



# 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: 2010-2011

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.

1172 West National Drive • Sacramento CA 95834

**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