

## Student Data Form

Student Information		
Student Last Name	Student First Name	Student Middle Name
Social Security Number	Birth Date	Gender
School Transferring From	Home School District	Grade Level for Upcoming Year
Student Address (street)		Ethnicity (e.g. Af.- Amer, Latino)
City	State	Zip Code
Student Address (mailing, if different)		
City	State	Zip Code
Phone Number (Home)		Phone Number (other)
Parent or Guardian Information		
Primary Parent/Guardian Name(s)		
Relationship to Student	Occupation/Place of Business	
Home Phone	Work Phone	
Cell Phone	Email Address	
Other Parent/Guardian Name(s)		
Relationship to Student	Occupation/Place of Business	
Home Phone	Work Phone	
Cell Phone	Email Address	
Address (if different from student)		

# Sol Aureus College Preparatory

*CONFIDENTIAL*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_ HO#: \_\_\_\_\_

## HEALTH INVENTORY FORM

Student's Date of Birth: \_\_\_\_\_ Student's Grade: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Health History: If your child has had any of the conditions listed, please check the box next to it and explain in the space provided below.

Allergies:		Emotional/Behavior Problems		Stomach Pains: Cramping, throwing up, diarrhea, bowel problems, colitis.	
Bee Sting/Insect Bite		Headaches		Skin Problems: Rash, etc.	
Seafood		Heart Condition: High blood pressure, unusual heartbeat, murmurs, etc.		Speech Problems	
Milk/Dairy		Hearing Problems: Ringing in ears, difficulty hearing, or hearing aid.		Urination Problems	
Peanut		Injury or Operation: Broken bone, etc.		Vision Problems: Wears Glasses	
Medicine		What? _____		Other Health Related equipment used by student?	
*Other		Date? _____		_____	
Asthma: Difficulty breathing, whistling noise, excessive coughing at night, etc.		Nosebleeds		Limitation of physical activity?	
Bleeding/Clotting Disorders: bruising easily, etc.		Seizures or Convulsions: Epilepsy		_____	
Diabetes		Sickle Cell		_____	
Dizziness/Fainting					
Ear Infections					

\*Please explain any conditions or symptoms that you checked above (allergies, accident, etc.) \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

Please answer the following questions:

- Have you been told that your child has a learning disability? YES NO Please Explain: \_\_\_\_\_
- Does your child have health/medical insurance, including Medi-Cal? YES NO
- Is your child currently taking any prescription or over the counter medicine? (include herbs, etc.) YES NO  
 If yes, a. What is the medicine(s)? \_\_\_\_\_  
 b. Is your child able to take his/her medicine without help? YES NO  
 c. Does your child need to bring any medicine to school? YES NO  
 If yes, please notify the school.
- When did your child last visit the dentist for a dental check-up?  
 \_\_\_ within a year \_\_\_ between 1 and 2 years ago \_\_\_ over two years ago \_\_\_ never \_\_\_ not sure

The Health Inventory Form is for the informational use only. It is confidential, and will only be used by the school staff. If your child needs additional services, please let a staff member know.

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# Sol Aureus College Preparatory

## Emergency Contact Form

Emergency Contact Information		
Name of Contact(s)	Relationship to Family/Student(s)	
Home Phone	Work Phone	
Cell Phone	Email Address	
Secondary Contact		
Secondary Contact Name(s)	Relationship to Family/Student(s)	
Home Phone	Work Phone	
Cell Phone	Email Address	
Authorized List		
We will not release your child to anyone except the people you have authorized below. Please list any family or friends who have approval to pick up your child from school or school-related events.		
Person	Relationship to Student	Contact #'s
Non-Authorized List		
If there are specific people who, under any circumstances, are not ever allowed to pick up your child, please list them below.		
Person	Relationship to Family/Student	

**NOTE:** If we try contact you or someone on this list and are not successful due to incorrect information or non-working numbers your child could be dis-enrolled.

## Parent/Physician's Statement

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Medication may be dispensed to students at school if the following information is completed and the parent/guardian agrees to the following terms and conditions. This form is valid for one (1) school year.**

Name of medication \_\_\_\_\_ to be administered as directed by the physician designated below.

I understand the following:

1. A school nurse is not available to give medication and a staff member may be assigned to do so.
2. I am required to bring the medication to school personally.
3. The medication will be labeled by a pharmacist and in the pharmaceutical container. The label will state student's name, date, name of medication, dosage, time(s) to be given, special instructions, and the physician's name.
4. Over-the-counter medication must remain in manufacturer's container and be marked with student's name
5. The school is not responsible for the results or side effects of the medication. In return for the school's assistance in administering the medication to my child, I hereby waive on my own behalf, and on the behalf of my child, the right to maintain any legal action for damages against the school for any adverse effect that the medication may have on my child.
6. I, hereby, consent to exchange information regarding this medication between Sol Aureus College Preparatory, and the pharmacist and/or physician below.

In accordance with California Education Code #49423.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (home): \_\_\_\_\_ (work) \_\_\_\_\_

### **TO BE COMPLETED BY PHYSICIAN**

Medication: \_\_\_\_\_

Dosage and route: \_\_\_\_\_

Time(s) to be dispensed at school: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Duration: \_\_\_\_\_

Special instructions/precautions: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Physician's Print Name/Signature: \_\_\_\_\_

Physician's License #: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

# Sol Aureus College Preparatory

## Over-the-Counter Medicine Permission Slip

I give permission for the Staff of Sol Aureus College Preparatory to administer the following over-the-counter medicine to my child, \_\_\_\_\_.

Please check all that apply:

\_\_\_\_\_ Aspirin

\_\_\_\_\_ Cough drops

\_\_\_\_\_ Children's Advil

\_\_\_\_\_ Eye drops

\_\_\_\_\_ Children's Tylenol

\_\_\_\_\_ Regular Tylenol

\_\_\_\_\_ Midol

\_\_\_\_\_ Regular Advil

\_\_\_\_\_ Cough suppressant

\_\_\_\_\_ Allergy medicine

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Sol Aureus College Preparatory School

*A college-prep, tuition-free public school serving 5<sup>th</sup>-8<sup>th</sup> grades since 2003.*

Dear Prospective Parent/Guardian:

Thank you for your interest in applying to Sol Aureus College Preparatory School - a tuition-free, public, charter school serving 5<sup>th</sup>-8<sup>th</sup> grades. Please spend some time reading through and filling out the all of the forms. If you have questions please call us at 916-421-0600. Someone will be happy to help you.

On the next page you will find a checklist of forms included in this packet. If you are missing a form, contact us immediately. We will make sure you receive any missing forms. Also, please answer the questions below.

Sincerely,  
Alton B. Nelson, Jr.  
Founder & Principal

---

## **Referrals**

Please let us know how you heard about us.

How did you hear about Sol Aureus (S.A.C. Prep)? **Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> S.A.C. Prep parent/student | <input type="checkbox"/> church                      |
| <input type="checkbox"/> relative/family member     | <input type="checkbox"/> S.A.C. Prep School Activity |
| <input type="checkbox"/> flyer                      | <input type="checkbox"/> Community center            |
| <input type="checkbox"/> co-worker                  | <input type="checkbox"/> Other                       |

Did a S.A.C. Prep family refer you to the school? If so, please write down their name below:

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# Sol Aureus College Preparatory School

*A college-prep, tuition-free public school serving 5<sup>th</sup>-8<sup>th</sup> grades since 2003.*

## **Student Enrollment Checklist**

Please find the following forms listed below in this packet:

- ❑ **S.A.C. Prep Parent's Commitment to Excellence Form & Student's Commitment to Excellence Form (aka "the Contract")**
- ❑ **Student Data Form**
- ❑ **Parent Data Form**
- ❑ **Emergency Contact Information**
- ❑ **Enrollment Form**
- ❑ **Special Needs Survey**
- ❑ **Field Trip Form**
- ❑ **Media Release Form**
- ❑ **Over-the-Counter Medicine Permission Slip**
- ❑ **Health History Inventory Form**
- ❑ **Parent/Physician's Statement Form** (Completed by physician and parent)
- ❑ **Transcript Request Form** (Is filled out & given to last school)

### **Send them to:**

*S.A.C. Prep*  
7485 Rush River Dr.  
Suite 710, PMB 121  
Sacramento, CA 95831

### **or drop them off at:**

*S.A.C. Prep*  
(Freeport Campus)  
2118 Meadowview Rd.  
Sacramento, CA 95832

If you have any questions, please **call us at (916) 421-0600**. Completed forms can also be **faxed to 916-421-0601**. Full applications can also be downloaded from **[www.sacprep.org](http://www.sacprep.org)**.

# Sol Aureus College Preparatory

## COMMITMENT TO EXCELLENCE FORM

**PREPARATION      RESPECT      COMMUNITY      RESPONSIBILITY      EXCELLENCE**

### **STUDENT'S COMMITMENT:**

I fully commit to **S.A.C. Prep** in the following ways:

**PREPARATION**

- I will arrive at *S.A.C. Prep* on time everyday and bring the proper uniform and materials to school.

**RESPECT**

- I will work, think, and behave in the best way I know how.

**RESPONSIBILITY**

- I will complete all my homework every night and have one of parents/guardians sign it, and I will ask for help when I do not understand something.

**COMMUNITY**

- I will keep my school clean and treat my teammates, staff, and visitors with kindness, courtesy, and respect.

**EXCELLENCE**

- I will give my best effort and take no shortcuts on the road to being the best student and person I can be.

Please print name(s) here: \_\_\_\_\_

Please sign here: X \_\_\_\_\_

### **PARENTS'/GUARDIANS' COMMITMENT:**

I fully commit to **S.A.C. Prep** in the following ways:

**PREPARATION**

- I will support my child(ren) by getting them to school on time and making sure they have the proper uniform and materials.

**RESPECT**

- I will help community members and visitors feel welcome by treating one another with kindness, courtesy, and respect.

**RESPONSIBILITY**

- I will check my child(ren)'s homework every night and sign it, let him/her call a classmate or the teacher if there is a problem.

**COMMUNITY**

- I will help create a safe space for all *S.A.C. Prep* families, students, and staff by respecting the diversity found in the school.

**EXCELLENCE**

- I will help my child(ren) take "no shortcuts" by encouraging them to adhere to their Commitment to Excellence "contract".

Please print name(s) here:

\_\_\_\_\_

\_\_\_\_\_

*Please sign here: X*

\_\_\_\_\_

\_\_\_\_\_

**S.A.C. Prep**

*Prepare for college. Prepare for life.*

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Please print name(s) here: \_\_\_\_\_

Please sign here: X \_\_\_\_\_

### TEACHERS' COMMITMENT:

I fully commit to **Sol Aureus College Preparatory (S.A.C. Prep)** in the following ways:

**PREPARATION**

- I will lesson plan, unit plan, and work with colleagues to design and implement the best classroom teaching experiences possible.

**RESPECT**

- I will hold high expectations for *all* students, parents, and each other; will embrace diversity, creating a safe space for all of our students to learn; and I will help students, staff, faculty, parents, community members, and visitors feel welcome.

**RESPONSIBILITY**

- I will look for creative solutions to problems, and I will communicate regularly with parents by providing them with updates.

**COMMUNITY**

- I will foster a sense of pride, respect, and team. in my words, deeds, and actions in the school community.

**EXCELLENCE**

- I will strive to be the best teacher I can be and take "no shortcuts" in preparing students for college and for life.

Please print name(s) here: \_\_\_\_\_

Please sign here: X \_\_\_\_\_

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# Sol Aureus College Preparatory

## **COMMITMENT TO EXCELLENCE FORM**

PREPARATION

RESPECT

COMMUNITY

RESPONSIBILITY

EXCELLENCE

### **TEACHERS' COMMITMENT:**

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Please print name(s) here: \_\_\_\_\_

Please sign here: X \_\_\_\_\_

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PREPARATION

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Please sign here: X \_\_\_\_\_

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# Sol Aureus College Preparatory

## COMMITMENT TO EXCELLENCE FORM

PREPARATION

RESPECT

COMMUNITY

RESPONSIBILITY

EXCELLENCE

### PARENTS'/GUARDIANS' COMMITMENT:

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#### **PREPARATION**

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#### **RESPECT**

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#### **COMMUNITY**

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#### **RESPONSIBILITY**

- I will check my child(ren)'s homework every night and sign it, let him/her call a classmate or the teacher if there is a problem.

#### **EXCELLENCE**

- I will help my child(ren) take "no shortcuts" by encouraging them to adhere to their Commitment to Excellence "contract".

Please print name(s) here:

\_\_\_\_\_

Please sign here:

X \_\_\_\_\_

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# Sol Aureus College Preparatory

## **Enrollment Form**

I hereby declare my intention to enroll my child(ren)  
\_\_\_\_\_ at Sol Aureus College Preparatory  
(S.A.C. Prep) for the \_\_\_\_\_ (e.g. 2009-10) school year.

**Please print:** \_\_\_\_\_  
(Parent/Guardian) (Parent/Guardian)

**Please sign X:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Sol Aureus College Preparatory

## **Re-Enrollment Form**

I hereby declare my intention to keep my child(ren)  
\_\_\_\_\_ enrolled in Sol Aureus College  
Preparatory (S.A.C. Prep) for the \_\_\_\_\_ (e.g. 2009-10) school year.

**Please print:** \_\_\_\_\_  
(Parent/Guardian) (Parent/Guardian)

**Please sign X:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Sol Aureus College Preparatory

## Special Needs Survey

It is very important for us to know if your child has ever received any special education services. Having this information will help us to better support and tailor an educational program that will best serve your child's needs. **The fact that your child has been in a special education program will not keep him or her out of S.A.C. Prep.** In fact, it will aid us in serving your child in the best possible way.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School last attended: \_\_\_\_\_

Grade: \_\_\_\_\_

Previous Schools Attended: \_\_\_\_\_

Please answer the following yes/no questions:

\_\_\_\_\_ *My child has an IEP* (Individualized Education Plan)

\_\_\_\_\_ I have a copy of the IEP

\_\_\_\_\_ I do not have a copy of the IEP

\_\_\_\_\_ *My child does not have an IEP, but has had some evaluations by SCUSD* (or the last school district we were in).

\_\_\_\_\_ *I asked for my child to be evaluated for special education, but the evaluations have not been done yet.* If yes, when did you ask SCUSD to evaluate? \_\_\_\_\_

\_\_\_\_\_ *I received a personal placement letter from the SCUSD, but preferred to enroll my child elsewhere.*

\_\_\_\_\_ *I have home-schooled my child.*

\_\_\_\_\_ Dates

(If you have home-schooled your child in the past, please use the back of this paper to give us any information about how your child learns or behaves that would be helpful for us in working with them.)

\_\_\_\_\_ *My child never received any special education services.*

Do you have any concerns about your child's school performance? Check any statement that applies to your child:

\_\_\_\_\_ Could use extra help in *reading*

\_\_\_\_\_ Could use extra help in *math*

\_\_\_\_\_ Could use extra help in *writing*

\_\_\_\_\_ Has a hard time getting along without other people sometimes

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# Sol Aureus College Preparatory

- \_\_\_\_\_ Has a hard time concentrating on his/her work all day
- \_\_\_\_\_ Cannot sit still
- \_\_\_\_\_ Feels frustrated in school
- \_\_\_\_\_ Has a hard time following directions
- \_\_\_\_\_ Gets in a fight if he/she doesn't get his/her way
- \_\_\_\_\_ Other children pick on my child(ren)
- \_\_\_\_\_ Sometimes acts as if he/she doesn't understand what people are saying
- \_\_\_\_\_ Suspect my child might have a problem with their hearing or vision
- \_\_\_\_\_ I don't have any special concerns about my child(ren)

If your child is enrolled in *S.A.C. Prep* and qualifies for special education services, we will follow the current IEP for the first 30 days after we receive the IEP. Then our team will meet with you to review the IEP and decide if any changes need to be made to better serve your child.

## Home Language Survey

This information will not be used to reject or *track* your child. The following information is helpful in determining how to best serve and support students, while maintaining *S.A.C. Prep* high expectations for student achievement for all students.

Student Information
What language did your child learn when s/he began to talk?
What language does your child use most frequently at home?
What language do you use most frequently to speak to your child?
What language do the adults use most frequently at home?
How many years has your child received instruction in English only?

The information I have given is correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian (Print Name)      Parent/Guardian Signature      Date

# Sol Aureus College Preparatory

## **Transcript/Permanent File Request Form**

Current School Name: \_\_\_\_\_

Current School Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Current School Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request to have the permanent file and appropriate student records for my child \_\_\_\_\_ sent to their current school of enrollment, Sol Aureus College Preparatory (S.A.C. Prep).

All transcripts should be sent to the mailing address below:

Sol Aureus College Preparatory

7485 Rush River Drive

Suite 710, PMB 121

Sacramento, CA 95831

Please print: \_\_\_\_\_

(Parent/Guardian)

(Parent/Guardian)

Please sign X: \_\_\_\_\_

Date: \_\_\_\_\_

**Phone: 916-421-0600**

**Fax: 916-421-0601**

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