



Orange County Department of Education
Community Home Education Program (CHEP)
14262 Franklin Ave., Suite 200, Tustin, CA 92780
Phone: 714-327-1010 Fax: 714-327-1030



Application for Admission: ☐ Fall 2023 ☐ Spring 2024

A detailed response to all questions is appreciated and enhances our ability to evaluate the appropriateness of CHEP for your student. **Please submit this application AND the following documentation to CHEP Enrollment at CHEPEnrollment@ocde.us.** **Application status is communicated via email.** *NOTE: The CA Department of Education recommends the following for students who wish to enroll in independent study: "Generally success in independent study requires motivation and a strong commitment on the part of the student and parent or guardian. It also requires sufficient academic preparation to enable the student to work independently."*

Student Information

Student Name (Legal):	Age:	DOB:
Home Address:		
City/State/Zip Code:		
District of Residence: check one <input type="checkbox"/> Anaheim Elementary <input type="checkbox"/> SD Brea Olinda USD <input type="checkbox"/> Capistrano USD <input type="checkbox"/> Centralia SD <input type="checkbox"/> Cypress SD <input type="checkbox"/> Fountain Valley USD <input type="checkbox"/> Fullerton USD <input type="checkbox"/> Garden Grove USD <input type="checkbox"/> Huntington Beach USD <input type="checkbox"/> Irvine USD <input type="checkbox"/> Laguna Beach USD <input type="checkbox"/> La Habra City SD <input type="checkbox"/> Anaheim Union SD <input type="checkbox"/> Los Alamitos USD <input type="checkbox"/> Magnolia SD <input type="checkbox"/> Newport Mesa USD <input type="checkbox"/> Ocean View USD <input type="checkbox"/> Orange USD <input type="checkbox"/> Placentia-Yorba Linda USD <input type="checkbox"/> Saddleback Valley USD <input type="checkbox"/> Santa Ana USD <input type="checkbox"/> Savanna USD <input type="checkbox"/> Tustin USD <input type="checkbox"/> Westminster USD <input type="checkbox"/> Other: _____		
Grade (Fall 2023): check one, Student Report Cards required for Grades 1-8 <input type="checkbox"/> TK <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st Grade <input type="checkbox"/> 2 nd Grade <input type="checkbox"/> 3 rd Grade <input type="checkbox"/> 4 th Grade <input type="checkbox"/> 5 th Grade <input type="checkbox"/> 6 th Grade <input type="checkbox"/> 7 th Grade <input type="checkbox"/> 8 th Grade		
Contact #1 Information (Select one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian)		
Full Name:	Work Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Does Not Work	
Email Address:		
Home Address (if different from Student): <input type="checkbox"/> Address is same as Student		
<input type="checkbox"/> Home <input type="checkbox"/> Cell Phone Number:		

Contact #2 Information

 (Select one: ☐ Father ☐ Mother ☐ Guardian)

Full Name:	Work Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Does Not Work
Email Address:	
Home Address (if different from Student): <input type="checkbox"/> Address is same as Student	
<input type="checkbox"/> Home <input type="checkbox"/> Cell Phone Number:	

Questionnaire

1. Why do you think a Home School (Independent Study) Program will be a successful placement for your student?

2. Is student currently attending school? ☐ Yes ☐ No

a. If attending school, please list school name and city:

b. If not in school, what is the reason (be specific)?:

c. If not in school, last day of school Attended? _____

3. Is there a specific reason you are considering Home Schooling/ Independent Study for your child?

4. Who will take primary responsibility for assisting and supporting the student's education program at home?

5. How does the student feel about attending the Community Home Education Program and working primarily at home?

The following questions must be answered for application to be reviewed:

1. Does the student currently have an active IEP/Special Ed. Plan? ☐ Yes* ☐ No

****If yes, a copy of IEP or 504 Plan must be submitted with this Request for Admission.***

a. Check if applicable: ☐ RSP ☐ Speech/Language

☐ SDC ☐ Other: _____

b. Does the student currently have undocumented special needs of any type?

2. Have you ever revoked consent for special education related services declining an IEP? ☐ Yes ☐ No

3. Has the student been expelled? ☐ Yes ☐ No

a. If yes, explain why?

4. How did you hear about CHEP?

☐ Website/Online Search

☐ Referral from:

☐ Friend or Family who homeschool with CHEP

Name of CHEP student(s):

☐ School District, Official School District

Name of District:

☐ School, Official School's Name:

☐ I have a current student enrolled in the CHEP program, Name of Teacher:

☐ Other:

In order to ensure our [online orientation](#) clearly explained CHEP, please answer the following questions.

This section must be completed fully for the application to be reviewed.

1. How do students earn attendance in a Home School (Independent Study) Program?
2. Per Independent Study Law, who must agree that the program placement is in the best interest of the student?
3. Do you understand how monthly lesson plans are created? Explain.
4. How does the CHEP curriculum differ from that in a traditional school? Be specific.
5. I understand parent is responsible for completing and supporting monthly lesson plans and communicate with supervising teacher on a frequent basis. Parent Initials: _____
6. What you think your greatest challenge will be in this program?
7. I understand CHEP expects a level of online support/assessment. Parent Initials: _____ Date: _____