

Chicago Park Community Charter School
15725 Mt. Olive Road, Grass Valley 530.346.2153 FAX 530.346.8559
2023-2024 Request for Admission

Office Use Only	
Date Received:	_____
Staff Initials:	_____
Lottery #:	_____
Approval Date:	_____

I am requesting admission to Chicago Park Community Charter School starting in the 2023-2024 school year.

Student's Legal Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Grade (2023-2024) _____ ☐ Male ☐ Female

Physical Address: _____
(Street) (City) (Zip) (County)

*Once accepted, applicants will be asked to provide proof of residency at time of registration.

Mailing Address: (if different) _____

Parent/Guardian Name: _____ email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

District of Residence _____ Previous School of Attendance _____

Siblings currently at Chicago Park Community Charter School: _____

Other Siblings enrolling in Chicago Park Community Charter School: _____

I have reviewed the Chicago Park School District's Discipline Policy online at:
chicagoparkschool.org/Parents/School Rules and/or received a hard copy. Parent's initials: _____

Please answer the following:

Does your child have a medical diagnosis that may impact learning or attendance? ☐ Yes ☐ No

If yes, please identify: _____

Does your child qualify for any of the following programs: ☐ G.A.T.E. ☐ Title 1 ☐ ELL

Does your child have a 504 Accommodation Plan? ☐ Yes ☐ No

(If yes, please enclose a copy of the most recent plan.)

Has your child ever been referred, evaluated, and/or qualified to receive special education services (including, but not limited to, speech; resource services; special day class; ED or 26.5 services; adaptive PE; occupational therapy and/or physical therapy)? ☐ Yes ☐ No

1. Does your child have a current/active Individualized Education Program (IEP) ☐ Yes ☐ No

Date of most recent IEP or evaluation? _____

If NO, what was date of his/her last IEP? _____

2. Which type of service does your child currently receive? (Check all that apply)

☐ Speech ☐ RSP ☐ SDC ☐ Adaptive PE ☐ OT ☐ PT ☐ Other

3. School name and address where special education referral, assessment, or IEP was developed: _____

Enclose a copy of your child's most recent IEP with this application. If your child does not have an IEP, but was evaluated for special education, enclose a copy of all assessment reports. If you are unable to provide a copy of the IEP or assessment reports for this application, you must submit a Records Request Authorization Form with the application.

Has your child ever been suspended or expelled from school? ☐ Yes ☐ No If yes, when and where: _____

I attest that the above statements are true to the best of my knowledge. I understand that falsification of any of the information on this enrollment application may result in the student being dis-enrolled from the school.

Parent/Guardian Signature X _____ Date: _____

Please Note: CPCCS complies with all applicable state and federal laws in serving students with disabilities including but not limited to Section 504 of the Americans with Disabilities Act and the Individuals with Disabilities in Education Act. The Charter School intends to function as a "public school of the local education agency (LEA) that granted the charter" for purposes of providing special education and related services pursuant to Education Code Section 47641 (b).

Administrative Approval Signature: _____ Date: _____