



Helen Hunt Jackson College Prep High School
 Family Tree Learning Center



26400 Dartmouth St., Hemet, CA 92544 Phone: 951-765-5193 Fax: 951-765-5195

Student Information:

Name: _____ Grade: _____ DOB: _____ Age: _____
 Parent/Guardian/Caregiver Name: _____
 Address: _____ City _____ Zip _____
 Best Contact Phone: (_____) _____ Alt Phone: (_____) _____
 Email address: _____ Is student currently attending school Yes No
 School student currently/previously attended: _____ District: _____
 How did you hear about our program? _____
 Why are you seeking an alternative education for your student? _____

Has student ever attended Helen Hunt Jackson College Prep High School/Family Tree Learning Center? (Circle) Yes or No
 Has student ever been enrolled in Hemet USD? (Circle) Yes or No
 Do you have a legal/court document regarding your student that should be on file at the school site? (Circle) Yes or No

I certify that my child:

- Student has **not** been enrolled in any of the special programs below.
- Was **previously, but is not currently**, enrolled in a special program. (Check program below)
Date exited from program _____
- Student is **currently** in one or more of the programs below? Please check program.
- Adaptive Physical Education (APR) English Language Development (ELD)
- Gifted and Talented Education (GATE) Language / Speech Program (LAS)
- Resource Specialist Program (RSP) Special Day Class (SDC)
- Visually Impaired Program (VI) 504 Plan
- Severely Handicapped Program IEP (Individualized Educational Plan)

If student is on IEP/504/SDC student must first contact current case carrier for change of placement meeting if in a HUSD school. If student is coming from outside HUSD student must first enroll at Central Registration at 1791 W. Acacia Ave, Hemet, CA 92545. Both options must be done prior to submitting application to Helen Hunt Jackson College Prep High School and Family Tree Learning Center.

I certify that my child:

- Is not under an expulsion or suspension order.
- Is currently being recommended for expulsion or suspension
- Student has completed an assigned expulsion order

If yes, please provide school district/school name: _____

Is student currently on or pending Home Hospital? Yes _____ No _____

Seat based study. Attend classes Monday – Friday. (College Prep 9-12)

- Independent Study. Number of days and time to be determined by teacher/counselor. (9-12)
- Online Study. Number of days and time to be determined by teacher/counselor. (9-12)
- Independent Study. Number of days and time to be determined by teacher/counselor. (K-8)
- I plan to attend a 4-year university. I plan to attend MSJC or other community college.
- I am interested in the AVID program. (6th, 7th, 8th grade only.)
- I would like to meet with counselor to discuss options.

Parent Signature Required

Parent Signature: _____ Date: _____
 Administrator/Counselor/Case Carrier Signature: _____ Date: _____
 (Current school personnel) Title: _____ Phone # _____

Notes: _____

HEALTH QUESTIONNAIRE

The information on this questionnaire will provide us with the information regarding your child's health that is needed to help us plan for services/procedures at school.

Do you have a health/attendance referral from the District or school site (Circle) Yes or No

Please Check Yes or No for each question and provide details for any Yes Answers

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies to medications, food, or other substances?
If yes, specify and describe the symptoms and any treatment that is needed: _____
_____ |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child take medication every day?
If yes, list the medication(s) and note any side effects of the medication or what school staff should be made aware of: _____
_____ |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child need to receive the medication at school? _____
_____ |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have a history of brain (neurological) problems (such as seizures, epilepsy, muscle weakness, hydrocephalus or cerebral palsy)? If yes, please explain: _____
_____ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have a history of chronic illness (such as diabetes, asthma or kidney problem)? If yes, please explain: _____
_____ |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child use adaptive equipment (such as a wheelchair, prone stander, braces)?
If yes, please specify: _____
_____ |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child been hospitalized, had surgery or serious injury?
If yes, explain when and reason: _____
_____ |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any other concerns about your child's health?
If yes, please explain: _____
_____ |

Who is your child's primary health care provider (physician, health clinic, etc):

Name: _____ Phone # _____

Address: _____

Who is your child's specialist:

Name: _____ Phone # _____

Address: _____

I understand that placement at Helen Hunt Jackson College Prep High School/Family Tree Learning Center is an optional placement within Hemet Unified School District. I understand that I may re-enroll my child in the traditional school program at any time. (Warning: All transfers are designed to be semester long programs. Please note that high school students may lose credits toward graduation if they change from the alternative education programs to the high school in the middle of the semester.)

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