



STUDENT APPLICATION

Please keep this cover sheet for your information

Thank you for your interest in Sunburst Youth Academy. Applications will not be reviewed for acceptance if they are not complete. This includes TWO COPIES of the supporting documents. If you do not have a mentor identified yet you may submit the application without it. However, you will not be accepted into the academy without a completed mentor application.

OUR CLASSES BEGIN EVERY JANUARY AND JULY. WE ARE NOW ACCEPTING APPLICATIONS FOR THE UPCOMING CLASS. APPLICATIONS MUST BE COMPLETE TO BE CONSIDERED.

DO NOT SEND INCOMPLETE APPLICATIONS.

ONCE THE COMPLETED APPLICATION IS RECEIVED, IT WILL BE REVIEWED BY THE ACCEPTANCE COMMITTEE. SUBMITTING AN APPLICATION IS NOT A GUARANTEE OF ACCEPTANCE TO THE PROGRAM. IF THE APPLICANT IS NOT ACCEPTED DUE TO SPACE LIMITATIONS, THE APPLICATION WILL BE CONSIDERED FOR THE NEXT CLASS.

Eligibility Requirements:

- Must be 16 to 19 years of age upon entry – must be 16 on or before the first day of the academy and cannot turn 20 before graduation.
- High School drop-out or “at-risk” of dropping out (credit deficient)
- No pending charges, felony convictions or “deferred entry of judgment”
- Must be a legal resident of the United States
- Must be a California resident
- Student must volunteer to attend program
- Must be drug free (candidates will be drug tested)

Once your application is complete mail it to one of the following:

For Regular Mail:
Sunburst Youth Academy
Attn: RPM Dept.
P.O. Box 2980
Los Alamitos, CA 90720-2980

For Overnight Delivery by UPS or FedEx:
Sunburst Youth Academy BLDG: 21
Attn: RPM Dept.
4022 Saratoga Ave
Los Alamitos, CA 90720

DIRECTIONS TO SUNBURST YOUTH ACADEMY

From North or South 605 Fwy exit Katella Ave. Go East on Katella until you reach Lexington Ave. Turn right and you will run into the main gate. You will need to bring your drivers license, proof of insurance and current registration to enter the base. For Yahoo maps, type in “Armed Forces Reserve Center, Los Alamitos, CA; for Google maps type in Los Alamitos Joint Forces Training Base, CA. Additional directions and information are posted on our website at www.ngycp.org/state/ca2.



Application and Acceptance Process for Sunburst Youth Academy

Read every page of the application carefully. Make sure all pages are filled out completely and signed by Parent/Guardians and applicant. Send only completed applications.

1. Do not send originals of the birth certificate, shot record, or ID card. Make copies.
2. If you can't find your social security card or do not have a California ID card, you need to apply for a new one and provide a copy of the receipt that shows you have one on the way.
3. If you are under a Doctor's, Therapist's, Psychologist's, or Psychiatrist's care for any condition, diagnosis or prescription medication, you must send a Doctor's release that you can emotionally and physically participate in all aspects of the program.
4. If you are on probation, your probation officer must sign the Legal Information form, and attach his/her business card. We must also receive any paperwork, court minutes, etc. regarding ANY involvement with the legal system. We can't accept anyone with a felony or "deferred entry of judgment" unless the felony is reduced to a misdemeanor and/or the deferment is finished and the charges are dropped or expunged. There must not be any pending court dates once the program starts.
5. All applicants must have health insurance in order to be accepted. You can get term insurance for the 5 ½ month period from most providers, or contact California Healthy Families at 1-800-880-5305. For application purposes you must provide documentation that you are in the process of applying for insurance.
6. All applications must include a completed mentor application in order to be reviewed.
7. Once your application is complete make a copy for yourself in case it gets lost and a copy to send with your original application. We need two complete applications for our files. Send two copies of the application to the address listed. If you chose to UPS or FEDEX your application, do not use the PO Box Address. Use the specified address.
8. **WE DO NOT REVIEW INCOMPLETE APPLICATIONS.** If you are missing anything, including mentor application, you will be notified **1 TIME ONLY** of what we need to make it complete.



Application and Acceptance Process Continued

- 9. Once we have your complete application we require the applicant to attend a mandatory orientation and complete an in-person interview. These dates are listed on our website calendar. You do not have to make an appointment for an orientation, just show up on time! Interviews are conducted immediately following the orientation for those individuals who have completed the application. If an applicant tells us that he/she does not want to attend the program, we do not proceed any further with the application. A student can't be ordered to come here by the courts or forced to come here.**

- 10. Once we have interviewed the applicant, the application is reviewed by the counseling department, the education department, the medical department and the legal department. The letter written by the applicant should express his/her desire to attend the program and make changes for a successful future.**

- 11. Typically we try to make acceptance phone calls at least 1 month before the class start date. We send a letter to those who are not accepted due to space limitations. Those who are not accepted are considered for the next available class. If this is the case, there is a re-application packet that can be downloaded from the website.**

- 12. Sunburst Youth Academy is a great choice for most at-risk students. However, not everyone is suited for this very physically demanding program. We do our best to look at every individual and their needs as we are making our selections.**



Application Instructions – Read Carefully

The following materials must be filled out completely and returned promptly in order to be considered as an applicant. Incomplete applications will not be accepted. If you have questions about filling out the application, please contact the Academy at (1-877-463-1921) or find us on Facebook. We recommend that you keep a copy of your entire application. **DO NOT SEND THE ORIGINAL BIRTH CERTIFICATE OR SOCIAL SECURITY CARD. NOTE - When you send your application, keep a COMPLETE COPY of the application for your records. Make sure all pages are signed by both the Parent/Guardians and Applicant!!!**

Please assemble and send or bring your application in the following order:

► **IMPORTANT: SEND US THE ORIGINAL STUDENT APPLICATION (PLUS ONE ADDITIONAL COPY), AND KEEP A COPY FOR YOUR RECORDS!**

- 1. **Applicant & Parent information sheet, education, and emergency contacts: Fill in every blank, applicant and parent/guardian must sign.**
- 2. **Personal Application Letter: Written by the applicant. Typed letters will not be accepted.**
- 3. **Recommendation Letter: Have the principal or your counselor at the last school you attended fill out this form.**
- 4. **Copy of official Birth Certificate: (Copy on its own page) Do not send original**
- 5. **Copy of Social Security Card: (Copy on its own page) Do not send original.**
- 6. **Copy of California Identification Card or Drivers License: Each cadet must have a State issued I.D. Card. This can be a California driver's license, or California I.D. card. If you do not have one, apply for one at the DMV and send us a copy of you're "proof of application".**
- 7. **Special Power of Attorney for Medical Care and Medical Expense Statement of Understanding: This page must be NOTARIZED.**
- 8. **Copies of front and back of insurance card (also vision and dental cards ALL STUDENTS MUST HAVE HEALTH INSURANCE WHILE THEY ATTEND THE ACADEMY! Insurance must remain valid throughout the entire 5 ½ months that your child resides in SYA. If the insurance is found invalid during the residential phase your child will be dismissed from the Academy.**
- 9. **Report of Medical History and Insurance Information page: Fill out completely and sign. Include a "Doctor's Release" if you answer "Yes" to questions 9 or 10, or 11.**



Application Instructions Continued

- 10. A copy of Immunization/Shot Record. Students must have the following: TB Skin Test (within 1 year), Menactra, Influenza, H1N1 Influenza, Tdap, and HPV Vaccine.
- 11. Certificate of Understanding and Release of Liability and Drug, Alcohol, and HIV Test Acknowledgement: Signed
- 12. SF-93 (sports physical) form must be completed by a physician prior to being accepted into the academy and within 4 months of the program start date.
- 13. Transcripts from all high schools attended. (See "School Registrar form)
- 14. Individualized Education Plan (IEP): Only if this applies to you!
- 15. Legal Information Page: if student has had any contact with law enforcement, complete the legal form. Provide any and all paper work from court, school and or law enforcement. List any involvement with law enforcement or the court system. We also must have any documents regarding your court case.
- 16. Papers establishing legal guardianship: If parents are separated or divorced, we need a copy of court document showing legal custody such as divorce papers. Other cases requiring guardianship papers would be adoption, foster care, court order, etc.
- 17. Mentor Program Explanation Sheet- Student and Guardian - Read carefully and fill out the bottom of the page.
- 18. Mentor Application: The Mentor Application is attached to the Student Application. Your mentor fills out this application. It must be returned with the student application along with a copy of the mentor's proof of auto insurance and a copy of the mentor's current driver's license. It should be in a sealed envelope for privacy reasons. Mentor and Student sign the "program explanation" together (located in Mentor application).

Dental work, eye exams, Sports Physical, updated immunizations and medication needs should be taken care of before coming to Sunburst. When you have completed this check list, mail your application (and one copy) to one of the addresses on the cover.

Incomplete applications will not be accepted.



**SUNBURST YOUTH ACADEMY
APPLICANT & GUARDIAN INFORMATION SHEET**

APPLICANTS INFORMATION: PRINT CLEARLY AND FILL IN ALL INFORMATION

Social Security # _____ Today's date: _____ Have you applied before? YES NO When _____

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Date of Birth: ____/____/____ Age ____ Gender: Male Female What language do you use most often: _____

Ethnicity: **(must check one)** American Indian/Alaskan Native Asian or Pacific Islander Black Hispanic
Multiracial White

Are you Married: Yes No Number of Children: ____ Number of people in your household: ____ Family income/monthly: _____
(For statistical purposes only)

Height _____ Weight _____ Eye Color _____ Hair Color _____

APPLICANT'S CONTACT INFORMATION: DO NOT ENTER PARENT/GUARDIAN INFORMATION HERE

Applicant's Home Phone: (____) _____ Work Phone: (____) _____ Email: _____

Fax: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

County of residence: _____ Is this mailing address: YES NO

Natural Mother's Name _____ Alive Deceased Whereabouts Known Unknown

Natural Father's Name _____ Alive Deceased Whereabouts Known Unknown

Were natural mother and natural father ever married? YES NO

PARENT/GUARDIAN INFORMATION #1: CHECK HERE IF ADDRESS IS SAME AS APPLICANT'S

1) Relationship to Applicant: Parent Step Parent Legal Guardian Other Explain: _____

LEGAL GUARDIANS MUST PROVIDE COURT DOCUMENTS. IF PARENTS HAVE JOINT CUSTODY, BOTH PARENTS MUST SIGN ALL FORMS OR PROVIDE WRITTEN PERMISSION FOR APPLICANT TO ATTEND THE ACADEMY.

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Home Phone: (____) _____ Work Phone: (____) _____ ext: _____ Email: _____

Fax: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Is this Person authorized for Pickup: YES NO Legal Guardian: YES NO Emergency Contact: YES NO

If Parents are divorced, who has physical custody? _____ Is it joint custody? Or sole custody?

IF CUSTODY IS JOINT, BOTH PARENTS MUST SIGN THE APPLICATION PAGES OR PROVIDE WRITTEN PERMISSION FOR THE APPLICANT TO ATTEND THE ACADEMY.



PARENT/GUARDIAN INFORMATION #2: CHECK HERE IF ADDRESS IS SAME AS APPLICANT'S

2) Relationship to Applicant: Parent Step Parent Legal Guardian Other Explain: _____

LEGAL GUARDIANS MUST PROVIDE COURT DOCUMENTS. IF PARENTS HAVE JOINT CUSTODY, BOTH PARENTS MUST SIGN ALL FORMS OR PROVIDE WRITTEN PERMISSION FOR APPLICANT TO ATTEND THE ACADEMY.

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____ Email: _____

Fax: (____) _____ Cell Phone: (____) _____ Pager: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Is this Person authorized for Pickup: Yes No Legal Guardian: Yes No Emergency Contact: Yes No

EMERGENCY CONTACT INFORMATION

In the event of an emergency, and the parents/guardians can't be reached, we will make every attempt to reach one of the emergency contacts. The emergency contacts may also be allowed to pick up the student in the absence of the parent/guardian.

The emergency contact should be over 21, and will be required to show picture ID when picking up a student.

Emergency Contact #1: Name _____ Relationship _____ Phone # _____

Alternate phone number: _____ E-mail address _____

Is this Person authorized for Pickup: Yes No

Emergency Contact #2: Name _____ Relationship _____ Phone # _____

Alternate phone number: _____ E-mail address _____

Is this Person authorized for Pickup: Yes No

Emergency Contact #3: Name _____ Relationship _____ Phone # _____

Alternate phone number: _____ E-mail address _____

Is this Person authorized for Pickup: Yes No

By submitting this application, I agree that any information I provide may be made available to any person having a legitimate need for the information. I further agree that the Sunburst Youth Academy is authorized to obtain any information from any agency to assist in assessing this application, in accordance with the Privacy Act of 1974, by authority of Executive Order 9397.

➔ Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____



Sunburst Youth Academy Legal Information

Applicant's Name: _____

Please Note: We can't accept any applicant who has been adjudicated of a felony, or who is currently on a "deferred entry of judgment". The felony **MUST** be reduced to a misdemeanor or expunged before acceptance. If you are on probation you must have your probation officer sign this form. **ANY FALSE OR MISLEADING INFORMATION COULD RESULT IN DENIAL OR TERMINATION FROM PROGRAM**

1. Have you ever been arrested, apprehended, charged, cited, or held by federal, state or other law enforcement or juvenile authorities, regardless of whether the citation was dropped, dismissed or found not guilty? YES NO*
** If your answer is "NO", sign and go to the next page. **

2. If your answer to question # 1 was "YES", please answer the following:

What were you charged with; the dates; the locations; outcomes; PLEASE BE THOROUGH!

	Date	/	Nature of Offense or Violation	/	Law Enforcement Agency	/	Outcome
a.	_____	/	_____	/	_____	/	_____
b.	_____	/	_____	/	_____	/	_____
c.	_____	/	_____	/	_____	/	_____

YOU MUST ATTACH ALL DOCUMENTS RELATING TO THE INCIDENT'S LISTED ABOVE (minute orders, tickets, outcomes showing the status of charge (misdemeanor/felony)

3. Are you currently awaiting a hearing or sentencing? YES NO

4. If you are awaiting a hearing or sentencing, what is the scheduled date? _____
We can't accept anyone with a pending court case that is scheduled after the program starts.

5. Where will the hearing or sentencing take place? (What City, County) _____

6. Are any of these charges a felony? YES NO Are you on a "deferred entry of judgment? YES NO

A. If "YES", which one(s): _____

7. Are you currently on probation? YES NO For how long? _____ is it Formal ___ or Informal ___

A. Who is your probation officer: _____

B. What is your probation officer's phone number: _____

Signature of Probation Officer: _____ **Date:** _____

8. Are you currently doing community service? YES NO

9. If yes, how many hours do you have pending? _____

➔ Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Applicant _____ **Date** _____



SUNBURST YOUTH ACADEMY

PERSONAL APPLICATION LETTER AND ELIGIBILITY STATEMENT

Applicant's Name _____

In your own words and handwriting, tell us why you feel Sunburst Youth Academy will help you with your education and what you hope to gain from the experience. Please include what you hope to achieve while at the Academy, and your goals for the future. This is a very important part of the acceptance process, so be as open and honest as possible. This must be handwritten in your own words – no typed text allowed.

YOUR LETTER WILL NOT BE ACCEPTED IF TYPED OR WRITTEN BY SOMEONE ELSE!

Handwriting lines for the application letter.

Why did you chose your mentor? _____

How do you know this person? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY BY MARKING YES OR NO. IF YOU ANSWER NO TO ANY QUESTION, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

- 1. I am VOLUNTARILY enrolling in the Sunburst Youth ChalleNGe Program. I understand that this is not a "sentencing alternative", and I can't be ordered to attend. I also understand that the SYA is not OBLIGATED to accept me into the program. YES [] NO []
2. I understand that I must be drug free to enter the program and that I will be given a drug test upon entry. YES [] NO []
3. I am a resident of the State of California YES [] NO []
4. I am a citizen of the United States OR a legal resident YES [] NO []
5. I am physically and mentally capable of participating in ALL aspects of the Program YES [] NO []
6. I understand that this is a 17 1/2 month program (5 1/2 months residential) and I must be meeting with my mentor for 12 months after I return home or I will not get my "Certificate of Completion". YES [] NO []

➔ Applicant's Signature: _____ Date: _____



**Sunburst Youth Academy
Mentor Program Explanation (for the student applicant)**

Applicant and Guardians: Please Read Carefully and Sign

Every cadet at Sunburst Youth Academy MUST have a mentor. Choosing a mentor is a very important decision. Please put some thought into the process. The mentor should be someone that **YOU**, the applicant, pick. Your mom or dad can make suggestions, the decision should be yours. Once you are here, your mentor will be writing to you and you will be writing to your mentor. Your mentor is also able to visit while you are at Sunburst Youth Academy, so try and pick someone who will be “in your corner”! Some qualities to look for when choosing a mentor might be: a good listener; a person who enjoys being with teenagers; someone who is a good role model; a mature adult who really cares about your success.

- The mentor should be someone of the same sex as the youth and not a close relative or living in the same home as the applicant.
- The mentor should live within the same community as the youth and be 25 or older.
- Good choices might be: a coach, neighbor, teacher, principal, counselor, pastor, church friend.

The completed Mentor Application must be returned **with** your completed Student Application. However, in the interest of privacy of information, your Mentors’ application can be **sealed in a separate envelope.** Your mentor will be **sent** a “Live Scan” fingerprint submission form once you have **completed the first two weeks of the program.** He or she will then be submitting fingerprints for a background check. This is a requirement for all mentors. We also need the name, address and phone number of a second person who will be the alternate mentor. **Enter information at bottom of page.**

Program Explanation: The Sunburst Youth Academy (SYA) is a two-part program. The first part is a 22-week residential phase where the cadet lives on the SYA campus in a controlled, military environment which encourages teamwork and personal growth. During this time the cadet will work toward achieving educational goals and developing a “Life Plan” to use after leaving the Academy. Midway through this residential phase, each youth is matched with a mentor after a detailed background check of the mentor is completed. While the cadet is at the Academy, the mentor will attend one training session and can visit on scheduled days. Visits are not mandatory, but encouraged. The cadet and mentor will be writing to each other during the residential phase.

The second part of the program is a 12-month phase, where the student returns to his/her home community. During this phase, he/she will meet with his/her mentor four times a month (at least two meetings must be face to face) to discuss the “Life Plan” and any areas of concern or interest. Successful mentor-youth relationships happen when the mentor and cadet participate in activities that help build the relationship. If you have any questions regarding the Mentor program, please feel free to call the Mentor Coordinator at any time, (877) 463-1921. We want you to have a very good understanding of what are involved and most of all we want you to have a good mentor.

Your Mentor Application must be sent WITH your application. Name of Prospective Mentor _____

Why did you choose this person to be your mentor? _____

How do you know this person _____? Must be filled out!

Name, Address, and Phone #'s of a second person that we will be your mentor if the first mentor does not work out:

Name _____ Address _____ HomePhone: _____

Work Phone: _____ How do you know this person? _____

I understand that having a mentor is a requirement for admission into the program. I also understand that I am required to meet with my mentor for 12 months after leaving Sunburst Youth Academy in order to receive my Certificate of Completion.

➔ Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____



EDUCATION INFORMATION PAGE

Student Name: _____ Last _____ First _____ M.I _____ DOB: ____/____/____
MM/DD/YYYY

Student SSN: ____-____-____ Age: ____ Gender: Female Male Student Contact #: _____

Parent(s) Name: _____ Parent Contact Phone Number _____

Last High School attended: _____ Last Grade Attended: _____

Name of School _____ Address _____ City and Zip _____
Was this school in California? YES or NO
School Phone # _____ School Fax # _____ Date Last Attended _____

Check type of school: High School Public_ Private_ Charter Home School Court School Community School
Independent Study Adult Ed.

Assigned Guidance Counselor: _____ Name _____ Contact Phone # _____ City _____ State _____

Any additional contact person at the school: _____ Name _____ Contact Phone # _____ City _____ State _____

Prior High School attended: (List all prior High Schools below, including Juvenile Hall if Applicable) _____ Last grade attended at this school: _____

Name of School _____ Address _____ City and Zip _____
Was this school in California? YES or NO
School Phone # _____ School Fax # _____ Date Last Attended _____

Check type of school: High School Public_ Private_ Charter Home School Court School Community School
Independent Study Adult Ed.

Prior/Other High School(s) Attended: _____ Last grade attended at this school: _____

Name of School _____ Address _____ City and Zip _____
Was this school in California? YES or NO
School Phone # _____ School Fax # _____ Date Last Attended _____

Check type of school: High School Public_ Private_ Charter Home School Court School Community School
Independent Study Adult Ed.

Prior High School(s) Attended: _____ Last grade attended at this school: _____

Name of School _____ Address _____ City and Zip _____
Was this school in California? YES or NO
School Phone # _____ School Fax # _____ Date Last Attended _____

Check type of school: High School Public_ Private_ Charter Home School Court School Community School
Independent Study Adult Ed.

Prior High School(s) Attended: _____ Last grade attended at this school: _____

Name of School _____ Address _____ City and Zip _____
Was this school in California? YES or NO
School Phone # _____ School Fax # _____ Date Last Attended _____

Check type of school: High School Public_ Private_ Charter Home School Court School Community School
Independent Study Adult Ed.



Student Education (Cont. pg. 2)

Are you a high school drop out? YES or NO If yes, please tells us why you decided to drop out? _____

What is your current grade Level? _____ How many credits have you earned? _____ Are you behind in credits? YES or NO

In what grade *should* you be? _____ How many credits are you behind? _____ Number of credits district requires to graduate? _____

Are you in danger of not graduating? YES or NO. If "YES", why? _____

Do you have an IEP? YES or NO If yes, what is the date of the last IEP meeting? _____/_____/_____

Are you receiving, or have you ever received, Special Education Services? YES or NO. This will not disqualify anyone from the program. We need to know the needs of each student, so that we can best meet his/her individual needs. If yes, what services were you receiving, i.e., Resource Specialist Program (RSP), Speech/Language, etc. _____

Please include with your application a copy of the last IEP and any diagnostic assessments.

Were you ever assigned to a Special Day Class (SDC) or attended a Non Public School (NPS) program? YES or NO.

Have you ever been suspended? YES or NO, Please Explain: _____

Have you ever been expelled? YES or NO, Please Explain: _____

How many truancies (unexcused absences) have you had in the last school year? _____

Have you passed the High School Exit Exams (CAHSEE)? MATH: YES or NO ENGLISH: YES or NO (Please attach proof of results)

DO NOT WITHDRAW FROM SCHOOL UNTIL YOU ARE ACCEPTED INTO THE SUNBURST YOUTH ACADEMY!!

Signature of Parent/Guardian: _____ Date _____

Signature of Parent/Guardian: _____ Date _____

Signature of Applicant: _____ Date _____



RECOMMENDATION LETTER

Please have your SCHOOL COUNSELOR, TEACHER, VICE-PRINCIPAL OR PRINCIPAL complete this form

APPLICANT'S NAME Last First Middle

TO BE FILLED OUT BY PERSON MAKING RECOMMENDATION:

Name:

Home Phone: () Work Phone: () ext: Email:

Name/Address of your employer:

Your position:

Your recommendation of this youth to the Sunburst Youth Academy is an important element of the application package. Please tell us why you believe Sunburst Youth Academy will help this applicant educationally, and why he/she is at risk of dropping out or not graduating. (If more room is needed, please use the back of this form)

Multiple horizontal lines for writing the recommendation.

Is this student in danger of: Not graduating? Dropping out? How many credits is the student deficient?

Explain:

What contribution can he/she make to the group?

Would you consider being a mentor or secondary mentor for this youth? YES NO

Would you consider being a mentor for a future cadet? YES NO

A few hours a month is all it takes to be a mentor. If you would like more information, contact the Mentor Coordinator at 1-877-463-1921.

Signature of individual making recommendation: Date



School Registrar:

The student presenting this letter is now applying to the Sunburst Youth Challenge Program and the on-site high school for a period of 5 ½ months (July – Dec. or Jan-June). This is a temporary school assignment for students 16-19 years of age. If accepted the parent/guardian will bring a community school referral for signature to temporarily allow transfer to our program.

Please provide the student a copy of the documents indicated below so that he/she can turn it in as part of their application. This information is vital to ensuring that upon entrance into our program the student receives appropriate academic services and course placement. A Records Request Form signed by the parent is attached:

- Transcripts
- Grades in progress
- CELDT assessment information, if applicable
- CAHSEE results, if applicable
- A copy of the complete IEP, if applicable
- Psycho-educational evaluation, if applicable

If you have any questions or need clarification regarding the Academy review process, please contact my office at (714) 245-6447.

Sincerely,

Mary Lou Vachet
Program Administrator
Sunburst Challenge High School

Note to Parent/Guardian:

Make copies of this form if your student has attended more than one high school.



Orange County Department of Education
 Division of Alternative Education
Regional Attendance & Records Office
 11095 Knott Ave, Suite L, Cypress, CA 90630
 Phone: (714) 245-6446 / Fax: (714) 373-5908



RECORDS REQUEST

This form is to be filled out by student, parent/legal guardian only

Attn: **Registrar / Student Records**

School: _____

Phone: _____

Fax: _____

The following student is being reviewed for acceptance in the Sunburst Youth Challenge Academy

Student Last Name

First Name

Student Permanent ID #

Date of Birth

Please provide student with the following documents.

1. Official transcript (sealed). Unofficial copies acceptable for review purposes
2. I.E.P. and latest Psycho-educational evaluation (if applicable)
3. Discipline and behavior records
4. Attendance record
5. CELDT Scores
6. CAHSEE Results

Requester's Name

Telephone #

Relationship

Signature: **Parent/Legal Guardian/Student**



**Sunburst Youth Academy
Special Power of Attorney for the Authorization of Medical Care
and Medical Expense Statement (To be notarized)**

KNOWN ALL MEN/WOMEN BY THESE PRESENTS:

That I _____, Social Security Number _____
Guardian (or Applicant if 18 years old) (Guardian's SS# or Applicant's if 18 years old)

am a legal resident of _____ County, California, hereby appoint the director of Sunburst Youth Academy, located at Los Alamitos Joint Forces Training Base, Los Alamitos, CA, as my true and lawful attorney-in-fact to do the following in my name and in my behalf:

Anything necessary to maintain (my health) the health of my child*, _____ . I want my attorney-in-fact to
*If 18 years old enter "N/A".

have the power to consent to any medical or dental treatment needed for my child and to sign any papers needed to authorize those treatments. I want my attorney-in-fact to be able to do anything I could do if I were personally present. Anything my attorney-in-fact does to maintain the health of my child (my health) will be the same as if I had done it myself. This is a Durable Power of Attorney. It will stay in effect if I become disabled, incapacitated or incompetent. This Power of Attorney shall expire after the 22 week residential phase is completed or the Cadet withdraws or is terminated from the Academy.

Medical Expenses Statement of Understanding

The medical staff at the Sunburst Youth Academy consists of Registered Nurses. They will make medical determinations regarding scheduling appointments, administering prescriptions...etc. Additionally, (one Medical Doctor is on call) to assist them in the decisions regarding the health of each cadet. Sunburst Youth Academy DOES NOT pay for normal medical expenses incurred by your cadet. The cadet, and ultimately the parent/guardian, regardless of insurance coverage, is responsible for all normal medical and dental expenses, to include all co-payments, deductibles, and all non-covered charges. The Academy will provide physician, hospital, or pharmacy needs with the appropriate insurance information or Medical or Medicaid coverage.

IN WITNESS WHEREOF, I have affixed my signature hereto this _____ day of _____ 20_____

**➔ Signature _____
Guardian (or Applicant if 18 years old)**

***** **TO BE COMPLETED BY NOTARY** *****

STATE OF CALIFORNIA, COUNTY OF _____)

On _____ before me, _____,

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS My hand and official seal.

➔ Signature: _____ (Seal)



Sunburst Youth Academy - Report of Medical History and Insurance Information

- 1. Student Name: _____ SSN: _____ Birth Date _____ Height _____ Weight _____
2. Statement of Health - - Good--- Fair--- Poor---explain _____
3. Have you ever been hospitalized_____ For What _____
4. Do you normally go to the Doctor for headaches, colds, or minor ailments? Yes [] No []
5. Current Medications _____ Reason _____
6. Allergies (List should include insect bites and stings, common foods, and medications) _____
7. Your Doctor's Name _____ Phone# _____ 24 hr. # _____
8. Do you wear braces? Yes [] No [] Do you wear contact lenses? Yes [] No []
9. Have you been hospitalized in the last 6 months? _____ For What _____
10. Have you had a broken bone in the last 6 months? _____ What happened _____
11. Are you under a Doctor's care for ANY condition, or diagnosis or prescribed medication? _____

NOTE: If you answered "Yes" to question 9, 10, or 11, you must include a "Doctor's Release" stating that you are emotionally and physically capable to participate in all components of the program. A physical exam and release is required for accepted students.

CIRCLE ALL OF THE ITEMS THAT APPLY NOW OR THAT YOU HAVE EVER EXPERIENCED. IF YOU CIRCLE ANY ITEM, PUT THE YEAR THAT THE CONDITION OCCURRED NEXT TO THE CONDITION, AND A BRIEF EXPLANATION BELOW IT.

If this is a current condition, write CURRENT next to the condition. Failure to disclose known issues could result in expulsion of student.

Table with 4 columns of medical conditions: Eye, ear, nose, or throat trouble; Chronic or frequent colds/coughs; Severe tooth or gum trouble; Bleeds easily; Liver disorder/disease; Nose bleeds; Skin disorders; Sinusitis, hay fever; Asthma, shortness of breath; Coughed up blood; Tuberculosis; Sleepwalker; Dizziness or fainting spells; Frequent or severe headaches; High or low Blood Pressure; Frequent indigestion; Stomach, liver, or intestinal; Gall bladder trouble; Arthritis, rheumatism; Diabetes or Hypoglycemia; Jaundice or hepatitis; Bone, joint or deformity; Tumor, growth, cyst, cancer; Rupture/hernia; Anemia/Sickle Cell; Painful/frequent urination; Scarlet/ Rheumatic fever; Palpitation or pounding heart; Heart trouble or murmur; Sexually Transmitted Disease; Pregnant at this time; Treated for female disorder; Change in menstrual cycle; Recent gain/loss of weight; Had 1 or more children; Unconsciousness; Thyroid trouble or goiter; Lameness or neuritis; Broken Bones; Rectal disorder; recurrent back pain; Bedwetting since age 12; Leg or feet cramps; Sugar or albumin in urine; Knee brace or back support; Paralysis (include infantile); Epilepsy, seizures, or fits; Motion sickness; Frequent trouble sleeping; Eating Disorder; Depression or heavy weeping; Loss of memory or amnesia; Nervous disorder; Adverse reaction to medication; Attempted suicide; Head Injury; Swollen or painful joints; Kidney stone/ blood in urine; Loss of finger, toe, arm, or leg; Painful or "trick" knee, shoulder, elbow

Immunizations must be up to date with current TB Skin Test (within 1 year), Menactra, Influenza, H1N1 Influenza, Tdap, and HPV Vaccine.

Insurance Information: Health Insurance is required in order to be accepted. ** Include copy of front and back of insurance card. **

Name of Insurance Company _____ Name of Subscriber _____
Subscriber's Place of Work _____ Subscriber's birthdate _____ Subscriber's SS# _____
Address of Insurance Company _____ Phone # of Insurance Co: (____) _____
Account or Identification Numbers _____
Parent/Guardian Mailing Address _____
Dental Insurance or Vision Insurance Info: (name of company, phone number and your ID number: _____

Signature of Parent/Guardian _____ Signature of Parent/Guardian _____

Applicant Signature _____



Sunburst Youth Academy

Certificate of Understanding and Release of Liability,

Drug, Alcohol, and HIV/STD Test Acknowledgement

Please read carefully and sign in all designated places- * If the applicant is 18 years old he/she should enter their own name and enter "N/A" in the second * place.

I*, _____, parent/guardian of, * _____, Social Security _____,
(Guardian Name - or Applicant if 18 years old) (Applicant) (Applicant's SS#)

Having applied for enrollment with the Sunburst Youth Academy, also known as the California National Guard Youth Challenge Program, and referred to as the "Academy" in this document, do hereby certify:

1. That I hereby permit my child to participate in all Academy activities which may include UNIQUE activities such as rappelling, ropes courses, aircraft rides (to include military aircraft), extreme physical activities, and various off campus activities; to include transportation to and from such events. This release also includes all activities that might be involved with the Mentor assigned by the Academy to the student. This release shall remain in effect for the 17 ½ months duration of both the Residential and Post-Residential program.
2. That the Academy has my permission to release photographs of my child to the media and non-confidential information of my child to the same for publicity or marketing purposes.
3. That the Academy has been explained to me and I understand what the Academy will attempt to do.
4. That I give my permission for the Academy Staff to maintain discipline by imposing disciplinary measures upon my child.

Furthermore, in consideration of my child's participation in the Academy, I HEREBY RELEASE the State of California, the officers, agents, employees, successors and assigns from any and all liability which may arise from my child's participation in the Academy. I AGREE to hold harmless the State of California National Guard, the National Guard Youth Challenge Program, the officers, agents, employees, successors and assigns regarding any liability or cause of action which may arise from my child's participation in the Academy.

Drug, Alcohol, and HIV Test Acknowledgement

1. I, * _____ parent/guardian of * _____, hereby authorize my son/daughter to be tested by qualified individuals for drugs and alcohol as part of their physical examination.
2. I also understand that during the course of the program my son/daughter may be randomly tested for drugs, alcohol, STD and HIV.
3. I also understand that a positive test result for drugs or alcohol will subject my child to immediate expulsion from the program.
4. By signing this form I give my consent for these tests.

IN WITNESS WHEREOF, I have affixed my signature hereto this _____ day of _____ 20_____

➔ Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____



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MEDICAL RECORD	REPORT OF MEDICAL HISTORY	DATE OF EXAM
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NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons

1. NAME OF PATIENT (Last, first, middle)			2. IDENTIFICATION NUMBER		3. GRADE	
4a. HOME STREET ADDRESS (Street, City, State, ZIP)			5. EXAMINING FACILITY			
4b. CITY	4c. STATE	4d. ZIP CODE				
6. PURPOSE OF EXAMINATION						

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Use additional pages if necessary)						
a. PRESENT HEALTH			b. CURRENT MEDICATION		REGULAR OR INTERM.	
c. ALLERGIES (Include insect bites/stings and common foods)						
			d. HEIGHT		e. WEIGHT	
8. PATIENT'S OCCUPATION			9. ARE YOU (check one)			
			<input type="checkbox"/> RIGHT HANDED		<input type="checkbox"/> LEFT HANDED	

10. PAST/CURRENT MEDICAL HISTORY											
CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity			
Tuberculosis or positive TB test				Pain or pressure in chest				Loss of finger or toe			
Blood in sputum or when coughing				Chronic cough				Painful or "trick" shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury			
Suicide attempt or plans				Heart trouble				"Trick" or locked knee			
Sleepwalking				High or low blood pressure				Foot trouble			
Wear corrective lenses				Cramps in your legs				Nerve injury			
Eye surgery to correct vision				Frequent indigestion				Paralysis (including infantile)			
Lack vision in either eye				Stomach, liver or intestinal				Epilepsy or seizure			
Wear a hearing aid				Gall bladder trouble or gallstones				Car, train, sea or air sickness			
Stutter or stammer				Jaundice or hepatitis				Frequent trouble sleeping			
Wear a brace or back support				Broken bones				Depression or excessive worry			
Scarlet fever				Adverse reaction to medicine				Loss of memory or amnesia			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Swollen or painful joints				Tumor, growth, cyst, cancer				Periods of unconsciousness			
Frequent or severe headaches				Hernia				Parent/sibling with diabetes, cancer, stroke or heart disease			
Dizziness or fainting spells				Hemorrhoids or rectal disease				X-ray or other radiation therapy			
Eye trouble				Frequent or painful urination				Chemotherapy			
Hearing loss				Bed wetting since age 12				Asbestos or toxic chemical exposure			
Recurrent ear infections				Kidney stone or blood in urine				Plate, pin or rod in any bone			
Chronic or frequent colds				Sugar or albumin in urine				Easy fatigability			
Severe tooth or gum trouble				Sexually transmitted diseases				Been told to cut down or criticized for alcohol use			
Sinusitis				Recent gain or loss of weight				Used illegal substances			
Hay fever or allergic rhinitis				Eating disorder (anorexia, bulimia, etc...)				Used tobacco			
Head injury				Arthritis, Rheumatism, or Bursitis							
Asthma				Thyroid trouble or goiter							



Sports Physical Form (SF 93) Page 2 of 2

11. FEMALES ONLY

CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
Treated for a female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER

ITEM	YES	NO
12. Have you ever been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		
b. Inability to perform certain motions		
c. Other medical reasons (if yes, give reasons)		
13. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details)		
14. Have you ever been denied life insurance? (If yes, state reason and give details)		
15. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred)		
16. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital)		
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the last 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic and details)		
18. Have you ever been rejected for military service because of physical, mental or other reasons? (If yes, give date and reason for rejection)		
19. Have you ever been discharged from military service because of physical, mental or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)		
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, what amount and when)		
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? (If yes, provide details)		
22. Have you ever been diagnosed with a learning disability? (If yes, give type, where and how diagnosed)		

23. LIST ALL IMMUNIZATIONS RECEIVED

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAME OF EXAMINEE	24b. SIGNATURE	24c. DATE
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NOTE: HAND TO DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY".

25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)

24A. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	24b. SIGNATURE	24c. DATE
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