Today's
Date: _____

Student Name: _____

Appointment: _____

Please bring the following to the appointment:
___ Birth Certificate
___ Copy of Medical Insurance Card
___ 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

2150 Churn Creek, STE 150
Redding, CA 96002
Phone……... 530.245-8123
Fax..... 530.605-4902
www.CHYBAcharter.com

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
- Participation in Career & Technical Education Courses
- Develop a Personalized Life Plan(PLP) as a graduation requirement
- 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 school counseling and case management team. CHYBA contracts with an on-site LMFT, AMFT and also provides outside referrals for behavioral health.
- Students will be automatically enrolled in the Workforce Recovery Training Program as part of program participation

STANDARDIZED EXAMS

INFORMATION ON REQUIRED CALIFORNIA EXAMS

CALIFORNIA ASSESSMENT OF STUDENT PERFORMANCE AND PROGRESS(CASPP) & ELPAC & PE Testing

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)
- 9th grade students will participate in Physical Fitness Testing(PFT) as required by CDE

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 or proficiency 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.

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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/photo of student insurance card
- ☐ Copy of Social Security Card(Americorp Req.)
- ☐ Copy of California ID(Americorp Req.)
- ☐ Immunization Records
- ☐ Signature Page (Page 4 of this packet)

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

CHYBA
2150 CHURN CREEK STE. 150
REDDING, CA 96002

FAX: 530.605.4209
EMAIL: ACLAXTON@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 M-F, 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 ELIGIBLIE FOR RE-ENROLLMENT IN ONLINE COURSES FOR ONE BLOCK OR MORE FROM THE DATE OF WITHDRAWAL.

California Heritage YouthBuild Academy
CHYBA

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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 Standardized Exams Form 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.
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.

- I, _____, acknowledge that I am the legal parent/guardian.

OR

- I, _____, acknowledge that I am ***not*** the legal parent/guardian and will agree to sign the caregiver affidavit.

_____	_____	_____	_____
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 CONTINOUS. 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

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Redding, CA 96002

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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 NUMBER

_____ _____

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** _____

Please provide a copy of your child's insurance card and complete the attached consent form to support reimbursement for eligible school-based mental health services under the California CYBHI Fee Schedule Program.

STUDENT HAS: ☐ MEDICAL INSURANCE ☐ NO HEALTH INSURANCE
STUDENT SSN:_____
HEALTH PLAN NAME:_____POLICY/MEMBER ID_____GROUP NUMBER_____
OTHER:_____

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 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
(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? _____

SPECIAL EDUCATION: IEP: ☐ YES ☐ NO **IF YES, LAST IEP DATE:** _____ 504: ☐ YES ☐ NO

Is English your first language ☐ YES ☐ NO

STUDENT MARITAL 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:_____

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? ☐ YES ☐ NO If Yes, NAME OF OFFICER _____Phone #_____

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_____

Did you experience housing insecurities, probation/expulsion, or foster care anytime during the 11th or 12th grade year?
☐ YES ☐ NO
DO YOU LIVE IN A FIXED, REGULAR, ADEQUATE NIGHTIME RESIDENCE? ☐ YES ☐ NO
(IF NO, Please complete our Housing Questionnaire)

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?

- ☐ CALWORKS
- ☐ SNAP
- ☐ OTHER (PLEASE EXPLAIN):
- ☐ PARTNERSHIP/MEDI-CAL INSURANCE
- ☐ SDPIR
- ☐ FAMILY NURSE PARTNERSHIP
- ☐ I HAVE PRIVATE HEALTH INSURANCE
- ☐ CALFRESH
- ☐ I DO NOT HAVE MEDICAL INSURANCE CURRENTLY

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

- ☐ TO RETURN TO SCHOOL
- ☐ TO COMPLY WITH A COURT ORDER
- ☐ TO EARN MY HIGH SCHOOL DIPLOMA
- ☐ TO SATISFY MY FAMILY
- ☐ TO EARN MY GED
- ☐ TO FIND EMPLOYMENT
- ☐ OTHER (PLEASE EXPLAIN):

PLEASE CHECK THE SERVICES YOU NEED.

- ☐ FINDING A JOB
- ☐ INTERVIEW SKILLS
- ☐ RESUME/COVER LETTERS
- ☐ TIPS TO STAY EMPLOYED
- ☐ INTERVIEW CLOTHES
- ☐ 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, Volunteer, 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)

- ☐ 2 YEAR COLLEGE
- ☐ MILITARY (WHICH BRANCH?):
- ☐ 4 YEAR COLLEGE
- ☐ UNDECIDED
- ☐ TRADE OR TECHNICAL SCHOOL
- ☐ OTHER:
- ☐ 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?

- ☐ DRUG & ALCOHOL TREATMENT
- ☐ PARENTING SKILLS
- ☐ MENTAL HEALTH SERVICES
- ☐ HOUSING
- ☐ OTHER:

PERSONAL/FAMILY ISSUES: _____

MISCELLANEOUS: _____

California Heritage YouthBuild Academy

HEALTH INFORMATION EXCHANGE & CONSENT FORM

www.chybacharter.com
2150 Churn Creek Road, STE 150
Redding, CA 96002
530.245.8123

CHYBA participates in the Child & Youth Behavioral Health Initiative (CYBHI) Fee Schedule program that funds essential health and mental health services for students. By providing your consent, you allow us to secure funding from Medi-Cal or private insurers to help cover these services at ***no cost*** to you. You will never be charged for services your student may receive.

Your consent allows our billing partner to securely share necessary records with Medi-Cal or the CYBHI Fee Schedule third-party administrator(s). All information is handled confidentially and protected under federal privacy laws, including FERPA and HIPAA.

Whether or not you provide consent, your student will continue to receive the services they need. However, completing this form ensures we can maintain and expand these services for all students. It takes just a minute!

STUDENT INFORMATION / *Información del estudiante*

STUDENT FIRST NAME / nombre del estudiante: _____

STUDENT LAST NAME / apellido del estudiante: _____

DATE OF BIRTH / fecha de nacimiento: _____

STUDENT ID NUMBER / número de ID del estudiante: _____

PRIMARY INSURER / aseguradora primaria: _____

PRIMARY POLICY HOLDER FIRST NAME / nombre del titular principal de la póliza: _____

PRIMARY POLICY HOLDER LAST NAME / apellido del titular principal de la póliza: _____

POLICY / MEMBER ID / política / identificación de miembro: _____

GROUP NUMBER / número de grupo: _____

IF YOU ARE NOT INSURED / si no estas asegurado(a)

☐ I would like more information. Please release my name, address, and telephone number to an authorized insurance enrollment worker.

CONSENT - PLEASE COMPLETE / *consentimiento - por favor complete*

Please review the information below and indicate your consent:
Only the appropriate health records from my child's educational records will be released by CHYBA to bill Medi-Cal or the CYBHI Fee Schedule third-party administrators. The records will be securely shared with Medi-Cal and DHCS third-party administrators (TPAs) for reimbursement, and all information will be kept *confidential in accordance with FERPA and HIPAA privacy laws.*

I understand that I will never be charged for these services.
I understand that my consent is voluntary and can be revoked at any time.

☐ I consent to the release of my student's records, and access to their insurance benefits, for billing purposes.

☐ I do not consent to the release of my student's records, and access to their insurance benefits, for billing purposes.

PARENT/GUARDIAN SIGNATURE / *Firma del Padre / Guardian* _____

DATE / fecha _____

PARENT/GUARDIAN FULL NAME / *nombre completo del padre/tutor* _____

RELATIONSHIP TO STUDENT / *Relación con el estudiante* _____

Housing History & AB 1806 Eligibility Questionnaire

The purpose of this questionnaire is to help identify students who may qualify for educational rights, supports, and graduation benefits under the McKinney-Vento Homeless Assistance Act and California Education Code, including AB 1806.

Information shared will be kept confidential and only used by appropriate school staff to determine eligibility for student supports and services.

Student Information

Student Name: _____

Age: _____

Living Situation (Unaccompanied Youth Identification):

☐ Student is currently living without a parent or legal guardian
☐ Student is temporarily staying with friends or relatives without a parent/guardian present
☐ Student is living independently (on their own)
☐ Student is under 18 and not in the physical custody of a parent/guardian
☐ Not applicable

Current Living Situation

Where is the student currently living? (Check all that apply)

☐ Fixed, regular, stable, and adequate housing
☐ Sharing housing with another family or friends due to financial hardship or loss of housing ("doubled up")
☐ In a motel or hotel
☐ In a shelter or transitional housing program
☐ In a car, RV, campground, park, or public place
☐ Moving between places / couch surfing
☐ Living in housing without water, electricity, heat, or adequate facilities
☐ Living alone without a parent or legal guardian
☐ Other: _____

Housing History During High School

At any time during high school, did the student experience any of the following housing situations due to loss of housing, financial hardship, or similar circumstances?

(Check all that apply)
☐ Stayed temporarily with other people because of financial hardship or loss of housing
☐ Stayed in a motel or hotel due to lack of stable housing
☐ Stayed in a shelter or transitional housing program
☐ Stayed in a car, RV, campground, park, or public place
☐ Moved frequently or couch surfed
☐ Lived without a parent or legal guardian
☐ Experienced homelessness or housing instability during high school
☐ None of the above
☐ Unsure
If yes, approximately when did this occur?
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade

☐ 12th Grade
☐ Multiple School Years
School(s) attended during this time: _____

Additional Student Supports

Please check any supports the student may need:

☐ Credit recovery support
☐ Transcript review / graduation check
☐ School supplies or basic needs support
☐ Counseling support
☐ Transportation assistance
☐ College/career planning support
☐ Referral to community resources

Signature

I certify that the information provided is true to the best of my knowledge.

Student Signature: _____
Parent/Guardian Signature (if applicable): _____
Date: _____

FOR SCHOOL USE ONLY

Reviewed By: _____

Date Reviewed: _____
Potential Eligibility: ☐ McKinney-Vento ☐ AB 1806 Review Needed ☐ Unaccompanied Youth ☐ Follow-Up Needed
Notes: _____

WORKFORCE RECOVERY TRAINING PROGRAM
2150 Churn Creek, Suite 155, Redding, CA 96002

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize and give my consent to

Workforce Recovery Training Program and its respective community partners/agencies, named below, and employees to obtain/release information for the purpose of providing support services.

- ☐ CHYBA
- ☐ Hill Country Clinic
- ☐ SMART Center
- ☐ Shasta County Office of Education (SCOE)
- ☐ Shasta College
- ☐ Shasta Head Start
- ☐ RABA
- ☐ Shasta County Health and Human Services
- ☐ Ready for Life
- ☐ Employment Dev Dept (EDD)
- ☐ Juvenile/Adult Probation
- ☐ Shasta Builder's Exchange
- ☐ First 5 Shasta
- ☐ Partnership Health/Medi-Cal
- ☐ Faithworks
- ☐ Department of Rehab (DOR)
- ☐ Youth and Family Program
- ☐ Other: _____
- ☐ Other: _____

I permit confidential information be obtained/released ONLY for the following reasons and purposes:

- ☐ Attendance/Progress Notes
- ☐ Counseling
- ☐ Substance Abuse Treatment
- ☐ Education/Job Training
- ☐ Referrals
- ☐ Employment
- ☐ Program Termination
- ☐ Other: _____
- ☐ Other: _____

I understand that the confidentiality of this information will be maintained in accordance with all applicable laws. I am also aware that no information shall be disclosed to a third party/provider without my informed consent. I acknowledge that this form is valid for the 2026/27 year. I understand that I am not required to give this consent and that I cannot be refused without any prejudice to my future services.	
Participant Signature:	Date:
Parent/Guardian Signature (if needed):	Date:

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.

2026/2027 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 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.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety during transportation. Any participant determined to violate behavior standards may be removed.
I understand and acknowledge that in order to participate in these activities, my child/ward and I agree to assume liability and responsibility for any and all potential risks (including loss or damage to personally owned equipment) that may be associated with participation.

I acknowledge that California Education Code, section 35330(d) states in pertinent part: "All persons participating in field trips shall be deemed to have waived all claims against the Charter School, and the State of California as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

THE UNDERSIGNED, AND ON BEHALF MY CHILD/WARD AND HIS/HER REPRESENTATIVES, ASSIGNS, HEIRS, AND NEXT OF KIN HEREBY RELEASE, WAIVE, AND COVENANT NOT TO SUE THE CHARTER SCHOOL NAMED ABOVE, their respective officers, employees, board members, volunteers, and agents from all liability to my child/ward for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in the death of my child/ward, while my child/ward participates in transportation, a field trip or excursion that is sponsored, planned, or directed by the Charter School or the District.

_____

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**

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

Name of child: _____ Date of birth: _____

School _____ Phone: _____ FAX#: _____

California Ed Code 49423 allows the school nurse or other designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school or maintain or improve the potential for education and learning.

Medication must be in the original container. No medication (including over-the-counter medication and supplements) will be given at school without a current "School Medication Authorization Form" completed by a California licensed physician.

PHYSICIAN'S ORDER Only one (1) medication per form

(To be completed by health care provider)

Name of medication / strength of tablet, capsule or liquid _____

Dosage: _____ How Often? _____

Time to be given at school: _____ Route to be given: _____

Reason for medication/Diagnosis: _____

Possible side effects: _____

_____

☐ Student has been instructed by physician in self-administration of Epi-Pen and is competent to safely self-administer

☐ Student has been instructed by physician in self-administration of inhaler and is competent to safely self-administer

For PRN medication only, please list specific symptoms that would necessitate administration of the PRN med:

_____

Regarding the PRN medication, please give instruction for when a medical referral is to be made:

_____

It is necessary for this medication to be taken during the school day at the time(s) indicated above.

_____ _____

Print Name of Licensed Physician Signature of Licensed Physician

_____ _____ _____

Address Phone Date

****

TO BE COMPLETED BY PARENT BEFORE GIVING FORM TO DOCTOR

I request that my child, _____, be assisted in taking the above prescribed medication at school by authorized persons. I will comply with the school's policies and procedures. I will notify the school if there are changes in my child's health status, changes in medication or change in health care provider.

I authorize exchange of information between my child's Physician, District Nurse, or site administrator with regard to this medication request.

_____ _____ _____

Parent/Guardian Signature Date Phone

Name of medication to be given at school_____Time to be given at school _____

Form must be renewed every 12 months or before if there are any prescription changes.

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. 530-245-8123
- 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
- I will register with ParentSquare ParentSquare
- Other_____

As a Program CHYBA agrees to abide by the following:

- 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)
- Signed off PLP
- 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: _____

A Short-Term Independent Study Agreement is included in enrollment paperwork to help ensure continuity of instruction and minimize disruptions to student attendance and learning in the event of an unexpected short-term absence or emergency situation. Collecting signatures during enrollment allows the school to respond promptly when temporary independent study is needed.

Placement into Short-Term Independent Study (STIS) is not automatic and must be approved by school administration and, when applicable, the Special Education team.

PLEASE COMPLETE HIGHLIGHTED FIELDS ONLY

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:**	**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**:_____

Statewide Testing Notification Template

California Department of Education • April 2025

Every year, California students take several statewide tests. When combined with other measures such as grades, class work, and teacher observations, these tests give families and teachers a more complete picture of their child's learning. You can use the results to identify where your child is doing well and where they might need more support.

Your child may be taking one or more of the following California Assessment of Student Performance and Progress (CAASPP), English Language Proficiency Assessments for California (ELPAC), and Physical Fitness Test assessments. Pursuant to California *Education Code* Section 60615, parents/guardians may annually submit to the school a written request to excuse their child from any or all of the CAASPP assessments. There is no exemption for the ELPAC or Physical Fitness Test.

CAASPP: Smarter Balanced Assessments for English Language Arts/Literacy (ELA) and Math

Who takes these tests? Students take these tests in grades 3–8 and grade 11.

What is the test format? The Smarter Balanced assessments are computer-based.

Which standards are tested? The California Common Core State Standards are tested.

CAASPP: California Alternate Assessments (CAAs) for ELA and Math

Who takes these tests? Students whose individualized education program (IEP) identifies the use of alternate assessments take these tests in grades 3–8 and grade 11.

What is the test format? The CAAs for ELA and Math are computer-based tests that are administered one-on-one by a test examiner who is familiar with the student.

Which standards are tested? The California Common Core State Standards are tested through the Core Content Connectors.

CAASPP: California Science Test (CAST)

Who takes the test? Students take the CAST in grades 5 and 8 and once in high school, either in grade 10, 11, or 12.

What is the test format? The CAST is computer-based.

Which standards are tested? The California Next Generation Science Standards (CA NGSS) are tested.

CAASPP: California Alternate Assessment (CAA) for Science

Who takes the test? Students whose IEP identifies the use of an alternate assessment take the CAA for Science in grades 5 and 8 and once in high school, either in grade 10, 11, or 12.

What is the test format? The CAA for Science is a series of four performance tasks that can be administered throughout the year as the content is taught.

Which standards are tested? Alternate achievement standards derived from the CA NGSS are tested.

CAASPP: California Spanish Assessment (CSA)

Who takes the test? The CSA is an optional test for students in grades 3–12 that tests their Spanish reading, listening, and writing mechanics.

What is the test format? The CSA is computer-based.

Which standards are tested? The California Common Core State Standards en Español are tested.

ELPAC

Who takes the test? Students who have a home language survey that lists a language other than English will take the Initial test, which identifies students as an English learner student or as initially fluent in English. Students who are classified as English learner students will take the Summative ELPAC every year until they are reclassified as proficient in English.

What is the test format? Both the Initial and Summative ELPAC are computer-based.

Which standards are tested? The 2012 California English Language Development Standards are tested.

Alternate ELPAC

Who takes the test? Students whose IEP identifies the use of an alternate assessment and who have a home language survey that lists a language other than English will take the Alternate Initial ELPAC, which identifies students as an English learner student or as initially fluent in English. Students who are classified as English learner students will take the Alternate Summative ELPAC every year until they are reclassified as proficient in English.

What is the test format? Both the Alternate Initial and Alternate Summative ELPAC are computer-based.

Which standards are tested? Alternate achievement standards derived from the 2012 California English Language Development Standards are tested.

Physical Fitness

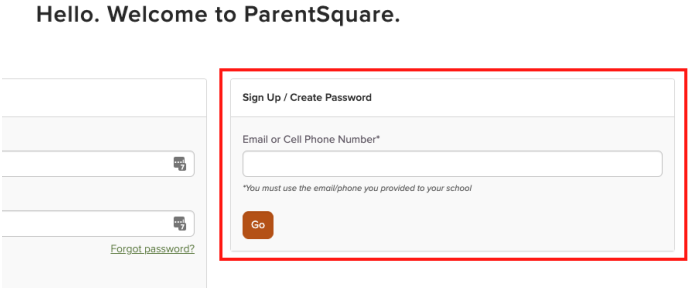
Who takes the test? Students in grades 5, 7, and 9 will take the FITNESSGRAM®, which is the test used in California.

What is the test format? The test consists of five performance components: aerobic capacity, abdominal strength, trunk strength, upper body strength, and flexibility.

Which standards are tested? The Healthy Fitness Zones, which are established through the FITNESSGRAM®, are tested.

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.



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.

StudentSquare

Student Instructions:

Sign up to receive information from your school and teachers

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