Enrollment Interest Form

Our school is delighted that you are interested in enrolling in our program. Please complete and submit this form to our school office.

If there is an opening for your child's grade level, we will contact you to schedule an enrollment meeting appointment. If there are not openings, your child's name will be added to our lottery process for admission when openings occur. For students currently enrolled in another area school, please continue attendance at the school until the appointment for enrollment.

Proof of residency

Birth record

At the enrollment meeting appointment, the following documents are required for admission:

Enrollment Application

Immunization records

Additional recommended documents include: High School Transcript (for high school students) A copy of the student's 504 Plan or Individual Education Plan (IEP) if applicable.				
Student Informa	ion			
Last Name			First Name	
Grade Level			Birthdate	
Physical Address (Street)				
City			Zip	
Mailing Address (if different from physical address)				
Please check this box if this is the first time your child is attending a school in California. \Box				
Parent/Guardian Contact Information				
Parent/Guardiar	Name(s)			
Phone			Email	
We are required by law to provide you with a notice about charter school enrollment rights (California Education Code (EC) Section 47605(d)(4)). Please sign below to acknowledge receipt of the notice and to certify that the information given above is true and correct to the best of your knowledge.				
Parent/Guardian Signature			Date	
For Office Use On	,			
Date Received:			☐ Opening ☐ Lottery ☐ Open Enrollment Period	
Staff Assignment		Α	Appointment Info:	

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