

Today's

Date: _____

Student Name: _____

Appointment: _____

Please bring the following to the appointment:

- ___ Birth Certificate
- ___ Copy of Social Security Card
- ___ Copy of California ID
- ___ Most recent Transcript
- ___ Immunization Records

Please complete:

- ___ Enrollment Packet (this Packet)
- ___ Online Application, located at www.chybacharter.com

(Select: Enrollment tab (top right-hand of page) or Enroll Now! at top)

ENROLLMENT PACKET





California Heritage YouthBuild Academy
8544 Airport Road . Redding, CA 96002 . (530) 378-5254

WELCOME

A LETTER FROM THE EXECUTIVE DIRECTOR OF CALIFORNIA HERITAGE YOUTHBUILD ACADEMY® (CHYBA)

Dear Future California Heritage YouthBuild Academy (CHYBA) Students and Parents,

I would like to personally extend a warm welcome to all CHYBA students and parents. As a CHYBA student, you will find a new and innovative curriculum to help you succeed. Our highly-qualified, California-credentialed teachers are involved in every step of your path toward graduation so that your education can be a personalized experience. The staff at CHYBA is here to support you on your path to earning your high school diploma and learning marketable job skills.

Attached you will find information regarding admissions and enrollment guidelines for all prospective students. Please carefully read and complete the enrollment forms as this will assist us in processing your application. CHYBA online courses are formatted in a six-week block schedule with open enrollment and classes beginning regularly.

Enrollment Advisors are available to assist you with the enrollment process. As CHYBA strives to maximize your learning experience, its mission to students and parents continues to be a commitment to making your experience with your courses personal, relevant, and rigorous. We look forward to working individually with you to build an educational foundation that propels you into the 21st century with confidence and determination!

Thank you for your interest in CHYBA. Please feel free to contact us at 530-378-5254 with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Cathy Taylor'. The signature is written in a cursive, flowing style.

Cathy Taylor
Executive Director



MISSION

INFORMATION ON OUR MISSION AND PROGRAM REQUIREMENTS

TERMS OF ENROLMENT

CHYBA students will be required to participate in:

- Daily attendance, Monday through Friday 8:30 am to 3:45 am
- AMERICORPS IF BETWEEN THE AGES OF 16-24 (300 HOURS OF CONSTRUCTION AND COMMUNITY SERVICE PROVIDED BY THE SCHOOL)
 - NEEDED DOCUMENTS: CALIFORNIA ID, BIRTH CERTIFICATE AND SOCIAL SECURITY CARD
- CAREER & TECHNICAL EDUCATION COURSES
- DRUG/ALCOHOL SUBSTANCE ABUSE PREVENTION CLASSES OR REFERRALS TO SHASTA YOUTH OPTIONS IF A PROBLEM PRESENTS ITSELF DURING PROGRAM ENROLLMENT
- MENTAL HEALTH COUNSELING IF RESTORATIVE JUSTICE DETERMINES NECESSARY OR RECOMMENDED BY OUR CASE MANAGER

STANDARDIZED EXAMS

INFORMATION ON REQUIRED CALIFORNIA EXAMS

CALIFORNIA ASSESSMENT OF STUDENT PERFORMANCE AND PROGRESS(CASPP)

CHYBA students will be required to participate in the Summative Assessments (CAASPP) testing in the spring semester.

- 11th grade students will be required to test in Mathematics and English-Language Arts.(CAASPP)
- 12th grade students will be required to test in Science(CAST)

BY SIGNING THE FOLLOWING SIGNATURE PAGE, YOU ACKNOWLEDGE THAT:

1. You will abide by our terms of enrollment listed above
2. You will attend and take all standardized tests.
3. If you cannot attend an exam on the original testing date, you will make arrangements with CHYBA to take the make-up exam within the testing deadline, which is generally within a week after the original date.
4. If you have an Individualized Education Plan (IEP) or 504 Plan on file with CHYBA, you will work with the school to make necessary adjustments to your testing requirements which sometimes means utilizing the California Alternate Assessments (CAAs)
 - Students with IEPs or 504 Plans may take the CAAs with or without accommodations and/or modifications.
 - It is also required that any accommodations and/or modifications to be used during statewide assessment must be documented in the IEP or 504 Plan.



REQUIRED RECORDS

INSTRUCTIONS AND CHECKLIST

Please refer to this checklist for forms that are required for enrollment at CHYBA. Once you have collected all necessary records, submit these items to the school.

STUDENT'S RESPONSIBILITY

Please submit the following:

- ☐ Birth Certificate
- ☐ Copy of Social Security Card(Americorp Req.)
- ☐ Copy of California ID(Americorp Req.)
- ☐ Immunization Records
[Incl. Whooping Cough (Pertussis/TDAP) Vaccination
administered on or after Student's 7th birthday]
- ☐ Signature Page (Page 4 of this packet)

You may fax, scan, email, or mail/deliver these documents to:

CHYBA
8544 AIRPORT ROAD
REDDING, CA 96002

FAX: 530.378.5256

EMAIL: CMARTINEZ@CHYBACHARTER.COM

CHYBA'S RESPONSIBILITY

We will contact your previous school to collect your transcripts. When documentation is received on your behalf, we will email you with updates as to what may still be needed. Please allow three to five business days for processing.

WHAT TO DO NEXT

Check your email frequently to see if you have any updates and respond to any items that still need to be submitted. If possible, you may also follow up with your previous school to ensure your records have been or will be sent.

CALIFORNIA HERITAGE YOUTHBUILD ACADEMY WITHDRAWAL POLICY

REQUESTED: Parents/guardians/adult students are able to request to be withdrawn at any time, verbally or in writing. If requested within the first five weeks of a block, the registrar may process the withdrawal. If the request is submitted in the sixth week of a block, the withdrawal cannot be processed until the teachers have graded the student out of their courses.

***LACK OF ATTENDANCE:** CHYBA is a seat based program and requires daily attendance MF, 8:30 am to 3:45pm. Students may be withdrawn from online classes for non-attendance if the student has not logged in and submitted assignments for five consecutive school days. The withdrawal determination will be made by the principal and teachers and is based on a student's lack of submission of any "product" (study or academic work) during the consecutive period of nonattendance.

***LACK OF ACADEMIC PROGRESS:** If a student fails their first block of online courses with CHYBA, he/she will be placed on the first level of the student success plan, and the student advisor and instructors will closely monitor progress in the next courses. If the student fails the second block and is not meeting all attendance requirements per the student handbook and/or master agreement, the student will be withdrawn from online courses for lack of academic progress. If the student is meeting all attendance requirements per the student handbook and master agreement and still does not pass the second block, he/she may stay enrolled, but will be placed on the next level of the student success plan.

***STUDENTS REMOVED FROM THE ONLINE PORTION OF THE PROGRAM MAY NOT BE ELIGIBLE FOR RE-ENROLLMENT IN ONLINE COURSES FOR ONE BLOCK OR MORE FROM THE DATE OF WITHDRAWAL.**



GRADUATION REQUIREMENTS



Successful completion of the following requirements is needed for graduation

English.....	Three years/30 units
Mathematics (including algebra 1).....	Two years/20 units
Social Science (made up of the following).....	Three years/30 units
<i>a. World History(10th).....</i>	<i>One year/10 units</i>
<i>b. U.S. History(11th).....</i>	<i>One year/10 units</i>
<i>c. American Government(12th).....</i>	<i>One semester/5 units</i>
<i>d. Economics(12th).....</i>	<i>One semester/5 units</i>
Science (made up of the following).....	Two years/20 units
<i>a. Biological Science(10th).....</i>	<i>One year/10 units</i>
<i>b. Physical Science or Earth Science(9th).....</i>	<i>One year/10 units</i>
Physical Education.....	Two years/20 units
Foreign Language, Visual and Performing Arts or Vocational Ed.....	One year/10 units
Successful completion of additional elective units.....	90 units
<i>a. CTE/VocEd CHYBA graduation requirement.....</i>	<i>One semester/5 units</i>

*Total units for successful completion, including course of study **220 units**

Beginning with the 2025–26 school year 9th grade students must **complete a one-semester course in ethnic studies** to fulfill the graduation requirement California Code, Education Code - EDC § 51225.3.



California Heritage YouthBuild Academy 2025-2026 School Calendar

Jul-25						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
8 days						
Aug-25						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
21 days						
Sep-25						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
23 days						
Oct-25						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
13 days						
Nov-25						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
15 days						
Dec-25						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
15 days						

School Closed/ Holidays/Staff Collab.
Begin CHYBA 6-Week Grading Block
End of CHYBA 6-Week Grading Block
First and Last Day of School

School Starts: August 20th 2025
School Ends: June 11th 2026

All Wednesdays are minimum days

Academic Block Schedule

Block 1 August 20 – October 3	32 days
Block 2 October 6 – November 14	28 days
Block 3 November 17 – January 23	33 days
Block 4 January 26 – March 13	30 days
Block 5 March 16 – April 24	24 days
Block 6 April 27 – June 11	33 days
	180 days

Holidays/No School

September 1	Labor Day
November 10 & 11	Veteran's Day
November 24 - 28	Thanksgiving Break
December 22 - January 5	Winter Break
January 19	MLK Day
February 16 - 20	President's Week
April 3 – 10	Spring Break
May 25	Memorial Day
June 19 th	Juneteenth

Emergency Makeup Days If Needed

Staff Collaboration Days

August 15th 18th 19th
January 5th
June 12th

Jan-26						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
18 days						
Feb-26						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
15 days						
Mar-26						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
22 days						
Apr-26						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
16 days						
May-26						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
20 days						
Jun-26						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
9 days						



School Medication Authorization

We recognize that students may need to take either over-the-counter or prescribed medications during school hours to maintain their health. California Education code Section 49423 defines certain requirements for the administration of medication at school:

"...any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives: (1) a written statement from such physician detailing the method, amount, and time schedule by which such medication is to be taken; and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement."

Students are not permitted to carry medications at school, or at school sponsored field trips or events, except for prescribed inhalers or Epi-pens.

All medications, including over-the-counter medications, must be prescribed by a physician, NP, or PA to be administered at school. Over the counter medications include such items as cough drops, throat lozenges, Midol, Tylenol, ibuprofen and aspirin.

Medications may be taken at school if the following conditions are met:

- **A signed School Medication Authorization Form.**
- **The medication is in the original container clearly labeled from the pharmacy.**

It is important that the parent have a container at home with the correct dosage, and a separate container for the school properly labeled. Whenever possible, we encourage you to work out the dosage schedule with the doctor so that medication is not given during school hours.

Students will be responsible for remembering to come to the office at the correct time to get their medication. The office staff will not be responsible for reminding the student.

A School Medication Authorization form must be renewed at:

- **Beginning of every school year**
- **Upon entry to school**
- **When a NEW medication, dosage, or change is prescribed**

Thank you.



Enrollment Checklist

1. Formally check out with the counseling/registrar's office at the school you are transferring from (turn in chromebooks, textbooks, pay outstanding fees).
 2. Copy of CA ID for Americorps (16yrs and older only)
 3. Copy of SSN card for Americorps (16yrs and older only)
 4. Complete and return Pages 12-25
 - a. Signed Short Term Independent Study agreement in the event you need emergency short-term independent study during the year. Not to exceed 15 days total for the 25/26 school year.
- ** CHYBA is an onsite, seat-based program that requires daily attendance; long-term independent study is reserved for families/students with documented extenuating circumstances; subject to waitlisting; placement is based on the availability of slots as determined by our Charter School's Education Code guidelines.
5. Review access to handbooks



California Heritage **YouthBuild** Academy
8544 Airport Road . Redding, CA 96002 . (530) 378-5254



Parent Instructions:

If you are a parent and the school's database (SIS) contains your correct contact details, *you can use your email or phone number to set up your account without the invitation.*

What to do:

Hello. Welcome to ParentSquare.

1. Go to parentsquare.com/signin (or install the ParentSquare app) and follow the prompts to sign up.
2. Use Google single sign-on, your email, or your phone number to set up your account. *Your email/phone number must match contact details in the school's database for this to work!*
3. **If your contact details aren't recognized, contact your school administrator to get them added.** *After they update your information in their database, the new contact details will appear in ParentSquare after the next daily sync, and you will be able to create an account.*

Note: After you are added to ParentSquare by your school, you will receive school communications even if you have not registered your account. However, you will need to register your account in order to participate in two-way communications and to access any confidential student-specific documents or forms.

Download the
ParentSquare app today!

Stay involved with your child's
learning and activities at school.
From anywhere.



Student Instructions:

Sign up to receive information from your school and teachers

1. On your device, open a web browser and visit:
ssqr.at/marti017
2. Follow instructions to sign up for StudentSquare.



Technology Responsible Use Agreement

Dear Students & Parents/Guardians,

California Heritage YouthBuild Academy (CHYBA) is committed to the use of technology and the Internet for educational purposes. Along with the advantages of using technology also comes the need to educate students about responsibility and safety when using computers, tablets, smartphones and the Internet. We are committed to providing our students with opportunities to learn and communicate with others, in a safe environment, through a wide range of technology. In order to comply with the Children's Internet Protection Act(CIPA), the school uses robust web filters and device management tools. We also provide digital citizenship toolkits and opportunities for our teachers and students to set, model, and follow responsible use guidelines in their classrooms. While providing access to these resources, the school makes an effort to only allow access to age appropriate content. The following Responsible Use Policy is meant to act as a guide to help students and families make positive choices when interacting online. Although teachers will review the information in this policy with students, we expect parents to spend some time reviewing it with their students(s), as the rules apply to home usage as well. Please read and familiarize yourself with the Responsible Use Policy. Both parents/guardians and students must sign the agreement. We look forward to supporting the continued growth and success of our students together. If you have any further questions, please contact the school's administrator.

Digital Citizenship: means staff and students use technology in meaningful, safe, and responsible ways while at school and at home.

- Respect for one's self: Users will nurture an appropriate and respectful online presence, and will purposefully consider information and images before and after posting online.
- Respect for others: Users will refrain from using technologies to bully, tease, or harass other people.
- Respect for Intellectual Property: Users will suitably cite any and all use of websites, books, media, etc. while adhering to Fair Use practices.
- Protect one's self and others: Users will protect themselves and others by immediately reporting abuse and by not forwarding inappropriate materials or communications.
- Protect one's personal data: Users will not share personal logins and passwords and are urged to update passwords regularly. Users should not share personal information (name, address, phone number, etc) in online forums or other electronic communications.

Expectations: Each user has the responsibility to respect every other person in our community and on the Internet. Digital storage and electronic devices used for school purposes will be treated as extensions of the physical school space. Administrators, or their designees, may review files and communications (including electronic mail) to ensure that users are using the system in accordance with school district policy. The following guidelines are intended to clarify expectations for conduct, but they should not be construed as all-inclusive:

- Users should not expect that files stored on district servers, within Google Drive, or on hard disks will be private. Users also should understand that school servers regularly record Internet activity in log files. Users are expected to abide by the generally accepted rules of network etiquette while at school and at home.
- Transmission of any material in violation of local, federal and state laws is prohibited. This includes, but is not limited to: copyrighted material, licensed material, and threatening or obscene material.
- Intentional or unintentional use of networked resources to access or process proxy sites, pornographic material, explicit text or files, or files dangerous to the integrity of the network is strictly prohibited.



- Software and/or services may not be installed or downloaded on school devices without prior approval of the school's administration.
- Use of computer resources for commercial activities, product advertisement, or religious or political lobbying is prohibited.
- Users may be held personally and financially responsible for malicious or intentional damage done to network software, data, user accounts, hardware and/or unauthorized costs incurred.
- Files stored on school-managed networks, Google Apps for Education accounts, or on school assigned devices may be inspected at any time and should not be considered private.
- Materials published for electronic publication must be for educational purposes. School administrators, teachers and staff may monitor these materials to ensure compliance with content standards.

Policy Violations: CHYBA reserves the right to deny or limit access to technology and/or Internet to anyone. Violating any portion of this policy may result in disciplinary action, including temporary or permanent ban on computer or Internet use, suspension or dismissal from school, and/or legal action. The School may cooperate with law enforcement officers in investigations related to illegal activities conducted through its network. With the increased access to web content and resources, schools are committed to monitoring appropriate use in and out of the classroom. That said, students are expected to be responsible stewards of the hardware, Internet access, and the content they share and consume online. CHYBA is committed to fostering an environment where our students can develop into contributing citizens, on and offline. Schools will regularly review the Responsible Use Agreement with students during the school year. We request that you, too, take the time throughout the year review this policy and agreement with your child to reinforce the importance of an appropriate and responsible online presence.

I have read and will abide by the Responsible Use Policy and Agreement. I understand that the devices and resources provided to me are to enrich and expand my learning. I also understand that should I commit any violation my access privileges may be revoked and school disciplinary action and/or appropriate legal actions may be taken.

PARENT/GUARDIAN:

I have read and agree to assist my child in understanding and abiding by the Responsible Use Policy and Agreement. I understand that access to school technology equipment and its entire system of electronic communication is designed for educational purposes and give permission for my child to have a google account and access to other educational resources provided by teachers. I also recognize some materials on the Internet may be controversial and objectionable and that, while every attempt will be made to block inappropriate sites, it is impossible for the school to restrict access to all inappropriate content. I will not hold CHYBA responsible for the accuracy or quality of any materials acquired or viewed on its system by my child. I understand that improper or inappropriate use of technology equipment and the district system by my child may result in revocation of his/her technology privileges and the imposition of school discipline and appropriate legal actions. I accept all financial and legal liabilities that may result from my child's use of the equipment and technology system. I release the School and it's District, its officers, employees, agents, representatives, and all organizations and individuals related to CHYBA's technology system from any and all liability or damages that may result from my child's use of CHYBA's technology. I also agree to hold our school officers, employees, agents, and representatives harmless for any actions, claims, costs, damages, or losses, including, but not limited to, attorney's fees incurred by CHYBA relating to or arising out of my child's use of such equipment and system.



SIGNATURE PAGE

1. We hereby verify and attest that the answers to all questions on the enrollment application are correct and valid. This includes information regarding family income and the primary home language survey.
2. We have read and understand the Parent and Student Handbook that describes CHYBA's policies and procedures. We will uphold and honor them.
3. We have read our rights as outlined on the notification of rights under the Family Educational Rights Privacy Act (FERPA) for Elementary and Secondary institutions and the notification of rights under the Protection of Pupil Rights Amendment (PPRA) as listed in the CHYBA parent and student handbook.
4. We acknowledge that CHYBA may release "directory information" pertaining to our son/daughter (or pertaining to me if I am an "eligible student" as defined by FERPA) without our prior written consent, unless we have indicated that we do not agree to this disclosure as indicated below. "Directory information" is used for the (Parent Student Portal) and includes, but is not limited to, the student's name, city of residence, email address, photograph, grade level and current class enrollment. "Directory information" does not include the student's social security number or student's ID number.
☐ **I do not give consent for CHYBA® to release directory information about my son/daughter.**
5. We understand and agree that students must log onto their online courses every school day according to the approved-school calendar. They must also complete a minimum of 30 hours of course work and attendance each week. Non-compliance with these requirements may affect student(s) enrollment status.
6. It is the student/parent/guardian's responsibility to ensure the student's homework is authentic and original. Teachers use numerous methods to verify the authenticity of student work. As a secondary effort to ensure authenticity, an adult must observe and validate the integrity of the student's work on a regular basis.
7. We have read and understand the commitment to taking Standardized Exams (CAASPP) which specifies that all students are required to take all tests mandated by the State of California.
8. We have read and understand the withdrawal policy on the following page. We hereby acknowledge and accept all policies regarding withdrawal from courses, transferring of courses, and course assignments based on the student's transcript evaluations. These policies can be found in the student handbook which can be found at www.chybacharter.com under resources.
9. We understand that CHYBA has the obligation to request records from our son/daughter's previous school. Therefore, we hereby provide written permission for CHYBA to request student records from any previous school attended.
10. By the signatures below, we acknowledge and certify that we have read and understand the above statements and request enrollment with California Heritage YouthBuild Academy.

ADULT STUDENT/PARENT/GUARDIAN SIGNATURE

PRINT NAME

PHONE NUMBER

DATE

STUDENT'S SIGNATURE

PRINT NAME

DATE OF BIRTH

DATE

ONCE SIGNED AND DATED, THIS FORM IS VALID FOR THE REMAINDER OF THE CURRENT SCHOOL YEAR, AND THE FOLLOWING SCHOOL YEAR AS LONG AS ENROLLMENT IS CONTINUOUS. CALIFORNIA HERITAGE YOUTHBUILD ACADEMY " IS A NON-SECTARIAN, PUBLICLY-FUNDED CHARTER SCHOOL AND DOES NOT DISCRIMINATE IN ITS ENROLLMENT OR HIRING PRACTICES ON THE BASIS OF GENDER, RACE, RELIGION, NATIONAL OR ETHNIC ORIGIN, COLOR, OR DISABILITY.



California Heritage YouthBuild Academy
8544 Airport Road . Redding, CA 96002 . (530) 378-5254

SECOND PARTY AUTHORIZATION FORM

(For students over 18 years of age)

I, _____, do hereby authorize California Heritage YouthBuild Academy (CHYBA) to provide the individual named herein (*SECOND PARTY*) to receive any and all communication regarding my academic program per FERPA policies and regulations as indicated below.

☐ ACCESS TO INFORMATION ONLY ☐ ACCESS TO INFORMATION & ABILITY TO MAKE ACADEMIC DECISIONS

STUDENT NAME

BIRTHDATE

SECOND PARTY PRINTED NAME

EMAIL ADDRESS

PHONE NUMBE

ADULT STUDENT/PARENT/GUARDIAN SIGNATURE

DATE

SECOND PARTY SIGNATURE

DATE

School Intake Form

STUDENT'S NAME _____ DATE _____
 DATE OF BIRTH _____ BIRTH CITY _____ AGE _____ SEX _____
 GRADE LEVEL AT INTAKE _____
 STUDENT MAILING ADDRESS _____ ZIP CODE _____
 STUDENT PHYSICAL ADDRESS _____ ZIP CODE _____
 STUDENT EMAIL ADDRESS _____
 STUDENT HOME PHONE _____ STUDENT CELL PHONE _____

CUSTODIAL PARENTS(S) OR GUARDIAN(S)

PARENT/GUARDIAN 1 Name: _____ **RELATION** _____
 Primary Parent? ☐ YES ☐ NO Lives with? ☐ YES ☐ NO Send Student mailings? ☐ YES ☐ NO

PARENT 1 PHYSICAL ADDRESS (if different from above) _____ ZIP CODE _____
 HOME PHONE # _____ WORK PHONE# _____ (Cell Phone) _____
 EMPLOYER _____ Phone# _____ PARENT EMAIL ADDRESS#1 _____

PARENT/GUARDIAN 2 Name: _____ **RELATION** _____
 Primary Parent? ☐ YES ☐ NO Lives with? ☐ YES ☐ NO NO Send Student mailings? ☐ YES ☐ NO

PARENT PHYSICAL ADDRESS (if different from above) _____ ZIP CODE _____
 HOME PHONE # _____ WORK PHONE# _____ (Cell Phone) _____
 EMPLOYER _____ Phone# _____ PARENT EMAIL ADDRESS#1 _____

In Case of Emergency/Other Important Contacts

(If guardian not available)
 EMERGENCY#1 Phone# _____ EMERGENCY CONTACT NAME _____ RELATION _____
 EMERGENCY#2 Phone# _____ EMERGENCY CONTACT NAME _____ RELATION _____

IF APPLICABLE:

FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD FROM SCHOOL

(1) _____ (2) _____

WHAT WAS THE LAST SCHOOL YOU ATTENDED? _____ DATE LAST ATTENDED _____

WHAT GRADE WERE YOU IN? _____ WHO REFERRED YOU TO OUR SCHOOL? _____

WHY DO YOU WANT TO CHANGE SCHOOL PROGRAMS? _____

For accurate records request purposes only: IEP: ☐ YES ☐ NO 504: ☐ YES ☐ NO

STUDENT MARTIAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SIGNIFICANT OTHER

U.S. CITIZEN: ☐ YES ☐ NO ETHNICITY: HISPANIC/LATINO ☐ YES ☐ NO

RACE: ☐ AFRICAN AMERICAN ☐ HAWAIIAN/PACIFIC ISLANDER ☐ CAUCASIAN
☐ ASIAN ☐ NATIVE AMERICAN ☐ OTHER: _____

MOTHER'S EDUCATION:

☐ GRADUATE DEGREE (PHD/MA) ☐ COLLEGE GRADUATE (BS/BA) ☐ SOME COLLEGE (AA)
☐ HIGH SCHOOL GRADUATE (DIPLOMA/GED) ☐ NOT A HIGH SCHOOL GRADUATE ☐ UNKNOWN

FATHER'S EDUCATION:

☐ GRADUATE DEGREE (PHD/MA) ☐ COLLEGE GRADUATE (BS/BA) ☐ SOME COLLEGE (AA)
☐ HIGH SCHOOL GRADUATE (DIPLOMA/GED) ☐ NOT A HIGH SCHOOL GRADUATE ☐ UNKNOWN

DO YOU HAVE ANY ALLERGIES OR MEDICAL CONDITIONS WE NEED TO BE AWARE OF?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

STUDENT INFORMATION

HAVE YOU EVER BEEN EXPELLED?

☐ YES ☐ NO

IF YES, LIST SCHOOL, WHEN, AND WHY _____

HAVE YOU EVER BEEN SUSPENDED FOR MORE THAN 10 DAYS IN A SCHOOL YEAR?

☐ YES ☐ NO

IF YES, LIST SCHOOL, WHEN, AND WHY _____

ARE YOU A WARD OF THE COURT?

☐ YES ☐ NO

ARE YOU A DEPENDENT OF THE COURT?

☐ YES ☐ NO

IF YES TO EITHER, LIST THE NAME OF THE COURT _____

ARE YOU CURRENTLY PREGNANT?

☐ YES ☐ NO

IF YES, WHAT IS YOUR DUE DATE? _____

ARE YOU A PARENTING TEEN/ADULT?

☐ YES ☐ NO

IF YES, PLEASE LIST THE NAME(S) AND AGE(S) OF YOUR CHILD (REN) _____

DO YOU HAVE DAYCARE ARRANGEMENTS FOR YOUR CHILD (REN)? ☐ YES ☐ NO

IF YOU ARE 18 YEARS OF AGE OR OLDER, WHEN WAS THE LAST TIME YOU ATTENDED SCHOOL? (MM/YYYY) _____

WHAT WAS YOUR REASON FOR LEAVING SCHOOL? _____

HAVE YOU EVER BEEN CALLED TO APPEAR BEFORE A SCHOOL ATTENDANCE REVIEW BOARD (SARB)? ☐ YES ☐ NO

WERE YOU RETAINED MORE THAN ONCE IN KINDERGARTEN THROUGH GRADE 8?

☐ YES ☐ NO

ARE YOU ON PROBATION (Formal or Informal)? ☐ YES ☐ NO If Yes, NAME OF OFFICER _____

Phone # _____

County of Probation: _____ (ex: , Shasta, Tehama, etc.)

ARE YOU A FOSTER YOUTH, IF YES, THEN..... ☐ FOSTER FAMILY HOME ☐ FOSTER GROUP HOME ☐ KINSHIP PLACEMENT

NAME OF FOSTER AGENCY _____

SOCIAL WORKER NAME/NUMBER _____

EDUCATIONAL RIGHTS HOLDER NAME/CONTACT INFO _____

DO YOU LIVE IN A FIXED, REGULAR, ADEQUATE NIGHTTIME RESIDENCE?

☐ YES ☐ NO

(IF NO, DO YOU LIVE IN?)

☐ SHELTER

☐ MOTEL/HOTEL

☐ IN A CAR OR RV

☐ TEMPORARILY WITH ANOTHER FAMILY MEMBER

☐ AT A CAMPSITE

☐ TEMPORARILY DOUBLED UP w/FRIEND

☐ TRANSITIONAL HOUSING

☐ OTHER: _____

DO YOU LIVE WITH?

☐ ONE PARENT

☐ ADULT WHO IS NOT YOUR LEGAL GUARDIAN

☐ TWO PARENTS

☐ ALONE, WITH NO ADULT(S)

☐ QUALIFIED RELATIVE

☐ OTHER: _____

☐ FRIEND(S)

DO YOU HAVE RELIABLE TRANSPORTATION TO/FROM SCHOOL?

☐ YES ☐ NO

ARE YOU RECEIVING MENTAL HEALTH SERVICES? ☐ YES ☐ NO

ARE YOU RECEIVING DRUG/SUBSTANCE ABUSE COUNSELING SERVICES? ☐ YES ☐ NO

DO YOU PARTICIPATE IN ANY OF THE FOLLOWING PROGRAMS?

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> CALWORKS | <input type="checkbox"/> SNAP | <input type="checkbox"/> OTHER (PLEASE EXPLAIN): |
| <input type="checkbox"/> PARTNERSHIP/MEDI-CAL INSURANCE | <input type="checkbox"/> SDPIR | <input type="checkbox"/> FAMILY NURSE PARTNERSHIP |
| <input type="checkbox"/> I HAVE PRIVATE HEALTH INSURANCE | <input type="checkbox"/> CALFRESH | |
| <input type="checkbox"/> I DO NOT HAVE MEDICAL INSURANCE CURRENTLY | | |

WHAT IS YOUR GOAL(S)? (CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> TO RETURN TO SCHOOL | <input type="checkbox"/> TO COMPLY WITH A COURT ORDER |
| <input type="checkbox"/> TO EARN MY HIGH SCHOOL DIPLOMA | <input type="checkbox"/> TO SATISFY MY FAMILY |
| <input type="checkbox"/> TO EARN MY GED | <input type="checkbox"/> TO FIND EMPLOYMENT |
| <input type="checkbox"/> OTHER (PLEASE EXPLAIN): | |

PLEASE CHECK THE SERVICES YOU NEED.

- | | |
|---|--|
| <input type="checkbox"/> FINDING A JOB | <input type="checkbox"/> INTERVIEW SKILLS |
| <input type="checkbox"/> RESUME/COVER LETTERS | <input type="checkbox"/> TIPS TO STAY EMPLOYED |
| <input type="checkbox"/> INTERVIEW CLOTHES | <input type="checkbox"/> OTHER: |

ARE YOU CURRENTLY EMPLOYED?

☐ YES ☐ NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

COMPANY: _____ POSITION: _____

HOURS PER WEEK: _____ SALARY: _____

WHAT SHIFT(S) DO YOU WORK? ☐ MORNING ☐ EVENING ☐ OVERNIGHT

WHAT DO YOU WORK? ☐ PART TIME ☐ FULL TIME

WHAT SPECIAL INTERESTS/TALENTS DO YOU HAVE?

(Example: Photography, Play Instrument, Artist, Hunting, Auto Mechanic)

DO YOU PARTICIPATE IN ANY EXTRACURRICULAR ACTIVITIES?

(Example: Gym Membership, Volunteerism, Sports Clubs, Music Lessons, Job)

ARE YOU INTERESTED IN TAKING CLASSES AT SHASTA COLLEGE?

☐ YES ☐ NO

FUTURE PLANS

WHAT DO YOU PLAN TO DO AFTER YOU GRADUATE HIGH SCHOOL? (CHECK ONLY ONE OPTION)

- | | |
|--|--|
| <input type="checkbox"/> 2 YEAR COLLEGE | <input type="checkbox"/> MILITARY (WHICH BRANCH?): |
| <input type="checkbox"/> 4 YEAR COLLEGE | <input type="checkbox"/> UNDECIDED |
| <input type="checkbox"/> TRADE OR TECHNICAL SCHOOL | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> EMPLOYMENT | |

IF EMPLOYMENT WAS SELECTED, PLEASE DESCRIBE YOUR CAREER INTERESTS BELOW:

SUPPORTIVE SERVICES

WHAT THINGS WOULD YOU LIKE TO DISCUSS THAT WILL HELP YOU SUCCEED IN MEETING YOUR GOALS?

- | | |
|---|---|
| <input type="checkbox"/> DRUG & ALCOHOL TREATMENT | <input type="checkbox"/> PARENTING SKILLS |
| <input type="checkbox"/> MENTAL HEALTH SERVICES | <input type="checkbox"/> HOUSING |
| <input type="checkbox"/> OTHER: | |

PERSONAL/FAMILY ISSUES: _____

MISCELLANEOUS: _____



Photo Release Form

I give permission for the named student to appear in any photographs, film, or videotape produced by CHYBA and their Partners, without compensation of any kind. I realize the photographs, film, or videotape will be used only in educational context and that I can request to see the photographs, film, or videotape.

CHYBA shall have the right to exhibit and televise said photographs, film, or videotape and are granted sole and exclusive ownership of all copies.

Student's Name (Print)

Parent/Guardian Signature or Adult Student Signature Date

☐ Mark the box only if you do not want the named student photographed, filmed, or videotaped.

2025/2026 Transportation Permission Slip

I hereby give my permission for the named student to be transported by CHYBA staff in CHYBA/staff vehicles for the entire 2024/2026 school year. This includes transportation to/from school and any off campus activities that may occur during the school day. Examples of activities: traveling to/from construction and culinary sites, counseling appts., elective activities, college visits, volunteer activities, incentive field trips, music classes, offsite PE activities etc.

Student's Name (Print)

Parent/Guardian Signature or Adult Student Signature Date

Emergency Procedure Approval and Notification of Parent's Rights

In the event of an emergency, accident, or illness, when I cannot be contacted, I hereby authorize the principal or delegate to make whatever arrangements are necessary for examination, diagnosis, or emergency medical treatment of named student. I understand that I will be responsible of any expenses incurred.

Student's Name (Print)

Parent/Guardian Signature or Adult Student Signature Date

Technology Use Agreement

I have read, agree and will abide by the Technology Responsible Use Policy and Agreement

Student's Name (Print)

Parent/Guardian Signature or Adult Student Signature Date

CA HEALTHY SCHOOLS ACT

The California Healthy Schools Act (HSA) was enacted in 2000. It is a right-to-know law that provides parents and staff with information about pesticide use taking place at public schools and child care centers (except family day care homes). The law encourages the adoption of effective, lower risk pest management practices, also known as integrated pest management (IPM).

The goals of the HSA are to address the health and environmental concerns associated with the use of pesticides at schools and child care centers and to assure healthy learning environments for California children. The Department of Pesticide Regulation (DPR) is charged with carrying out the HSA.

I understand that, upon request, the school is required to supply information about pesticide applications.

If you would like to be notified at least 48 hours before pesticide application at this school please let the school know.

Signature: _____



SCHOOL MEDICATION AUTHORIZATION FORM
California Ed CodeSection 49423

TO BE COMPLETED BY PARENT BEFORE GIVING FORM TO DOCTOR:

Student's Last Name Student's First Name Date of Birth

In agreeing to have the school administer my child's medication, I voluntarily agree to release, discharge, and hold harmless the District and its officers, agents and employees for any and all claims of liability arising out of their negligence, recklessness or any other act of omission which cause my child's illness, injury, death, and damages of any nature in any way connected with the administration of medication. As the parent of the above student, in the event there is no school nurse or other licensed person to administer medication, I give consent for a trained unlicensed assistive person/trained health care aid to administer the prescribed medication to the above student. I understand that I may terminate the consent for the administration of the medication or for otherwise assisting the student in the administration of medication at any time. **I authorize the District to communicate with the physician below regarding my child's medical condition and/or medication prescribed.**

Parent Name/Signature Date Phone (home)

Address City Zip Phone (Emergency)

Please list any/all allergies _____

☐ **I give my consent for my student to carry the medication with them.**

PHYSICIAN'S ORDER: (To be completed by the physician only)

Medication Name: _____ Dose: _____

Frequency/time to be given at school: _____

Reason for Medication/Diagnosis: _____ Possible Side Effects: _____

Medication Name: _____ Dose: _____

Frequency/time to be given at school: _____

Reason for Medication/Diagnosis: _____ Possible Side Effects: _____

☐ **Student has been instructed by physician in the use of inhaler and may carry with them.**

☐ **Student has been instructed in the use of the EPI-PEN and may carry medication with them.**

As the prescribing physician, in the event there is no school nurse or other licensed person to administer medication, I authorize a trained unlicensed assistive person/trained health care aid to administer this prescribed medication to the above student.

Print Name of Licensed Physician Signature of Licensed Physician

Address:

Phone:

Fax:

**PLEASE RETURN THE COMPLETED FORM
TO THE SCHOOL OFFICE**

**QUESTIONS: CALL THE SCHOOL OFFICE
OR 530-378-5254**

CHYBA School Attendance Contract

Attendance is important at our school and plays a key role in student success at CHYBA. To enroll at CHYBA you must understand our expectations and follow the below terms and conditions. Personalized attendance plans that differ from the below must be approved by our Principal and put in writing.


As a Student of CHYBA, I agree to abide by the following:

- I will strive for an attendance of 90-100% each week
- I will attend Morning Meeting at 9am and arrive promptly
- I will strive to book medical or other appointments outside of school hours (8:30am to 3:45pm)
- I will communicate with the attendance clerk for all appointments that fall within the school day. 530-378-5254
- If I am under 18 years of age I must be signed out by a parent/guardian
- Employment opportunities for students under 18 years of age may not interfere with normal school hours unless permitted by the Principal
- I understand that continued chronic non-attendance can lead to a referral to SARB, Truancy Court and/or being sent back to your home district hence losing your place of enrollment at CHYBA.
- Any adult student with 10 or more unexcused absences in a grading period may be withdrawn. Our Principal has the discretion to revoke enrollment for the remainder of the year.
- I will comply with all school rules, dress code and treat others with respect
- Other _____

As a Parent/Guardian/Community Agency/Case Worker of CHYBA, I agree to abide by the following:

- I will get my child to school every day on time
- Communicate and explain all absences
- Attend all regularly scheduled parent/administrator conferences
- Other _____

As a Program CHYBA agrees to abide by the following:

- I will register with ParentSquare 
- Provide a safe learning environment
- Provide academic and social emotional support
- Assist with overcoming barriers to attendance in any reasonable way possible
- Timely communication regarding daily attendance and attendance patterns

Contract Effective Date: _____

Student Name: _____ Student Signature: _____

Parent Guardian Signatures: _____

Case Manager/Attendance Clerk: _____

Statement of Purpose

Why have you enrolled at CHYBA?

Senior Commitment Contract

180 Days to Greatness: Your CHYBA Senior “Launch Plan”

Student Name: _____ Date: _____

YouthBuild Perspective: Launching Beyond High School

At California Heritage YouthBuild Academy, we believe in launching each student into a future filled with purpose, growth, and leadership. This commitment contract represents not just the completion of high school, but a transition into young adulthood with a vision grounded in the values of our school pledge which is recited every morning – 180 days total!

We, the members of California Heritage YouthBuild Academy, pledge to focus on our educational goals, to become stronger leaders in our communities, and to help others along the way. We will become respectful citizens, raise our level of consciousness in all aspects of life, and choose a positive road to success. As young adults, we must enhance the opportunities given to us; therefore, we will adhere to all of the above with appreciation, pride, determination, and commitment.

See you at Graduation!

1. Full Completion of Senior Year

I understand that CHYBA does not offer early graduation. Even if I turn 18, gain employment, enroll in college classes, or commit to military service or job shadowing opportunities, I am required to complete the full school year.

2. Personalized Senior Plans

If my personal or postsecondary goals require flexibility in my daily schedule, I may request a Personalized Senior Plan, which must include:

- A written plan created in collaboration with my teacher and counselor
- Scheduled weekly teacher check-ins
- Submission of my plan for administrative approval

Personalized plans must be turned in and followed for continued enrollment.

3. Required Senior Tasks

To be eligible for graduation, I understand I must complete the following:

- CAASPP State Testing (Smarter Balanced + Science as applicable)
- TopsPro Testing (if enrolled in Adult Education or Workforce programs)
- Senior Exit Survey (end-of-year completion required)
- Completion of AmeriCorps Commitment Hours as outlined by the program and school expectations

4. Attendance and Engagement

I understand that consistent attendance, participation in all required assessments, and fulfilling academic expectations are essential for graduation and postsecondary readiness.

By signing this contract, I commit to fully engaging in my senior year, completing all academic and testing requirements, and finishing strong.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Short-Term Independent Study (SIS) Agreement at Enrollment



To help our students stay on track during emergencies or unexpected absences, we ask all families to sign a **Short-Term Independent Study (SIS)** agreement when enrolling. **SIGN, Don't DATE!**

This does **not** mean your child is automatically placed on independent study. It simply gives us permission to quickly provide schoolwork if your child needs to be away for a **short-term situation** like illness, a family emergency, or travel.

Important to know about Short-Term Independent Study:

- It is designed for **temporary absences** and is limited to **15 school days total** for the entire school year.
- Once a student uses their 15 SIS days, they cannot receive additional short-term independent study for the remainder of the year.
- SIS is **not** the same as Long-Term Independent Study.

Long-Term Independent Study is different:

- It is for students who need a full-time independent learning plan.
- Enrollment for long-term independent study is based on **individual need** and **space availability**, and there is currently a **waitlist**.
- Families must go through a **separate application** and approval process for long-term independent study.

By signing the short-term agreement now, we can respond quickly if you need support later without delaying your child's education during an already stressful time.

Thank you for helping us be ready to support your child no matter what the year brings!

Just Complete the **highlighted** areas with arrows! ➡

Do NOT Date

California Heritage YouthBuild Academy
Short-Term School-Based Independent Study Contract

The Short Term Independent Study Agreement length is not to exceed fifteen (15) school days

Name:			Email:		Grade:
Address:			Birth date:		Age:
City:		Zip:		Phone:	
Entry date:		Exit date:		Duration:	
SSID:		Local ID:			

The assignments in this contract are due to the teacher, in person, on the first day the student is scheduled to return to school.

Due date: _____

Right to Request Conference Before Enrollment

Parents or guardians may request a conference (phone, video, or in-person) to review Independent Study options before signing the agreement.

Definition of Short Term Independent Study Duration:

Short-Term Independent Study: 15 or fewer cumulative school days in a school year.

Long-Term Independent Study: 16 or more cumulative school days.

Access to Technology:

Students must have access to a device and reliable internet to participate in independent study.

☐ My student has access to a device and the internet

☐ I need support accessing a device or the internet (a staff member will contact you)

Objectives, Methods of Study, Methods of Evaluation, and Resources: The student is to complete the subjects/courses listed below. The subject/course objectives reflect the curriculum adopted by California Heritage YouthBuild Academy and are consistent with Common Core Standards. The independent study option is to be substantially equivalent in quality and quantity to classroom instruction. The specific objectives, methods of study, methods of evaluation, and resources for each assignment covered by this agreement are described in course descriptions. Any subsidiary agreements are also part of this agreement.

Reporting: Note - CHYBA Students are required to report to their teacher(s) according to the mutually agreed upon frequency, manner, time, and location but for no-less than at least once per week. The student will commit to working daily and knows that there are opportunities for “live interaction” and weekly opportunities for “synchronous instruction” as scheduled by your teacher(s). Parents/Guardians/Caregivers of CHYBA students under 18 are also responsible for attending all of their child’s appointments in order to be prepared to support their child’s learning and work completion at home.

Live Interaction and Synchronous Instruction

(Optional for Short-Term Independent Study)

Students participating in Short-Term Independent Study may receive:

- At least one weekly synchronous session with their supervising teacher

- Daily opportunities for live interaction with staff or peers (in-person, virtual, or phone)

Manner of reporting: _____ **Frequency:** _____

Day: _____ **Time:** _____ **Place:** _____

Assignments and Appointments: According to the district policy the maximum length of time allowed between the assignment and the date the assignment is due is no longer than 15 school days unless a prior exception is made in accordance with district policy, or supervising teacher grants an extension due to extenuating circumstances, not to exceed 30 days. Students earn academic credit based on completed assignments, assessments, and engagement. Core courses typically earn 5 credits per semester.

Satisfactory Progress & Re-Engagement Triggers:

CHYBA defines satisfactory educational progress based on the following indicators:

- Regular assignment submission (generally 75% or more of expected work)
- Participation in weekly check-ins
- Progress toward course or graduation completion, aligned with Personalized Learning Plans (PLPs) or Individualized Education Programs (IEPs)
- Engagement in required learning activities and assessments

If a student misses 2 assignments within a 14-day period, or accumulates 3 missed assignments overall, CHYBA will initiate a formal evaluation and support process through our Tiered Re-Engagement Plan. This approach reflects both our Board Policy and Independent Study Master Agreement, and ensures we address concerns promptly while supporting students with individualized interventions.

Additional Courses: If the student satisfactorily completes all of the listed subjects/courses before the ending date of the agreement, one or more courses/subjects may be added to the agreement.

Equitable Access to Resources and Services: Independent Study is to be equivalent to the quality of classroom instruction and students are to have equal rights and privileges to students who are attending onsite. Students will have access to necessary technology and access to devices that allow completion of assigned work so long as our school devices remain in stock. The supervising teacher will monitor student progress through direct and regular contact. Interaction can be facilitated by teachers, administrators and other qualified staff.

On-Campus Access and Support

Independent Study students are always welcome and encouraged to come on campus to receive additional academic help, participate in electives, or engage in Career Technical Education (CTE) pathway classes. These activities can be integrated into the student's Personalized Life Plan (PLP) and coordinated with their Supervising Teacher. Core content teachers and supervising teachers are available to provide academic support.

Voluntary Statement: We understand that independent study is an optional educational alternative that students voluntarily select, including students covered under California *Education Code* sections 48915 and 48917. All students who choose independent study must have the continuing option of returning to the classroom.

Option to Return to In-Person Instruction

CHYBA is a classroom-based charter school. Students participating in Independent Study may choose to return to in-person instruction at any time by rejoining CHYBA's classroom-based program.

Student Rights, Privileges, and Behavioral Expectations: Students who choose to engage in independent study are to have equality of rights and privileges with the same access to existing services and resources as students in the regular school program. CHYBA provides supports for students not performing at grade level, English learners, students with disabilities, foster/homeless youth, and students needing mental health services.

Special Education Consideration: Students with exceptional needs may participate in Independent Study only if the student's Individualized Education Program (IEP) team determines that Independent Study is an appropriate placement. This decision must be documented in the student's IEP prior to enrollment. Students are also expected to follow all rules and standards in the behavior guidelines and discipline code of California Heritage YouthBuild Academy. Transportation is the responsibility of the student's parent/guardian/caregiver.

STUDENT: I agree to

- Be supervised by a staff member and meet regularly with assigned teacher
- There are no excused absences in Independent Study. It is the student's responsibility to reschedule appointments. Virtual options for appointments are available
- Submit evidence of completed assignments per contract
- Complete assigned work and achieve the minimum requirements of the course of study

➡ Student Initial ()

PARENT/GUARDIAN: I understand that the objective of Independent Study is to provide a voluntary educational alternative. I agree to the conditions listed under "STUDENT" and I also understand:

- Individual course objectives are consistent with and evaluated in the same manner as our onsite program
- I am liable for replacement and repair costs for damaged, lost technology or materials that are checked out for my student
- A teacher or qualified staff member will meet with my child on a regular basis to measure progress

➡ Parent/Guardian Initial ()

Signatures and Dates: We have read and understand the terms of this agreement, and agree to all the provisions.

➡ Student:	Date:
➡ Parent/Guardian/Caregiver:	Date:
Supervising Teacher:	Date:

Subject/Courses Assigned

Reasons for short-term Independent Study:

Expectations during short-term Independent Study: Complete work as assigned.
The assignments in this contract are due to the teacher, in person, on the first day the student is scheduled to return to school.

Dates															
ADA Credit (present/ absent)															

Supervising Teacher's Signature _____ Date _____ Grade/Credits recorded on: _____

Universal Benefits Application

2025-2026

California Heritage Youth Build Academy

Apply online: Insert School/District URL here

This application may qualify your child for benefits such as Summer EBT/SUN Bucks, internet access, school transportation, and more. Inquire with your child's school district to learn what benefits may be available to them. Completing this application will not impact your student's ability to receive school meals at no cost. The U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services do not consider health, food, and housing services as part of the public charge determination. Therefore, submitting this application will not hurt an individual's immigration status.

Note: A non-household member may be designated as the authorized representative for application processing purposes if they have difficulty completing the application process.

Complete, sign, and return this application to: **California Heritage Youth Build Academy**
8544 Airport Road
Redding, CA 96002

1. List **all students** living with you that are attending school using the exact spelling as listed in their school records. If the student is in foster care, experiencing homelessness, receiving migrant education services, or meets the definition of runaway, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Homeless	Migrant	Runaway	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

- ☐ CalFresh ☐ CalWORKs/ Temporary Assistance for Needy Families (TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)

Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and check how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Report Income: Earnings from Work (before any deductions) and Public Assistance/Child Support/Alimony

Names of all other household members (do not include students listed above)	Earnings from work (before any deductions)		Weekly		Bi-weekly		2 X Month		Monthly		Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly
	\$		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Report Income Continued: Pensions/Retirement/Social Security (SSI) and Any Other Income Not Already Listed

Names of all other household members (Continued From Above)	Pensions/Retirement/ Social Security (SSI)		Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Names of all other household members (Continued From Above)	Pensions/Retirement/ Social Security (SSI)		Weekly		Bi-weekly		2 X Month		Monthly		Any Other Income Not Already Listed		Weekly	Bi-weekly	2 X Month	Monthly
	\$										\$					
	\$										\$					
	\$										\$					
	\$										\$					

4. **Total Household Members** (include all people living in your household):
 (Total entered must equal number of household members listed above, a second application may be required if number of household members exceeds empty fields)
- Optional: (processing of this form is not dependent upon the inclusion of SSN) - Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member** Check if no SSN: ☐

5. **Contact Information & Signature – Complete, sign, and return this application to above address:**
 I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member Adult Household Member Signature

Mailing Address

City, State & Zip Code

Email Address

Daytime Phone Number Date

6. **Children's Racial and Ethnic Identities (Optional)** – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals or SUN Bucks.

Mark one or more racial identities: ☐ American Indian or Alaska Native ☐ Asian ☐ Black, or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Child Nutrition Eligibility: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot determine eligibility for benefits through the Richard B. Russell National School Lunch Act. The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for benefits without an application. Please contact your State or ITO to get benefits for a foster child, and children who are homeless, migrant, or runaway.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202)

720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint web page at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

School Use Only – Do Not Write Below This Line

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do not convert to annual income unless household reports multiple pay frequencies).

Local Education Agency Approval: ☐ CalFresh/CalWORKs/FDPIR ☐ Foster/Migrant/Homeless/Runaway

☐ Income Household

Total Household Size: ☐ Total Household Income: \$ ☐

☐ Weekly ☐ Bi-Weekly ☐ Twice Per Month ☐ Monthly ☐ Annual

Application Approved For: ☐ Free Eligible ☐ Reduced-Priced Eligible

Application Denied Because: ☐ Income Over Allowed Amount ☐ Incomplete/Missing Information

☐ Other: _____

Date Notice Sent: _____

Signature of Approving Official: _____ Date: _____