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

Chrysalis Charter School Application

Child's Name: _____ Date of birth: _____
Last First Middle
Applying for which program: Classroom Home School School year: 2019-20 2020-21
School currently enrolled in: _____ Current grade: _____
Public school district of residence: _____ Gender: Male Female
Birth place: City _____, State _____, Country _____
What language does your child speak at home? _____ Is more than one language
spoken in your home? Yes No If yes, what other language? _____

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

How did you learn about Chrysalis (check all that apply)? Friend Web search Magazine
 Newspaper Public Schools Week (in Shasta Mall) Other _____

Initial as applicable:

_____ This child has been home schooled by parents in the past for _____ years.
_____ This child has special needs and has an existing, written Individual Educational Plan (IEP) or
504 Plan. **Please attach a copy.**
_____ This child has been SARBed. Name of school _____ Date _____
Please attach a copy of the most recent report from the SARB Board.
_____ This child has been expelled. Name of school _____ Date _____
Please attach a copy of the expulsion notice.
_____ I am aware that families are expected to contribute at least 40 hours of service per year.
_____ I am aware that admission to Chrysalis does not guarantee classroom placement. I understand
that each entering student is screened by the teacher and, taking into consideration input
from the parents/guardians, is initially placed in the multi-aged math and language arts
classes that seem appropriate to their academic and socioemotional development while still
maintaining a normal peer group. Regular progress monitoring allows movement within and
between academic classes.
_____ I am aware that declining to accept an available opening will result in my child's name being
removed from the waiting list. I understand that my child will need to reapply if they wish to
be considered at some later time.

**For children entering grades 1-8, please attach a copy of your child's school attendance records
for the last 12 months and a copy of their most recent report card/progress report.**

Parent/Guardian Signature: _____ Date: _____
Application status: Date received: _____ Attachments received: _____ Date admitted: _____
Special procedures: 8th grader less than 90% attendance more than 10 tardies