



Horizon Community School
Marin City, CA 94965
www.marinhorizon.org/hcs
(415) 388-8408 ext. 242

HORIZON COMMUNITY SCHOOL ADMISSION AND FINANCIAL CHECKLISTS

ADMISSION CHECKLIST

- Complete and return your application.
- Complete and return your Parent Questionnaire

Reminder: All applicants must be 18 months by July 1st

FINANCIAL CHECKLIST

Please select and submit one of the following with your application:

- Two current job pay stubs
- Two years of taxes
- Two CalWORKs statements



HORIZON COMMUNITY SCHOOL ADMISSION APPLICATION

Applicant Information

(In order to apply, applicant **must** be 18 months by July 1st)

Full Name: _____ Date: _____
Last First M.I.

Gender: _____ Date of Birth: _____

Ethnicity: _____ Current Age: _____

Primary Language Spoken: _____ Other Language(s) Spoken: _____

Has your child had an IEP or educational assessment? YES NO

Family Information

Parent/Caregiver - A

Full Name: _____
Last First M.I.

Gender: _____ Relationship to applicant: _____

Ethnicity: _____

Street Address: _____ City / State / Zip: _____

Email: _____ Phone Number(s): _____

Primary Language Spoken: _____ Other Language(s) Spoken: _____

Education:

High School: _____ Technical School: _____

College: _____ Other: _____

Employment:

1) Employer: _____

Street Address: _____ City / State / Zip: _____

Hours of Employment/per week: _____ CalWORKs Recipient: YES NO

2) Employer: _____

Street Address: _____ City / State / Zip: _____

Hours of Employment/per week: _____ CalWORKs Recipient: YES NO

Parent/Caregiver - B

Full Name: _____
Last First M.I.

Gender: _____ Relationship to applicant: _____

Ethnicity: _____

Street Address: _____ City / State / Zip: _____

Email: _____ Phone Number(s): _____

Primary Language Spoken: _____ Other Language(s) Spoken: _____

Education:

High School: _____ Technical School: _____

College: _____ Other: _____

Employment:

1) Employer: _____

Street Address: _____ City / State / Zip: _____

Hours of Employment/per week: _____ CalWORKs Recipient: YES NO

2) Employer: _____

Street Address: _____ City / State / Zip: _____

Hours of Employment/per week: _____ CalWORKs Recipient: YES NO

Sibling Information:

1) Full Name: _____ Date: _____
Last First M.I.

Gender: _____ Date of Birth: _____

Primary Language Spoken: _____ Other Language(s) Spoken: _____

Current School: _____

2) Full Name: _____ Date: _____
Last First M.I.

Gender: _____ Date of Birth: _____

Primary Language Spoken: _____ Other Language(s) Spoken: _____

Current School: _____

Grandparent Information: Parent/Caregiver - A

1) Full Name: _____
Last First M.I.

Gender: _____ Relationship to applicant: _____

Street Address: _____ City / State / Zip: _____

Email: _____ Phone Number(s): _____

2) Full Name: _____
Last First M.I.

Gender: _____ Relationship to applicant: _____

Street Address: _____ City / State / Zip: _____

Email: _____ Phone Number(s): _____

Grandparent Information: Parent/Caregiver - B

1) Full Name: _____
Last First M.I.

Gender: _____ Relationship to applicant: _____

Street Address: _____ City / State / Zip: _____

Email: _____ Phone Number(s): _____

2) Full Name: _____
Last First M.I.

Gender: _____ Relationship to applicant: _____

Street Address: _____ City / State / Zip: _____

Email: _____ Phone Number(s): _____

Financial Information - Family Income and Size

Family monthly income (include monthly income from all sources): \$ _____

Family size (number of children residing in the same home): _____

Please select and submit one of the following with your application:

- Two current job pay stubs
- Two years of taxes
- Two CalWORKs statements

Family Needs / Services

(please check all that apply)

- CPS under protective services / at risk
- Homeless
- Working
- Parent/caretaker Incapacitated
- Training or Education
- IEP (Individual Education Plan)
- Foster Child or Adopted
- Are you a single parent?
- CalWORKs or Other Aid Recipient
- Any other needs/service of which our office and teachers should be aware of, please specify:

Marin City Affiliation

Residents - Please answer Yes or No to the following:

Are you a resident of 94965?

YES

NO

Do you have family history with Marin City?

YES

NO

Please describe.

Do you currently work in 94965?

YES

NO

Please provide name and location.

Are you a Sausalito-Marín-Tamalpais School District alum?

YES

NO

Do you live in the Tamalpais High School District?

YES

NO

Horizon Community School Schedule

Please check all time periods that you are interested in:

- | | | |
|------------------|------------------------|--------------------------|
| Morning Session | 8:30 a.m. – 12:00 p.m. | <input type="checkbox"/> |
| *After Lunch/Nap | 2:00 p.m. – 3:00 p.m. | <input type="checkbox"/> |
| Full Day | 8:30 p.m. – 4:30 p.m. | <input type="checkbox"/> |

*Suggested pick up time for children 2 years old is 3:00 p.m.

Comments:

Signature(s)

Parent/Caregiver Signature:

- 1) I/We conclude that all information listed in this admission application is the most up-to-date information available to me/us.
- 2) I/We agree our child will be subject to physical, social/emotional, and developmental screenings throughout the year. I/We may be asked to do further evaluations and if it is determined that HCS cannot meet the special needs of your child, an alternative placement in a new program may be required.

Signature - A _____ Date: _____ Relationship to Child: _____

Signature - B _____ Date: _____ Relationship to Child: _____

Non-discrimination policy: We do not discriminate on the basis of race, religion, nationality, ethnic origin, gender, gender identification, disability or other category protected by law.

FOR OFFICE USE ONLY:

- | | | |
|--------------------------|----------------------------|----------------------|
| <input type="checkbox"/> | Admission Application | Date Received: _____ |
| <input type="checkbox"/> | Parent Questionnaire | Date Received: _____ |
| <input type="checkbox"/> | Immunization Records | Date Received: _____ |
| <input type="checkbox"/> | Financial: Proof of Income | Date Received: _____ |

Notes: _____



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HORIZON COMMUNITY SCHOOL ADDITIONAL INFORMATION

1. What has motivated you to apply to Horizon Community School?

2. What are your goals and aspirations for your child?

3. What do you see as your child's strengths?

4. What do you see as areas of challenge?

5. What does your family like to do for fun?

6. What are your future education plans for your child?

- Independent School
- Public
- I don't know / other.

7. What else would you like for us to know about your child/family?



Horizon Community School PARENT QUESTIONNAIRE

Marin City, CA. 94965

PH: 415-388-8408 ext. 242

Hello Parents,

This questionnaire will help us to support your child's development and family. If you have a child who already has an IEP, has been diagnosed with challenges by a pediatrician, is in partnership with GGRE, is in any kind of therapy (speech, OT) or you have concerns about your child please fill out this form and return to your classroom teacher by the end of week. This form will help us with all children if you do not fill it out now, we may ask you to fill it out later, especially if we as educators believe we need more information.

GENERAL INFORMATION

Today's Date: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Pediatrician: _____ Phone: _____

Child lives with: _____

Are the child's parents: (circle one). Married Divorced Never Married Co-Parenting

If divorced, briefly describe custody arrangement: _____

Siblings? (List names, ages, and any learning differences?): _____

Family history of speech and/or language problems? Describe: _____

Family history of psychological problems or learning differences? _____

PREGNANCY/BIRTH HISTORY

How was the mother's general health during pregnancy? Describe any difficulties/medical problems:

Length of pregnancy in weeks: _____ Birth weight: _____ General condition of baby: _____

Were there any health problems during the infant's first weeks of life? _____

Did the baby have any trouble feeding? Y N Describe: _____

DEVELOPMENTAL HISTORY

At what age did the following occur:

Sat alone _____ Crawled _____ Walked alone _____

Does your child dislike any of the following: (circle):

Wet/dirty clothes

Tags on shirts.

Messy, sensory play

Long or short sleeves

Describe: _____

Does your child have any difficulties with motor coordination (walking, running, jumping)? _____

Does your child (circle one): walk flat on the ground walk on their tippy toes

Are there or have there been any eating or feeding problems? Describe: _____

Does your child use a bottle? Y N If so, how many times per day? _____

Does your child use a pacifier? Y N If so, how often? _____

Is your child potty-trained? Y N If so, at what age? _____

At what age did the following occur:

Used first word _____ Combined 2-3 words _____ Combined 5-6 words _____

Does your child communicate in any of the following ways? (Check all appropriate boxes)

- Eye contact – do they look at you when you are talking to them
- Sounds – babbling, trying to talk
- Gestures – sign language
- Point to pictures to make requests
- Sounds that stand for words (“vroom” for car)
- Single words
- Short sentences
- Basic conversation
- Hand leading

How does your child communicate and interact with other children?

- Eye contact – do they look at other children when they are talking to them
- Not at all; plays alone
- Watches other children, but does not interact
- Mainly grabs things
- Plays quietly alongside others
- Talks to self with occasional comments to other children
- Flaps hands when excited or cover their ears when overstimulated

What percentage of the time do *you* understand your child? _____ Strangers? _____

Has your child received speech and/or language therapy? Y N

When/How long? _____ Where? _____

Has your child received physical therapy or occupational therapy? Y N

When/How long? _____ Where? _____

Has your child received any early intervention services? Y N

When/How long? _____ Where? _____

DAILY BEHAVIOR

How well does your child sleep? _____

Describe your child’s diet: _____

Does your child engage in purposeful, meaningful play? _____

Does your child line up toys? Y N

Does he/she have difficulty concentrating /can they finish an activity? _____

How would you describe your child emotionally? _____

What are your child's favorite play activities? _____

MEDICAL HISTORY

Has your child been evaluated or treated for any of the following?

	Age	Severity/Treatment
Middle Ear Infections		
Genetic Testing		
P.E. Tubes in Ears		
Headaches		
Sinusitis		
Meningitis		
Chronic Colds		
Head Injuries		
Asthma		
Allergies		
Convulsions		
High Fevers		
Tonsillitis		
Wears Glasses		

Medical Diagnosis (if applicable) (Autism, PDD, Cerebral Palsy, Down Syndrome, etc.) _____

Describe any operations/serious illnesses your child has had and when they occurred: _____

Has the child experienced any trauma? Describe: _____

Is your child currently taking any medications? If so, what for? _____

Has your child's hearing been tested? Y N When? _____ Where? _____ Results: _____

Have your child's eyes been examined? Y N When? _____ Where? _____ Results: _____

EDUCATION HISTORY

Previous School/daycare child attended: _____

Days/hours attending: _____

Teacher's Name: _____

Is there anything you are concerned about?: _____

Please return this completed questionnaire along with any photocopies of recent assessments that your child has had (e.g., hearing/vision testing, speech and language assessments, occupational, physical or early intervention assessments).