

NATOMAS CHARTER SCHOOL
P.A.C.T. Program
1172 W. National Dr., Ste. 30 · Sacramento, CA 95834
Phone: (916) 419-3788 Fax: (916) 419-9133

APPLICATION FOR ENROLLMENT
2009-2010 School Year

Date of application: _____ Current Grade of Applicant: _____

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

Date of birth: ____ / ____ / ____ Male _____ Female _____

Place of birth: City _____ State _____ Country _____ Date entered U.S.(if applicable) _____

Permanent address: _____
Number Street Apt. #

City State Zip Code

Last school attended: Name _____ City _____ District _____

Primary Parent/Guardian: Last _____ First _____ M.I. _____

Relationship to student: (circle) Mother / Father / Step-Mother / Step-Father / Foster / Relative / Guardian

Phone numbers: (____) _____ (____) _____ (____) _____
Home Work Cell

Email address _____

Secondary Parent/Guardian: Last _____ First _____ M.I. _____

Relationship to student: (circle) Mother / Father / Step-Mother / Step-Father / Foster / Relative / Guardian

Phone numbers: (____) _____ (____) _____ (____) _____
Home Work Cell

Email address _____

At what grade level did the student first enter the Natomas Unified School District? _____

If the student left the NUSD, at what grade level did the student return to the District? _____

In what year did the student first enter California schools? _____

For office use only:

Date Received: _____ Time: _____ Received by: _____

In-district Out of district _____

Instructional Programs

I. FOR STUDENTS ONLY: 3rd-8th Grade only

A. State the reasons you wish to enroll in Natomas Charter School's P.A.C.T. Program:

B. What specific aspects of the P.A.C.T. Program interest you most? Why?

C. As a student, what kinds of things will you do to be successful in this program?

D. As a student, what are your strengths and weaknesses?

Student Signature _____ **Date** _____

ETHNICITY

(Check one group with which the student most closely identifies)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

HOME LANGUAGE (Check one)

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Khmer | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other _____ |

PARENT EDUCATION LEVEL

(Check the response that describes the education level of the most educated parent)

- Not a high school graduate
- High school graduate
- Some college
- College graduate
- Graduate school/post graduate training

II. FOR PARENTS/GUARDIANS ONLY:

A. How did you learn of Natomas Charter School's P.A.C.T. Program? (circle all that apply)

Counselor Teacher Friend (List name) _____ website _____

Ad/Flyer (which one? _____) Other: _____

B. State the reasons you wish to enroll your child in Natomas Charter School's P.A.C.T. Program:

C. What specific aspects of the P.A.C.T. Program interest you most for your child? Why?

D. As a parent, describe what you will do to ensure that your child will be successful in this program?

E. Has your child been expelled from any other school or educational program in the past year?

PARENTAL SUPPORT AND COMMITMENT

The success of this unique program depends upon parental support. Parent commitments may include assistance with transportation to meetings and classes, as well as ensuring that your child completes all of his/her assignments, required paperwork, and documentation on time. In addition, students are required to participate in the mandated state STAR testing program.

P.A.C.T. parents are required to complete 10 parent hours per year.

I have read and understand the requirements for parental support and commitment and am willing to commit to the above if my child is enrolled in this program.

YES NO initials _____

BEFORE RETURNING PACKET, use the following check list to be sure you have completed and enclosed **all** requested items. All of the following documents must be completed and attached in order for the application to be considered a qualified and completed application for enrollment.

PLEASE NOTE: Incomplete applications will be returned and will only be accepted when fully complete.

FORMS PROVIDED:

- All questions on application complete
- Application signed by both parent and student
- Student Essay
- Recommendation Form (by non relative only)
(must be in sealed envelope)
- Home Language Survey
- Emergency Information Sheets
- Parent Acknowledge Contract (PAC)

- Instructional Programs Form
- Student Disciplinary Form

ADDITIONAL ITEMS REQUIRED:

- Copy of birth certificate
- Copy of yellow immunization card
- Copy of last report card
- Verification of address
(copy of current SMUD, PG&E or SBC billings ONLY)
- Please include a copy of your student's IEP or 504 plan if applicable.

**Natomas Charter School
Special Education Instruction and Services for Students**

The Natomas Charter School (NCS) operates as a public school of the Natomas Unified School District (NUSD) for all special education purposes. Eligible students enrolled in NCS shall receive special education services in accordance with their individualized education plans (IEP) and in the same manner as any other student enrolled in NUSD. NUSD, as the local education agency (LEA) for special education purposes, offers a full continuum of special education instruction and related services to ensure that all students receive a free appropriate public education (FAPE). NUSD is responsible for implementing IEPs for NCS students and will do so on site at NCS to the extent that is appropriate and available. As with other school sites in NUSD, not all special education programs, placements, and services on the continuum of options is offered at the NCS site. Therefore, a NCS student who is eligible for special education may need to be placed and/or served by NUSD at another NUSD school site or as otherwise arranged by NUSD in accordance with the student's IEP and the policies of NUSD and the Sacramento County Special Education Local Plan Area (SELPA).

If you should have any questions regarding this topic, please contact the NCS Program Coordinator or the NUSD's Director of Special Education.

The Natomas Charter School shall be nonsectarian in all 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.

I have read and understand this application and verify that all information provided is true and correct.

Parent signature _____ **Date** _____

NATOMAS CHARTER SCHOOL ADMINISTRATION

Charlie Leo, *Executive Director*

PURSUING ACADEMIC CHOICES TOGETHER (P.A.C.T.) STAFF

Lynda Malka, *Program Coordinator*

Dani Sigurdson, *Academic Enrichment Specialist*

Shelly Shaw, *Administrative Assistant*

Advisors: Shari Anders, Carla d'Alquen, Marnie Hill, Judy Romero, Debbie Schimke, Dani Sigurdson, Nedene Spencer,

Patty Valdovinos, Rori Wright

Sharon McIntyre and Natalie Canton, *Office Specialists*



Natomas Charter School P.A.C.T.

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

May 11, 2009

Dear Future P.A.C.T. Parent,

We have your child's pre-application on file stating your interest in having him/her attend Natomas Charter School's P.A.C.T. Program next year. The application packet must be completed in its entirety in order for your child to be officially accepted into the program. All Natomas Charter School applicants will be accepted on first-come, first-served basis (pending space available) and will be processed in order by the date received on your **completed** application packet.

Be sure to go through the checklist on page four of the application in order to ensure that your application is fully complete. The processing of incomplete applications will be delayed until we receive all of your paperwork, which will result in the loss of your application date status.

Your name will be added to our mailing list once we receive your completed application packet. This will enable us to send you information regarding important dates and other P.A.C.T. events for the 2009-2010 school year.

We look forward to receiving your **completed** application and meeting your educational needs.

Sincerely,

P.A.C.T. Staff

Administration

Charlie Leo
Executive Director

Ting Sun, Ph.D.
Co-Founder

Patrick Broughton
Student Affairs Director

Anna Barrilas-Mendez
Finance and Budget Director

Kit Rich
Leading Edge Coordinator

Lynda Malka
FACT Coordinator

Laura Bariel
ILP Coordinator

Tammy Lee
PFAA Coordinator

NCS Board of Directors

Edward Aguilar
Tina Chiginsky
Holly Dallas
Ron Dwyer-Voss
Anne Peggins

Natomas Unified School District Board of Trustees

Jennifer Baker
B. Teri Burns
Ron Dwyer-Voss
Susan Heredia
Lisa Kaplan

Steve Farrar
Superintendent

Natomas Charter School's P.A.C.T. Program Recommendation Form

This recommendation must be filledout by a previous or current teacher/instructor, group leader, or non-relative that knows the student well.

_____ is requesting a recommendation for Natomas Charter School's P.A.C.T. Program.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please indicate by placing a check mark in the appropriate column your confidential rating of the following qualities:

	Outstanding	Above Average	Average	Below Average
Personality	_____	_____	_____	_____
Energy & Enthusiasm	_____	_____	_____	_____
Standing with Peers	_____	_____	_____	_____
Standing with Teachers (if applicable)	_____	_____	_____	_____
Maturity Level	_____	_____	_____	_____

I would qualify the applicant as:

Upper 10% _____ Above Average _____ Average _____ Below Average _____

Comments: _____

Name _____

Title: _____

Address _____ City _____ State _____ Zip _____

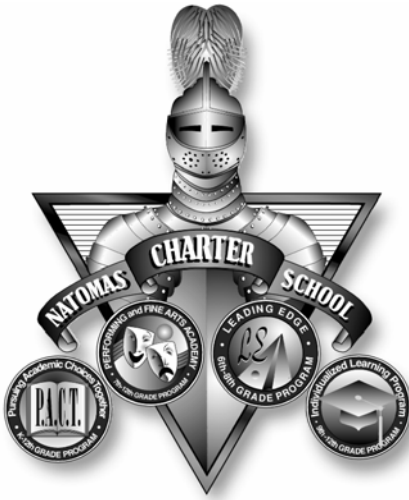
Telephone # _____

Signature _____

This document may be returned to the applicant in a sealed envelope, or mailed or faxed directly to P.A.C.T. at 1172 West National Drive, Sacramento, CA 95834. Fax(916) 419-9133

NATOMAS CHARTER SCHOOL
Pursuing Academic Choices Together (PACT)

Phone: (916) 419-3788
Fax: (916) 419-9133



PARENT ACKNOWLEDGEMENT CONTRACT (PAC)

Administration
Charlie Leo
Executive Director

Ana Barrillas-Mendez
Fiscal Director

Patrick Broughton
Student Affairs Director

Laura Bariel
ILP Coordinator

Tammy Lee
PFAA Coordinator

Lynda Malka
P.A.C.T. Coordinator

Kit Rich
Leading Edge Coordinator

I, the parent/guardian, understand that it is my responsibility to make sure transportation for my student is provided between all classes with a maximum wait time for him/her of 20 minutes (waiting for classes or a ride by the front desk in the P.A.C.T. office). My 6th – 8th grader may have a longer wait time as long as he/she is being supervised while working quietly and productively in the library. I understand that failure to comply with this policy will result in a referral. Any 3 referrals will result in a loss of class privileges for the remainder of the current semester.

I also acknowledge that I am required to complete a total of 10 volunteer hours per year in order for my student(s) to participate in the P.A.C.T. Program. I understand that failing to complete five (5) parent participation hours by the end of the first semester shall place my family on probationary status. This may include but is not limited to the loss of class and field trip privileges.

By signing below, I acknowledge the above rules regarding my child attending on-site classes and my parent participation obligation.

Student Name

Parent Signature

Date

A PAC form must be completed for each student

09-10 Natomas Charter School PACT Program Registration — DEMOGRAPHICS AND LANGUAGE

Legal name (as identified on birth certificate)

_____ Last name First name Middle name Suffix (Jr., Sr., III)

Birth date

____/____/____
Month Day Year

Birthplace information

_____ City _____ State/Province _____ Country

Student home phone

Gender

Male Female

Student address

_____ Physical residence address required Apt # _____ City **CA** State _____ Zip Code

Ethnicity

Is your student Hispanic or Latino?
 No, not Hispanic or Latino Yes, Hispanic or Latino

For students who answered **No, not Hispanic or Latino** please complete the following:

Race

- What is the race of your student (*Select one or more*)
- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> American Indian/
Alaska Native | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/
African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian | |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Pacific Islander | |
| | <input type="checkbox"/> Samoan | |

Previous two schools attended

_____ School name _____ Name of school district

_____ City _____ State _____ Country

_____ School name _____ Name of school district

_____ City _____ State _____ Country

HOME LANGUAGE SURVEY:

The California Education Code requires schools to determine the languages spoken at home by each student. This information is essential in order to provide meaningful instruction for all students. This information also generates additional funding to help students learn and improve their English skills.

Please answer each of the following questions:

- Which language did your son/daughter learn when he/she first began to speak? _____
- What language does your son/daughter most often speak at home? _____
- What language do you most often use when speaking with your son/daughter? _____
- What language is most often spoken by adults at home? _____
- What date did your son/daughter first enter a California school? _____
Month Day Year
- What date did your son/daughter first enter a United States school? _____
Month Day Year
- If your son/daughter was **not** born in the United States, when did he/she enter the U.S.? _____
Month Day Year

This Section for Office Use Only

PACKET RCVD START DATE GRADE
____/____/____ ____/____/____ _____

Faxed to Special Projects at 567-5439 on _____
Month Day Year

Transfer information

- Voluntary Intra-district
 Mandatory Intra-district
 Interdistrict Transfer
 Caregiver Letter
 Residency Letter
 Foster Youth

Student Name: _____

Last

First

09-10 Natomas Charter School Registration — PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN INFORMATION:

If checked, please provide a copy of: Restraining order Court order Restricted Custody Provisions

#1 Lives at student's primary residence

First name Last name

Home phone Work phone

Cell phone Pager

E-mail address

Employer name and phone number

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Father | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Foster |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Other |

- Not a high school graduate
 High school graduate
 Some college (includes AA degree)
 College graduate
 Post graduate

#2 Lives at student's primary residence

First name Last name

Home phone Work phone

Cell phone Pager

E-mail address

Employer name and phone number

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Father | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Foster |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Other |

- Not a high school graduate
 High school graduate
 Some college (includes AA degree)
 College graduate
 Post graduate

#3 Non-resident guardian (please check here if this person should receive student information by mail)

First name Last name

Home phone Work phone

Cell phone Pager

Mailing address City State Zip Code

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Father | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grandfather | |

#4 Non-resident guardian

First name Last name

Home phone Work phone

Cell phone Pager

Mailing address City State Zip Code

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Father | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grandfather | |

Student Name: _____

Last

First

09-10 Natomas Charter School PACT Program Registration — HEALTH HISTORY

Please check here if there are no known health problems or check all that apply below:

VISION

- Known eye condition (other than corrective lenses)
 - Wears glasses
 - At all times Reading only
 - Wears contacts
- Date of last exam: _____ / _____ / _____
Month Day Year

HEARING

- Permanent hearing loss
 - Frequent infections
 - Past Present
 - Hearing aid
 - Left Right Both
- Date of last exam: _____ / _____ / _____
Month Day Year
- Doctor's name/phone: _____

Does medication need to be administered during school hours? **Yes*** **No**

** A current signed Physician's Authorization for Medication in School form must be on file in the health office for any student taking medication (physician prescribed or over the counter) during school hours.
This release must be renewed yearly.*

Student has the following conditions: (please attach additional page if necessary and check here)

Administer during school hours?

	Medication and Dosage prescribed by doctor	Add'l. Information	Yes	No
<input type="checkbox"/> Asthma <input type="checkbox"/> Requires medication/inhaler	<input type="checkbox"/> Daily <input type="checkbox"/> As needed <input type="checkbox"/> With exercise			
<input type="checkbox"/> Clinical Depression <input type="checkbox"/> Requires medication		Doctor's name/phone:		
<input type="checkbox"/> Diabetes** <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Requires medication	<input type="checkbox"/> Oral <input type="checkbox"/> Injected <input type="checkbox"/> Pump	Doctor's name/phone:		
<input type="checkbox"/> Heart Condition <input type="checkbox"/> Requires medication <input type="checkbox"/> Physical restrictions		Diagnosis: Doctor's name/phone:		
<input type="checkbox"/> PTSD <input type="checkbox"/> Requires medication		Doctor's name/phone:		
<input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Requires medication		Doctor's name/phone:		
<input type="checkbox"/> Seizure Disorder** <input type="checkbox"/> Requires medication		Date of last seizure: Doctor's name/phone:		
<input type="checkbox"/> Taking medication for other reasons		Condition: Doctor's name/phone:		
<input type="checkbox"/> Allergic reactions** (severe)	Allergic to: <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Hives/rash <input type="checkbox"/> EpiPen	Doctor's name/phone:		
<input type="checkbox"/> Orthopedic conditions	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> CCS <input type="checkbox"/> Corrective shoes/braces <input type="checkbox"/> Physical therapy Other physical limitations _____			
<input type="checkbox"/> Hospitalization	Explain:			

**** These conditions require a Health Care Plan.** Any of the above conditions may require a Health Care Plan. All forms may be obtained from the school health office.

Would you like the district nurse to address your child's medical condition with a Health Care Plan? Yes No

California Education Code 49423 and 49480 - The parent or legal guardian of students taking medication on a regular schedule shall notify the school nurse or other designated school employee of the medication.
 If at any time your child is ill or has a condition which you feel requires being excused from physical education for more than five (5) days, a written explanation is required from your child's physician.