

Sol Aureus College Preparatory School

Intent to Enroll Form

Dear Parent/Guardian:

The purpose of this Petition Form is to support a **facility request** to Sacramento City Unified School District (SCUSD) by **Sol Aureus College Preparatory (S.A.C. Prep)** for the 2011-12 school year. By filling out the Petition Form you are indicating that you are *interested* in enrolling a child at S.A.C. Prep. Your signature on this petition does not obligate you to enroll at S.A.C. Prep. Please fill in the information requested below if your child will be in the following grades:

- a) **5th-8th grades** in 2011-12 (current grades S.A.C. Prep serves)
- b) **K-4th grades** in 2011-12 (S.A.C. Prep is applying to amend its charter to include K-4th for 2011-12. The outcome will not likely be known until March/April 2012).

Student Information:

Student #1 Name:		Date of Birth:	Grade in 2011-12:	Age:
Student #2 Name:		Date of Birth:	Grade in 2011-12:	Age:
Student #3 Name:		Date of Birth:	Grade in 2011-12:	Age:
Home Address:			Current Sol Aureus College Preparatory Student? (Check one) Yes _____ No _____	
Street: _____			Resident in Sacramento City Unified School District (SCUSD)? (Check one below) Yes _____ No _____	
City: _____				
State: _____ Zip Code: _____				
Home Phone:	Email Address:		If yes, what SCUSD school would they attend if not at S.A.C. Prep?	
Parent/Legal Guardian Name:			Home Address (if different than above):	

By signing below, I am indicating that I am meaningfully interested in enrolling the above named child(ren) in Sol Aureus College Preparatory Charter School for the 2011/2012 school year. I understand that signing this form does not guarantee enrollment in Sol Aureus. I further understand that this information will be disclosed to the Sacramento City Unified School district to support the facilities request (under Proposition 39) for Sol Aureus College Preparatory Charter School, and that the District may contact me directly to verify my response.

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

IMPORTANT!!! Return by December 17th. You can fax it to 916-421-0601.

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

IMPORTANT!!! Return by October 27th. You can fax it to 916-421-0601.