

Charlton Heston Academy

2026-2027 School Year Application

Child's Legal Name: _____ Grade Entering: _____
Last First Middle

Physical Address: _____
House # Street Apt/Unit # City Zip Code

Mailing Address: _____
House # Street Apt/Unit # City Zip Code

Child's Birth Date: _____ Male Female Birth Status: Single Twin Triplet+

Primary Phone Number: (_____) _____ County of residence: _____

Are you a military family? Yes No

Is English the primary language spoken in your home? Yes No

If no, what is the primary language spoken? _____

Previous School attended: _____

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Race-</u> (Check all that apply) What do you consider your child's race? <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian</p> | <p><u>Special Education:</u> Please bring a copy of the IEP Did your child receive special education services at a previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate what types received) <input type="checkbox"/> Special Education classes <input type="checkbox"/> Speech <input type="checkbox"/> OT/PT <input type="checkbox"/> Social Work <input type="checkbox"/> 504 Plan</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PARENT/GUARDIAN INFORMATION

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Parent/Guardian: <input type="checkbox"/> Custodial <input type="checkbox"/> Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____</p> | <p>Parent/Guardian: <input type="checkbox"/> Custodial <input type="checkbox"/> Non-Custodial Name: _____ Relationship to child: _____ Date of birth: _____ Email address: _____ Main phone: _____ Employer: _____ Work phone: _____</p> |
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If there is a custody order in place, please provide court documentation to the office

Has your child ever been suspended from school? Yes No

If yes, why? _____

Has your child ever been expelled from school? Yes No

If yes, why? _____

MCKINNEY-VENTO HOMELESS QUESTIONNAIRE

Where is the child currently living? (Please check one box. If one of the following boxes is checked, the school may be required to fill out a McKinney-Vento referral.)

- In a shelter With family/friends (with parent) In a one family dwelling
 In a hotel/motel Homeless Other: _____



Emergency Contact Information- In the case my child becomes ill or injured at school, and I cannot be reached for any reason, please contact the following: (please list in order you would like contacted)

| <u>First & Last Name</u> | <u>Relationship</u> | <u>Phone #1</u> | <u>Phone #2</u> |
|------------------------------|---------------------|-----------------|-----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Does your child have any allergies or medical problems that the school should be aware of?

*Is your **high school child** interested in Career and Technical Education (CTE) courses? CHA is currently offering the following CTE courses: Teacher Cadet, Automotive Technology, Construction Trades, Public Safety, Cosmetology, Information Technology and Gaming, and Industrial Maintenance Technology.) Yes No

Which one of the previous listed CTE program: _____

***Is your high school child interested in college classes?** Yes No

***Is your child interested in online learning?** Yes No

*** Approval from the Superintendent is required**

Transportation

Will your student need busing? Yes No

Which animal route best suits your needs? (routes are available online; subject to change)

Flamingo Tiger Turtle Lion Monkey Eagle

Penguin Deer Owl Bear Camel

Please have transportation contact me to discuss routes

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

Directory information consists of a student's name, participation in officially recognized activities and sports, height, and weight (if member of an athletic team), awards received, honor rolls, scholarships, photographs or videos, and grade. The Board designates school-assigned e-mail accounts as "directory information" for the limited purpose of facilitating students' registration for access to various online educational services, including mobile applications/apps that the student will use for educational purposes, and for inclusion in internal e-mail address books. School-assigned e-mail accounts shall not be released as directory information beyond this/these limited purposes and to any person or entity but the specific online educational service provider and internal users of the District's Education Technology.

- School Yearbook
- Athletic Programs
- Academic Honor Roll/Awards Programs
 - Graduation Program
 - Student of the Week/Month
 - National Honor Society Programs
- Interviews, photographs, or videos for use in school/district publications
 - College Recruitment

- Permission IS granted to use the directory information of my child, given the guidelines stated above for the school year.**
- Permission IS NOT granted to use the directory information of my child, given the guidelines stated above for the school year.**

MILITARY RECRUITMENT

- Permission IS granted to release information to the military.**
- Permission IS NOT release information to the military.**

CONSENT FOR DISCLOSURE OF IMMUNIZATION INFORMATION TO LOCAL AND STATE HEALTH DEPARTMENTS

Immunizations are an important part of keeping our children healthy. Schools and state and local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized. Sharing immunization and personally identifiable information, including the student's name, date of birth, gender, and address, with local and state health departments will help to keep your child safe from vaccine-preventable diseases. The Family Educational Rights and Privacy Act (FERPA) requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

- Permission IS granted to disclose immunization information to local and state health departments.**
- Permission IS NOT granted to disclose immunization information to local and state health departments.**

GOOGLE WORKSPACE

I have read and understand the Charlton Heston Academy Google Workspace. The policy can be found on the www.charltonhestonacademy.com website.

- Permission IS granted**
- Permission IS NOT granted.**

HANDBOOK

I have read the School Handbook, which can be found online at www.charltonhestonacademy.com, and have made sure my child understands the policies and rules as stated in the document.

- I agree to the handbook policy and rules**
- I do NOT agree to the handbook policy and rules**

CONCUSSION AWARENESS

I have read the Parent & Athlete Concussion Information Sheet, which can be found online at www.charltonhestonacademy.com, and have made sure my child understands the signs, symptoms, and dangers of a concussion

- I understand concussion awareness**
- I do NOT understand concussion awareness**

VIRTUAL COURSES

I authorize Charlton Heston Academy to enroll my child in virtual course(s) if necessary.

- I agree to virtual courses**
- I do NOT agree to virtual courses**

Parental Statement

By signing, I am confirming that the information given is true to the best of my knowledge. Failure to report accurate information may result in your child being withdrawn from the Academy. I agree to support the mission, vision, and policies of Charlton Heston Academy. By signing this, I understand that there is a virtual learning platform available and virtual learning may be utilized as deemed necessary by the administration.

Signature of Parent/Guardian: _____ Date: _____/_____/_____

To be completed by the CHA Office Staff: Received Date: ____/____/____ Time: _____ Staff initials: _____

Charlton Heston Academy

School Year 2026-2027

Chromebook User and Parent Agreement

To use school technology, students and their parents must agree to the following terms:

1. Students will use technology only for school-related purposes.
2. Students will not purposely damage or otherwise deface school technology.
3. Students will not take school technology out of the room it is assigned to without explicit permission from their teacher.
4. If damage occurs, students and their parents may be charged for repair as outlined below:
 - a. Screen damage: \$20
 - b. Keyboard damage: \$35
 - c. Backplate/Faceplate damage: \$20
 - d. Removal of CHA labeling: \$5
 - e. Writing/carving/defacement: \$25
 - f. Charger: \$25
 - g. Stolen, lost, or otherwise unrepairable: \$320

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

