Registration Form 2022 - 2023							Form #:
							Tracking #:
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:	Gradelevel:	10-digt State ID:		Birthdate:			
Physical Address		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		
**Note: If Physical address does not represent Permanent Housing, please briefly describe what type of Temporary Housing the physical address represents:							
Street Address:				City:		State:	Zip:
Mailing Address							
Mailing Address:				City:		State:	Zip:
Home Phone:		Student Cell Phone:		County of Residence:		School District of Residence:	
Student E-mail Address:							

Ethnicity * New 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 this student Hispanic or Latino?	
<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> Yes, Hispanic or Latino

Race * In addition to ethnicity, at least one race must also be selected below:

<input type="checkbox"/> American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> White A person having origins in any of the original peoples of Europe (including South/Central Americans), the Middle East, or North Africa.
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Pacific Islander	
Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander

Office Use Only: Pre-Enrollment Information

Anticipated Start Date:	Program Placement: (General Ed, Special Ed, or Adult Ed)
Primary School Site:	Anticipated Education Program: (Classroom Based, Ind. Study, Modified - IS, ...)

Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
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:
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch or Service:	Active Duty Military:	Military Branch or Service:
Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?
Parent/Guardian 1 Highest Level of Education (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 - Holds 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)		Parent/Guardian 2 Highest Level of Education (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 - Holds 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)	

Home Language Survey

Which language did your child learn when they first began to talk?	Which language does your child most frequently 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? (parents, guardians, grandparents, or any other adults)
Is the student fluent in English? Yes 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 (SARB) 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 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
Agree to the "Open Campus" Policy (for High School)	<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 in school publications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for the school to use student pictures, audio, video, and student work on 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: X _____

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 Signature X _____ Date X _____

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)

- Asthma
- Bee Sting Allergy
- Diabetes
- Epilepsy
- Heart Condition
- Nut Allergy
- Seizures
- Other (Please Specify Below)

- Known hearing problem
- Preferential seating
- Wears hearing aid

- Glasses to be worn at all times
- Known eye condition/defect in vision
- Wears contact lenses
- Wears glasses

Insurance

Health Insurance Carrier:	Insurance ID or Policy #:	Hospital Preference
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Physician

Name of Physician:	Address:	Phone:
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 - Tayllon High Desert Academy - 2022 - 2023

Last Name:	First Name:	Birthdate:	
School: Tayllon High Desert Academy	Grade:	Classroom:	School Code: 0128462

1. Check the total number of adults and children living in your household:

1 2 3 4 5 6 7 8 9 10 Other:

2. Total Annual Household Income: \$

Home Phone Number:	Cell Phone Number:	E-mail 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><u>X</u> _____ Parent Signature</p>		<p><u>X</u> _____ 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>		



TAYLIONI

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2022-2023 Additional Information

Section A: Special Education Services

Note** If you answer "YES" to ANY questions in this section, you MUST complete	
Section B: Special Education Details.	
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

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: _____

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"/> OT <input type="checkbox"/> PT <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: 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: _____



TAYLLION

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Housing Questionnaire for

Student Last Name	First	Middle

Name of School: Tayllion 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 Name	Signature	Date

Phone Number	Street Address	City	Stat	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 the 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	Birthdate	Grade	School

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

Name: Veronica Prado

Phone: (760) 933-4537

Email: veronica.prado@tayllon.com

TAYLION

K-12 Tailored Education - Online, In Person & At Home

School... The Way It Works For You.

Enrollment of Grade Level Policy

Taylor 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 Taylor 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.

As of the 2019-2020 school year, Taylor Academy will be adopting a new Enrollment of Grade Level Policy that will be 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. The new policy will improve accurate records of graduation rates as reflected on the school's CA Dashboard and avoid confusion among students and parents as to the progress towards graduation.

By signing this form you agree to allow Taylor High Desert Academy to make the necessary changes to the student's grade level based on credits earned for the 2019-2020 school year.

Student Name

Date

Parent/Guardian Name

Date

Parent/Guardian Signature

Date