



**ACADEMY
OF THE
REDWOODS**

*Fortuna Union
High School
District*

Dear Parent/Guardian and Prospective Student:

Thank you for considering Academy of the Redwoods Early College High School as one of your educational options. Choosing a high school is an important decision. Our goal is to assist you in this process by sharing information about the unique aspects of our program. Together we can determine whether Academy of the Redwoods is the right fit for you and your family.

Academy of the Redwoods provides dual enrolment opportunities to students as part of a cohesive high school academic program, which prepares students for college, life, and career. All Academy of the Redwoods students are expected to complete **A-G coursework** and choose **ONE** of the following pathways:

1. **Complete a minimum of 26 college units** (A-G coursework included)
2. **Completion of a vocational certificate** (Approximately 21 to 51 college units including A-G coursework)
3. **Completion of an Associate Degree or Associate Degree for Transfer** (Approximately 60 college units including A-G coursework)

Students are expected to begin enrolling in college units in their 2nd and 3rd years. Students in their 3rd and 4th years may be expected to enroll in up to 11 college units per semester. Students who are unable to enroll in college courses due to their high school grades will either be placed on conditional enrollment or recommended for enrollment in another local school.

We encourage you and your prospective student to read this application closely, and jointly decide if the Academy of the Redwoods is the right fit for your family. Please call me to discuss any questions you may have.

Sincerely,

A handwritten signature in blue ink that reads 'Luke Biesecker'.

Luke Biesecker
Principal

7351 Tompkins Hill Rd.
Eureka, CA 95501-9300
707.476.4203

FAX: 707.476.4439

2018 – 2019 Application Process

1. Attend Academy of the Redwoods Information Night

- Wednesday, January 24th from 6-7pm in CR Theater

2. Families complete the AR application

- AR Student Interest Sheet
- Fortuna Union High School District Registration Form
- Emergency Information Form
- Personal Statement
- Interdistrict Attendance Permit (only if student resides outside of FUHS District)

3. Provide AR with the Following

- Copy of most recent transcript or report card – grades are not used as a basis for student selection.

4. Math Assessment

Schedule one of the following dates to take your math assessment by calling our office at (707) 476-4203

- Thursday, January 25, 2018 from 3:00pm-4:15pm
- Wednesday, January 31, 2018 from 3:00pm-4:15pm
- Thursday, February 8, 2018 from 3:00pm-4:15pm

*The assessment should take approximately 25-30 minutes - Students are encouraged to arrive any time between 3:00pm and 4:00pm.

5. Individual Interview

Upon placing into Algebra 1, you will be invited to participate in an individual interview with AR staff on Saturday, February 10, 2018. Interviews will last approximately 10 minutes and will be scheduled between 9:00am-2:00pm.

Student Shadowing:

Student shadowing is not required, but may be an informative experience for students less familiar with our program. We pair prospective applicants with a current student, whom they “shadow” for an entire school day to experience AR’s classes, community, and block schedule. Please contact the Attendance Office at (707) 476-4203 to schedule a day for your student to shadow. Arrangements must be made in advance and parents/guardians must fill out a “Permission for Student Visit” form, due by 8:30am on the day of the scheduled visit. Student shadows are encouraged to bring light reading material, as well as lunch or money to purchase lunch. In order to limit academic disruption, we restrict student shadowing to specific dates and cap the number of shadows allowed on any given day.

Current Shadow dates include:

- 1/22/18 through 1/25/18
- 1/29/18 through 2/1/18
- 2/5/18 through 2/8/18

Please note that our initial priority registration deadline is January 31, 2018. All applications received by the priority registration deadline will receive full consideration. Applications received after January 31, 2018 will be considered as space allows.

ACADEMY OF THE REDWOODS STUDENT APPLICATION

Term: ___ Fall ___ Spring
Year: _____
Grade entering: _____

STUDENT APPLICANT: _____
 (Legal Name) Last First Middle

Transportation

Transportation will be provided for students within the Fortuna Union High School District. Families from out of the district will need to provide consistent transportation for their son or daughter to and from College of the Redwoods.

Do you live within Fortuna School District? **___ YES ___ NO** If "yes", will your student use the bus? **___ YES ___ NO**

If you live out of the district how will your student travel to and from school? _____

Please answer the following questions.

Parents or guardians, please complete this section with the applicant.

Identify applicant's level of interest in the areas listed
1 = LOW interest 2 = MODERATE Interest 3 = STRONG Interest

Middle School, Grades 6-8:

Reading/Stories ___1 ___2 ___3	Numbers/ Patterns ___1 ___2 ___3
Music ___1 ___2 ___3	Art ___1 ___2 ___3
Physical Activity ___1 ___2 ___3	Social Activity ___1 ___2 ___3
Nature/Science ___1 ___2 ___3	

General performance in school (report cards): **___ Above average ___ Average ___ Below average**

Current Favorites:

Authors	Books	Movies	Physical Activities	Subjects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Math Course/Level: _____

How well do you think you understood the material/concepts? _____

List any hobbies, clubs, or community service projects in which the student has participated:

Activity	Organization (if any)	Years involved
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Music Performance:

Do you play an instrument(s)? **___ YES ___ NO** If yes, what instrument? _____
 Would you be interested in a 0 Period (7:25am) Band Class at Fortuna High School? **___ YES ___ NO**

What changes are you willing to make to excel at Academy of the Redwoods?

Academy of the Redwoods combines high school and college. In what ways are you are mature enough to handle high school and college classes in a college atmosphere?

Why do you believe you are the right student for Academy of the Redwoods?

At the Academy we expect students to demonstrate Respect (honoring people's choices), Responsibility (seeing self as cause not a victim), Responsiveness (acting for the good of the whole), and Resourcefulness (taking effective action). Describe how these expectations will challenge you.

FUHS INDEPENDENT STUDY EAST HIGH ACADEMY OF THE REDWOODS STRONGS CREEK COMMUNITY DAY

GRADE

FORTUNA UNION HIGH SCHOOL DISTRICT STUDENT REGISTRATION

School Year 2018-2019

▶ Has your student ever attended school in Fortuna Union High School District? Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
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Male Female

Birth date:

Month	Day	Year
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Social Security Number

Parent/Guardian First Name	Last Name	Home Phone	Alternate/Cell Phone
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Parent/Guardian First Name	Last Name	Home Phone	Alternate/Cell Phone
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Mailing Address (P.O Box or house # & street name)	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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Student Cell Phone Number:

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native(100) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |

PARENT EDUCATION – Check the response that describes the education level of the **most educated parent**.

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate’s Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)

Date first attended school in the U.S.

Month	Day	Year
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Date first attended school in California

Month	Day	Year
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BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

Student Last Name:

First Name:

Permanent ID:

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

Parent/Guardianship Information (with whom the student lives) – check all that apply

Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____

Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) **Full Name:** _____
Email: _____
Employer: _____ **City:** _____ **Daytime Phone # ()** _____

2. Mother Step Mother/Guardian (check one) **Full Name:** _____
Email: _____
Employer: _____ **City:** _____ **Daytime Phone # ()** _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ **Phone #: ()** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? Yes No

Has your child been suspended? Yes No Has your child ever been expelled? Yes No

What special services has your child received? **(please check all boxes that apply)**

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development

Help to Improve Attendance/ Behavior Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date:	Assigned Grade:	Permanent ID:
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PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

FORTUNA UNION HIGH SCHOOL DISTRICT

GRADE

EMERGENCY INFORMATION School Year 2018-2019

Student Name: Last Name: _____ First Name: _____ Middle Name: _____

Parent/Guardian: Last Name: _____ First Name: _____

Emergency Contact 1: Name: _____ Day Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

- Father Mother Step-Father Step-Mother Foster Father Foster Mother Guardian
 Grandfather Grandmother Host Parent Other Relative Other friend/non relative Neighbor Counselor

Emergency Contact 2: Name: _____ Day Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

- Father Mother Step-Father Step-Mother Foster Father Foster Mother Guardian
 Grandfather Grandmother Host Parent Other Relative Other friend/non relative Neighbor Counselor

Emergency Contact 3: Name: _____ Day Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

- Father Mother Step-Father Step-Mother Foster Father Foster Mother Guardian
 Grandfather Grandmother Host Parent Other Relative Other friend/non relative Neighbor Counselor

Emergency Contact 4: Name: _____ Day Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

- Father Mother Step-Father Step-Mother Foster Father Foster Mother Guardian
 Grandfather Grandmother Host Parent Other Relative Other friend/non relative Neighbor Counselor

Significant Health Concerns (Please list any medical condition the school should be aware of) Examples: asthma, migraines, seizures, fainting spells, eye/hearing problems, diabetes, and etc.: _____

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

Student Signature: _____ **Date:** _____

OFFICE USE ONLY

Emergency sign out: _____ **Date:** _____ **Time:** _____ am/pm

