

*INSTRUCTIONS: Please print using black or blue ink. If you have any questions ask for assistance.*

## A. STUDENT INFORMATION

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Legal Name: Last First Middle Student ID Number 3. GR

4. \_\_\_\_\_ 5. Home Phone Number  
 Home Address City State Zip

6. Sex:  Male  Female 7. Date of Birth 8. Birth City 9. State/Province 10. Country

## B. PARENT/LEGAL GUARDIAN CONTACT INFORMATION

1. \_\_\_\_\_  
 Last Name First Name DOB

1A Does the student live with this parent/legal guardian:  Yes  No

1B Relationship to Student \_\_\_\_\_ Email \_\_\_\_\_

1C Contact Phone Numbers-  
 Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**C. SIGNATURE-** I, \_\_\_\_\_, Parent/Guardian of the above named student am requesting my child to participate in the Barstow Digital Academy Long-Term Independent Study (BDA-ISP) for the trimester, semester, or year, not to exceed one school year. I hereby verify that the information contained in this document is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

## OFFICE USE ONLY

### D. School of Attendance

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Cameron   | <input type="checkbox"/> Challenges            |
| <input type="checkbox"/> Crestline | <input type="checkbox"/> BHS                   |
| <input type="checkbox"/> Henderson | <input type="checkbox"/> CHS                   |
| <input type="checkbox"/> Lenwood   | <input type="checkbox"/> BJHS                  |
| <input type="checkbox"/> Montara   | <input type="checkbox"/> B STEM A              |
| <input type="checkbox"/> Skyline   | <input type="checkbox"/> School of Opportunity |
| <input type="checkbox"/> _____     |  |

### E. Does student have any of the following:

- IEP Placement  
 504 Plan

### F. Transferring to:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> BFAA BDA-ISP      | <input type="checkbox"/> STEM BDA-ISP |
| <input type="checkbox"/> Cameron BDA-ISP   | <input type="checkbox"/> BJHS BDA-ISP |
| <input type="checkbox"/> Crestline BDA-ISP | <input type="checkbox"/> BHS BDA-ISP  |
| <input type="checkbox"/> Henderson BDA-ISP |                                       |
| <input type="checkbox"/> Lenwood BDA-ISP   |                                       |
| <input type="checkbox"/> Montara BDA-ISP   |                                       |
| <input type="checkbox"/> Skyline BDA-ISP   |                                       |

## G. PROGRAMS

- English Learner (notify EL Coordinator)  
 Specialized Academic Instruction (notify Special Ed. Coordinator)  
 Foster/Homeless  
 Other \_\_\_\_\_

## H. School of Attendance Principal Approval

- Approved  IEP Meeting Needed  
 Denied  Appointment Date \_\_\_\_\_

Principal Signature \_\_\_\_\_

Date \_\_\_\_\_