



High Bluff Academy

High School Application Check List

- 1. Completed Enrollment Form
- 2. Signed Request For Student Records Form
- 3. Two Reference Forms (Principal, Counselor or Core Teachers)
- 4. Student Essay
- 5. Signed Student Handbook Acknowledgement
- 6. Signed Internet Policy Form
- 7. Signed Attendance Policy Form
- 8. Signed Waiver Form
- 9. Signed Lunch Permission
- 10. Course Selection Sheet
- 11. Test Scores (PSAT, PLAN, CHSEE, STAR, ITBS)



High Bluff Academy

FULL-TIME ENROLLMENT APPLICATION		
STUDENT INFORMATION		
Student Name:		Preferred Name:
Grade Level:	Date of Birth:	Home Phone:
Street Address:		
City:	State:	ZIP Code:
Student Cell:	Student Email:	
US Citizen: Yes or No (Circle One)	Present School:	
Please select a primary contact if there are two households: Mother Father Both (Circle One)		
PARENT INFORMATION - MOTHER		
Name:		
Street Address:		
City:	State:	ZIP Code:
Mother's Email:	Preferred Contact Phone:	
PARENT INFORMATION - FATHER		
Name:		
Street Address:		
City:	State:	ZIP Code:
Father's Email:	Preferred Contact Phone:	
EMERGENCY CONTACT		
Name:	Cell Phone:	
Relationship to Student:		

MEDICAL INFORMATION		
Student Health Insurance Provider:		
Insurance Policy #:	Name of Insured:	
Primary Care Physician:	Physician Phone:	
City:	State:	ZIP Code:
Home Phone:	Cell Phone	Parent Email:

Please note that all information provided will be held in the strictest confidence. We appreciate your honesty in filling out our forms. All information is used for student assessment, support and placement. If a student has been suspended or expelled from school or has been arrested, parents must be completely forthcoming in sharing all pertinent information. In such cases, High Bluff Academy will only consider applicants who have successfully completed the required or recommended course of treatment or program of therapy prior to applying for enrollment. If this information is withheld by the parents, the student will be asked to leave High Bluff Academy without a refund.

Has the student been suspended or expelled from any other school? Please specify.

Has the student ever been arrested and/or put on probation? Please specify.

Does your child have a history of substance abuse?

- No
- Yes (describe) _____

Medical Conditions (Check all that apply):

- Allergic to _____
- Allergy to Bee Stings
- Anxiety
- Asthma or Respiratory Problems
- Depression
- Epilepsy or Convulsive Disorder
- Headaches/ Migraines
- Insomnia
- OCD
- Other Health Concerns(please specify)_____

Does the student take any medications?

- No
- Yes (please specify) _____

Testing and Learning Difficulty Information

Has the student been tested for a learning disability?

- No
- Yes (if yes answer the following)

Tested By: _____ Date: _____ Diagnosis: _____

Do you suspect that you child may have a learning disability that has not been diagnosed?

- Yes
- No
- Unsure

Does your child have ADD or ADHD?

- Yes
- No
- Unsure

Does ADD or ADHD run in your family?

- Yes
- No
- Unsure

Is your student in a special education program at school?

- No
- Yes (describe) _____
 - IEP
 - 504 Plan

Does your child have accommodations on the ACT or through the College Board?

- No
- Yes (describe) _____

Does your child have any mental health related concerns?

- No
- Yes (describe) _____

Is the child currently receiving any counseling or therapy?

- No
- Yes (specify) _____

Parent Goals for Students

We are very interested in finding out your goals for your child. This helps us design our program to fit the needs of our students.

Academic Goals:

- _____
- _____
- _____

Emotional Goals:

- _____
- _____
- _____

Social Goals:

- _____
- _____
- _____

Referral Information

Reason for attending High Bluff: _____

How did you hear about High Bluff Academy (please check all that apply)?

- High Bluff Student _____
- Internet Search
- Advertisement (where) _____
- Current School _____



High Bluff Academy
 12707 High Bluff Drive, Suite 150
 San Diego, CA 92130

This is a reference form for admittance into a high school program at High Bluff Academy. All information will be kept confidential. Students, please give this form to a Principal, Counselor or Core Teacher with a stamped envelope. We ask that the person providing the reference please fill out this form to the best of their knowledge and return in a sealed envelope to the address above.

Applicant Name: _____

I request the individual named below to provide his/her perspective on my qualifications and experiences as they relate to my application for the above position. I waive my right to review this form after its completion and shall release this individual from any and all liability from damages related to his/her completion of this form.

Signature _____
 Date

Reference Name:		
Reference Address:		
Reference Daytime Phone:	Evening Phone:	E-mail:
Relationship to Applicant:	Duration of Relationship:	Year(s)

Please comment on the student’s potential for success in an academic environment.

Qualification	Excellent	Good	Fair	Poor	Unable to Assess
Honesty					
Dependability					
Motivation					
Emotional Maturity					
Ability to Get Along					
Attitude					
Communication					
Academic Potential					

We would appreciate some specific comments below: (continue on back or attach another sheet if necessary)



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Communication					
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High Bluff Academy

Application Questions

Please answer the following questions on a separate piece of paper. You may handwrite them if you prefer, as long as it is neat and legible. Try to answer all parts of the question thoughtfully. We are trying to get to know you better, so the more detail and explanation you can include, the more helpful your answers will be.

1. Describe a class that you took in middle school or high school that you really enjoyed. Why did you feel successful? What qualities did the teacher have? What activities or lessons did you like best? Did the material you learned have any connections to any other aspects of your life?
2. If you could change anything about yourself, what would you change? Why? How would this impact your life as a high school student?
3. Describe the worst experience you have had as a student. Looking back, is there anything you could have done differently that might have changed the situation?
4. Why would you like to attend High Bluff Academy? Is there anything else you would like us to know about you?



High Bluff Academy

ACKNOWLEDGEMENT OF STUDENT HANDBOOK

Student Name: _____

We, the undersigned, understand that this handbook contains important information for parents, guardians and students. We acknowledge that we have received a copy of the High Bluff Academy Student Handbook. We are aware that this handbook contains information and policies for our review. We understand that all students will be held accountable for their behavior and that failure to abide by the guidelines can result in the discipline outlined in the handbook. Failure to return this acknowledgement form does not excuse any individual from complying with the Student Handbook, High Bluff Academy's policies, regulations and guidelines.

Parent Name (Print)

Parent Signature

Date

Student Name (Print)

Student Signature

Date

High Bluff Academy Class Schedule

Monday-Thursday

7:40-9:10 Period 1 or 2
9:10-9:20 Break/Passing
9:20-10:30 Block 1
10:30-10:45 Break/Passing
10:45-12:15 Block 2
12:15-1:00 Lunch
1:00-2:30 Period 5 or 6

Tardiness Policy

Less than 5 minutes late – 5 minutes after school with teacher
More than 5 minutes late – double time after school
More than 2 tardies in week – Friday morning tutorial
(7:45-9:15)

Student Signature/Date

Parent Signature/Date



High Bluff Academy

ACKNOWLEDGEMENT OF USE POLICY FOR THE INTERNET

The Internet is a global network of computer networks. It provides its users with the opportunity to send and receive messages and to find and view computer files virtually anywhere in the world. It is a privilege to receive an Internet account or to be provided with this access. Internet use is not private: the school has the right to monitor all on-campus activity. In accordance with this privilege, we ask that users adhere to the accepted practices stated in the handbook. Unacceptable used includes:

- Sending or displaying offensive pictures or graphics
- Using obscene language
- Harassing, insulting, threatening or abusing other network users
- Violating copyright laws
- Using another user’s account and password
- Damaging computers, personal or network files
- Violating another’s individual’s right to privacy or another user’s private files.
- Attempting to circumvent network security
- Using the network for commercial purposes, individual financial gain, political activity or for any illegal activity.

The Internet provides connections worldwide, and users (and parents of users) must understand that the School does not control the content of information or resources available. Some of the material available is controversial, and, sometimes, offensive. Parents agree that High Bluff cannot guarantee the accuracy or appropriateness of information or material that students may encounter on the Internet.

The School does not condone, nor is it responsible for, the use of such materials, and Student or Teacher use of such materials will result in loss of Internet privileges plus disciplinary measures.

By signing below, Parents acknowledge that they have read and agree to the High Bluff Academy Acceptable Use Policy for Internet Access located in the handbook, and agree to be responsible for the behavior of their child. Further, parents shall not hold High Bluff Academy responsible for materials acquired by their child on the system, for violations of copyright restrictions, users’ mistakes or negligence or any costs incurred by the student.

Parent Name (Print)

Parent Signature

Date

Student Name (Print)

Student Signature

Date



High Bluff Academy

General Waiver

I do voluntarily consent to my child's participation in the educational programs listed in the Enrollment contract, and do hereby assume all risks of loss and/or injury that may be incurred, directly or indirectly, as a result of my child's participation in any and all activities during education programs and during transportation to and from events by private automobile.

I release, discharge, and/or otherwise indemnify the school and its agents, instructors, volunteers, and participants, including the owners of the facilities utilized by the programs, from liability for any and all damages and injuries occurring in any school program.

I further agree to direct the student named on this form to comply with all policies of the school and its personnel. I realize that if my child does not comply with said practices, he/she may be sent home.

Medical Waiver

I authorize school officials to arrange for professional care and treatment in the event of a medical emergency. This authorization is given pursuant to the provisions of Sections 25.8 of the civil code of California.

I hereby give my permission to the physician, dentist or other professional selected by school program organizers or representatives to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery for the student named on this form. A photocopy or facsimile of this authorization is as valid as the original.

I understand that all medical expenses are the sole responsibility of the parent/guardians and their respective insurance companies.

Student Name: _____

Parent /Guardian Name (Print) _____

Parent /Guardian Signature _____

Date _____



High Bluff Academy

LUNCH PERMISSION

Student Name: _____

Please choose an option below:

I prefer that my child not leave the High Bluff campus for lunch.

I give my child permission to leave the High Bluff campus for lunch.

I have spoken to my child about the rules that I expect them to follow. I realize that the High Bluff Academy staff cannot realistically enforce my choice as initialed below. However, if my child is caught not following my wishes, he or she may lose the off-campus privilege.

Please initial your choices below:

_____ My child has permission to leave campus in his/her car.

_____ My child has permission to ride in the car of another student.

_____ My child is only allowed to take other students in his/her car.

_____ My child is only allowed to walk off campus or ride in a car with an adult.
(Parent or High Bluff staff member)

I realize that the staff at High Bluff Academy cannot monitor the students once they leave the premise. I will not hold high Bluff Academy or any employee responsible for my child during the time he or she is off campus. Lunch will be from 11:45 – 12:30 Monday through Thursday.

Parent Name (Print)

Parent Signature

Date

Student Name (Print)

Student Signature

Date



High Bluff Academy

High School Program Information

Tuition for the 2018 – 2019 academic year is as follows:

\$15,500 for grades 9 -11

\$15,900 for grade 12 (includes senior activities and graduation)

Tuition includes academic classes, PE and arts classes and field trips.

Tuition is due in four payments. Following is the Tuition Payment Schedule:

April 1 st Deposit	\$1,000
August 15 th	\$3,625
October 15 th	\$3,625
January 15 th	\$3,625
March 15 th	\$3,625

All payments not paid by check, will incur at 3% convenience fee on credit cards.
Payments not made by the due date will be charge a \$35 per month late fee.
Transcripts cannot be released until payment is made in full.

Refund Policy:

If you choose to withdraw your child from classes, refunds will be given based on the withdrawal date:

Before September 4 th	All Tuition minus a \$500 non-refundable fee
After September 10 th	No Refund will be given

By signing below I agree to all of the terms listed and agree to be responsible for paying the tuition in a timely manner.

Parent /Guardian Signature _____



High Bluff Academy

12707 High Bluff Drive, Suite 150
San Diego, CA 92130
858-509-9101
858-630-3606 Fax

REQUEST FOR STUDENT RECORDS

The following student has enrolled at High Bluff Academy:

Last Name	First Name	Middle	Date of Birth	Grade Enrolled
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High Bluff Academy requests _____ to release all educational records. The purpose of releasing these records is to provide necessary information for student assessment, support and placement. Please include the following:

- _____ Cumulative File
 - _____ Official Transcript of credit and classes to date
 - _____ Withdrawal grades including incomplete classes
 - _____ Test Records and Special Education Information (IEP, 504, GATE)
 - _____ Immunization and Health records
 - _____ Any psychiatric or psychological evaluation of the student
 - _____ Discipline records
 - _____ Attendance Printout

All information is confidential and will not be shared with unauthorized individuals.

Please send records to:
Registrar
High Bluff Academy 12707 High Bluff Dr., Suite 150 San Diego, CA 92130

I hereby authorize High Bluff Academy to obtain all educational records from _____ (School Name) for _____ (Student Name).

Parent/Guardian: _____ Date: _____

High Bluff Administrator: _____ Date: _____