Phone: (530) 547-9726
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Chrysalis Charter
Science & Nature School

Address:
P.O. Box 709
Palo Cedro, CA 96073

Chrysalis Charter School Application

Child's Name: _____ Date of birth: _____
Last First Middle

Applying for which program: ☐Classroom ☐ HomeSchool **School year:** ☐2025-26 ☐2026-27

School currently enrolled in: _____ Current grade: _____

Public school district of residence: _____ Gender: ☐ Male ☐ Female

Birth place: City _____, State _____, Country _____

What language does your child speak at home? _____ Is more than one language spoken in your home? ☐ Yes ☐ No If yes, what other languages? _____

Parent/Guardian #1 Name: _____
Street Address: _____
City: _____, Zip _____, E-mail _____
Home phone: _____ Cell/Work phone _____
Parent/Guardian #2 Name (if applicable): _____
Street Address (if different than above): _____
City: _____, Zip _____, E-mail _____
Home phone: _____ Cell/Work phone _____

Initial as applicable:

_____ This child has been **SARBed**. School _____ Date: _____ **Please attach a copy.**

_____ This child has been **expelled**. School _____ Date: _____ **Please attach a copy.**

_____ I am aware that many families choose to volunteer their time in support of our school community, and we deeply appreciate those contributions. We encourage families to aim for 40 hours per year, but this is not a requirement. There are no consequences—formal or informal—for families who do not meet this goal.

_____ I am aware that admission to Chrysalis does not guarantee classroom placement. I understand that each entering student is screened by the teacher and, taking into consideration input from the parents/guardians, is initially placed in the multi-aged math and language arts classes that seem appropriate to their academic and socioemotional development while still maintaining a normal peer group. Regular progress monitoring allows movement within and between academic classes.

_____ I am aware that declining to accept an available opening will result in my child's name being removed from the waiting list. I understand that my child will need to reapply if they wish to be considered at some later time.

I affirm that the information on this application for enrollment is accurate to the best of my knowledge. If information is misrepresented, your student may be subject to dismissal.

Parent/Guardian Signature: _____ **Date:** _____

If referred, who may we thank for referring you:_____