



Natomas Charter School

P.A.C.T. Program

Phone: 916-419-3788
Fax: 916-419-9133
www.natomascharter.org

PRE-APPLICATION

Date of pre-application: _____

Grade level when applicant may be attending: _____

I am interested in the Classical Education Pathway

School year when applicant may be attending: **2009-2010**

Birth Date: _____ (Kindergarten must be 5 on or before December 2 of current school year)

Student's name: _____
Last First M.I.

Parent/Guardian: _____
Last First M.I.

Permanent address: _____
Number Street Apt.#

City State Zip code

Mailing Address: _____
Number Street Apt.#

City State Zip code

Phone numbers: () _____ () _____
Home Cell or Work (Please indicate)

Note: Application packet must be completed and returned to us before your child can be placed on our wait list. Please contact our office if a packet is needed.

The Natomas Charter School shall be nonsectarian in its programs, admissions policies, employment practices, and all other operations, shall not charge tuition, and shall not discriminate against any pupil on the basis of ethnicity, national origin, gender or disability.

My son/daughter has never been enrolled in any type of special program.

Parent/Guardian signature

____/____/____
Month Day Year

If your child has been enrolled in any type of special program, please complete the following:

Birth date: ____/____/____ Grade: _____ Home phone: _____
Month Day Year

My child has been enrolled in: (check all that apply)

SPECIAL EDUCATION PROGRAM ❶

- Inclusion program
- Resource Specialist Program (RSP) and Individual and Small Group Instruction (ISGI)
- Special Day Class (SDC)
- Speech and Language

OTHER PROGRAMS

- Gifted and Talented Education (GATE) ❷
- English Learner (EL) program ❷
- 504 Plan ❸
- Other: _____

We need your permission to request your child's confidential records from his/her previous school district.

These records are needed in order to determine appropriate services for your child in our district.

Please **complete the following information and sign** below.

I request and authorize you to forward the confidential records of my child.

Last school attended

School District

City

State

Zip Code

Phone number

Parent/Guardian signature

____/____/____
Parent/Guardian name (please print) Month Day Year

09-10 Natomas Charter School PACT Program Registration — SPECIAL PROGRAMS

Student's name

Last

First

This Section for Office Use Only

❶ SPECIAL EDUCATION
faxed to 567-5441 ____/____/____
Month Day Year

❷ SPECIAL PROJECTS
faxed to 567-5439 ____/____/____
Month Day Year

❸ STUDENT SERVICES
faxed to 567-5440 ____/____/____
Month Day Year

