



Enrollment Checklist

STUDENT NAME _____

DOB _____/_____/_____

ADDRESS _____

PHONE NUMBER _____

CURRENT GRADE: 6th / 7th / 8th

CURRENT SCHOOL _____

Office Use Only

Documents needed to complete enrollment:

COMPLETED APPLICATION

PINK PARENT ASSURANCE/UNIFORM/ DISCIPLINE POLICY

YELLOW STUDENT ENROLLMENT FORM

GREEN HOME LANGUAGE SURVEY

EMERGENCY CARD

SHOT RECORDS: TDAP/2 MMR/2 VARICELLA/COVID - FULLY VACCINATED

Date Received _____

Home Middle

School: _____

Letter Sent: _____

NOTES:



Smythe Academy of Arts and Sciences

Student's Full Name _____ Grade in 2022/2023 _____

Home Address _____

City _____ Zip Code _____

Phone Number _____ DOB ____/____/____ Gender _____

Last School Attended _____

Parent/Legal Guardian information:

Name _____ Relationship _____

Address if different from above _____

Home Phone _____ Cell Phone _____

Email address _____

Parent/Legal Guardian information:

Name _____ Relationship _____

Address if different from above _____

Home Phone _____ Cell Phone _____

Email address _____

HAS YOUR CHILD BEEN RECOMMENDED FOR EXPULSION OR HAS BEEN EXPELLED FROM A SCHOOL? YES NO

STUDENT HAS A CURRENT IEP? YES NO

STUDENT HAS A CURRENT 504 ACCOMMODATION PLAN? YES NO

DOES YOUR STUDENT HAVE ANY DISABILITIES THAT REQUIRE SPECIAL ACCOMMDATIONS? YES NO

T-Shirt Size Adult: S M L XL 2 XL

Smythe Academy Middle School
700 Dos Rios Street
Sacramento, CA 95811
Phone: 916-566-3430
Fax: 916-566-3531

*Parent Assurances
Together We Are Better*

Student Name _____ *Grade:* _____

Parent Name _____

Please take the time to read over the following statements and initial and date each item as you agree.

As a Smythe parent/guardian, I am required to attend all school meetings and I will keep open lines of communication with Smythe staff and return phone calls in a timely manner.

Initial _____

Date _____

I understand that my child will be required to participate in field study activities including community service projects, science projects and field trips.

Initial _____

Date _____

My student is required to be at school every day, on time, and stay for the entire school day. I understand that my child's absence may only be excused in accordance with TRUSD Board Policy which is listed in the TRUSD Parent Handbook.

Initial _____

Date _____

I support the policies and procedures that govern Smythe Academy of Arts and Sciences. A copy of the school charter can be found on our website or at the Smythe Academy school site.
<http://smythe7.twinriversusd.org/About-Us/Our-Charter/index.html>

Initial _____

Date _____

Students, Parents, and Guardians will agree to be respectful to students and staff at all times in compliance with TRUSD Board Policy on Civility BP 1212 <http://www.twinriversusd.org/Academics/Charter-School-Programs/Board-Policy/index.html>

Initial _____

Date _____

I understand 7th grade students are required to maintain a minimum 1.0 GPA on their 2nd semester report card to continue in 8th grade at Smythe Academy Middle School.

Initial _____

Date _____

For 8th grade students to participate in our Promotion Ceremony and for students to attend the end of the year activities such as carnival, dance, and field trips, a student must:

Initial _____

Date _____

- Have no more than 1 F and a minimum 2.0 G.P.A on their 2nd semester report cards.
- Complete all 15 hours of their Community Service Project with documentation.
- Maintain at least a 90% attendance rate for the school year
- Text books and library books must be returned.
- Have no violations of California Education Code 48900 that result in a suspension for the 4th quarter.

Smythe Academy Discipline Policies

Smythe Academy will follow all TRUSD Discipline Policies to include District-Wide discipline guidelines. When chronic behaviors have exhausted all of the interventions available at the site, the Principal may refer a student for an impartial review by the Discipline Committee at the other Smythe Academy site. During this review, the student's behavior, academic performance, and past interventions will be evaluated to determine if the student should continue to be enrolled at Smythe Academy. If it is determined that the student will lose their Charter privileges, they must be immediately dis-enrolled from Smythe Academy and enrolled into their home school.

Smythe Academy retains the right for an Immediate Dismissal without the benefit of a Discipline Committee review for behaviors that are deemed to be an imminent threat to the student population of the school. Such behaviors may include: repeated fighting (Ed code 48900a), possession of narcotics (Ed code 48900c), possession of alcohol (Ed code 48900c), possession of stolen property (Ed code 48900g & s), and possession of a dangerous object (Ed code 48900 b). Parents will be notified immediately if it has been determined by the Principal that the student will be immediately released from Smythe Academy.

Parents will be notified for any infraction of the rules while their students are at Smythe Academy. Notification can occur by phone, email, mail, or all of the above.

It is the intent of our discipline program to emphasize the positive behaviors exhibited by students. Therefore, many opportunities exist for students to gain recognition for their fine efforts. These opportunities occur at each trimester/semester, depending on which Smythe Academy site the student attends. Smythe Academy recognizes student accomplishments in the areas of academics, responsibility, effort, and attendance. Parents of recipients are encouraged to attend the ceremonies/rallies when their students are receiving awards.

- Please sign below acknowledging you have read, understand and agree with the Smythe Academy Discipline Policy.

Parent Signature

Date

Student Signature

Date

STUDENT ENROLLMENT FORM

(Please fill out the information completely; place "NA" where it is not applicable.)



Twin Rivers Unified School District

STUDENT INFORMATION- LEGAL NAME (LAST)

(FIRST) _____ (MIDDLE) _____

Alias/Nickname (Last/First/Middle) _____

Male Female Grade _____ Birthdate ____/____/____ Age _____

Birthplace (City/State/Country) _____ / _____ / _____

If born outside USA, date of entry ____/____/____ Date entered USA school ____/____/____

Mailing Address _____ City _____ Zip Code _____

Residence, if different _____ City _____

Zip Code _____ Has the student ever attended a California public school? Yes No

Last attended: _____
School District City State

If the student lives with someone other than their mother/father, please complete the following:

Name _____ Relationship _____

Is this person the legal guardian? Yes No Telephone (____) _____ - _____

FAMILY INFORMATION

Name _____ Home phone (____) _____ - _____

Relationship: (Please ✓ one) Father Mother Stepfather Stepmother Legal Guardian Caregiver Foster Parent

Employer _____ Work Phone (____) _____ - _____

Cell phone (____) _____ - _____ Address _____

City _____ State _____ Zip Code _____ E-mail _____

Name _____ Home phone (____) _____ - _____

Relationship: (Please ✓ one) Father Mother Stepfather Stepmother Legal Guardian Caregiver Foster Parent

Employer _____ Work Phone (____) _____ - _____

Cell phone (____) _____ - _____ Address _____

City _____ State _____ Zip Code _____ E-mail _____

Siblings/Other children living in the home

Name _____ School _____ Grade _____ Male Female Birthdate ____/____/____

Name _____ School _____ Grade _____ Male Female Birthdate ____/____/____

Name _____ School _____ Grade _____ Male Female Birthdate ____/____/____

Name _____ School _____ Grade _____ Male Female Birthdate ____/____/____

OFFICE USE ONLY: Aenes Perm ID No. _____ Entry Date ____/____/____

Immunizations CSIS No. _____ Grade Level _____

Cum Request Birth Verification _____ Teacher _____

Lunch App? Yes No Address Verification _____ School _____

RACE/ETHNICITY

(California Government Code Section 8310.5 requires that we collect this data.)

Part A. Is this student Hispanic or Latino? (Select only one)

- No, not Hispanic or Latino
 Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race to be.

Part B. What is this student's race? (Select one or more)

- American Indian or Alaska Native

Asian

- Chinese Laotian
 Japanese Cambodian
 Korean Filipino
 Vietnamese Hmong
 Asian Indian Other Asian

Native Hawaiian or Other Pacific Islander

- Hawaiian Samoan
 Guamanian Tahitian
 Other Pacific Islander

- Black or African American

- White

PARENT/GUARDIAN HIGHEST EDUCATION LEVEL

Please indicate highest education level completed by either parent.

- not a high school graduate
 high school graduate
 some college or associate's degree
 college graduate
 graduate degree or higher
 decline to state

Military

- Active Military _____ / _____ / _____
 Date of Active Service

My signature below certifies that all of the information provided in this survey is accurate. I understand that changes in address, telephone number(s), and/or emergency information will be reported to the school immediately.

Parent/Guardian Signature _____ / _____ / _____
 Date

EMERGENCY / MEDICAL / HEALTH INFORMATION

A. In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize the school to make necessary arrangements for my child to receive medical or hospital care, including transportation. I agree to pay all costs incurred. Under the above circumstances, I further authorize the physician named below to undertake such care and treatment of my child as necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Doctor's name _____ Telephone (____) _____ - _____

Address _____ City _____ Zip _____

Health coverage _____ Medical ID number _____

I do not choose the above statement and in the event of an accident or emergency, I desire the following action: _____

B. California requires a physical examination for all children starting school. This may be done within six months before your child enters kindergarten, and up to 90 days after he/she enters first grade. Please check if this has been done: Yes No

If yes, date of examination ___/___/___ Doctor/Clinic _____

C. California law requires that the legal guardian of any pupil on continuing medication inform the school. If your child receives medication, complete the following:

Medication _____ Dosage _____ Supervising Doctor _____

(If medication must be given during school hours, a **Medication Release Form** must be obtained from the school office and completed by the parent and physician.)

D. Has your child had any of the following conditions? (Check all that apply.)

- Asthma (Date of last attack: ___/___/___) Vision/hearing problems
- Food allergy (List: _____) Bee sting allergy
- Heart problems Hepatitis Seizure disorder Diabetes
- Other serious allergies: _____
- Chronic health condition: _____
- Mental health condition: _____
- Other known condition(s): _____

E. Specialized health care procedures: _____

_____/_____/_____
Parent/Guardian Signature Date

STUDENT SERVICES INFORMATION

Did your child receive any of the following programs or services? (Check all that apply.)

- Special Education (RSP, Speech, Special Day Class placement –IEP)
- GATE (Gifted and Talented Education)
- Counseling (School Counseling, School Social Worker or outside counseling service)
- Help to improve attendance (SART and/or SARB)
- Help to improve behavior (Behavior Intervention)
- Homeless Education Services
- Tutoring
- 504 Accommodation Plan

Where is your child/family currently living? (Check **one** box only. This information will be used to determine if your child qualifies for any additional assistance under the No Child left Behind Act of 2001.)

- In a single family house or apartment
- With more than one family in a house or apartment due to economic hardship
- In a shelter or transitional housing program
- In a motel, car or campsite
- In a foster care placement

ADDITIONAL STUDENT BACKGROUND

Has your child ever been expelled from another school/district? yes no

When? ___/___/___ Name of school/district: _____

Has your child been retained (held back) in any school? yes no

If yes, in what grade(s)? _____

EMERGENCY CONTACT

In case of an accident or emergency and the parent/guardian cannot be reached, the school should call and may release the student to any of the following individuals:

Name _____ Relationship _____ Ph. (____) _____ - _____

Name _____ Relationship _____ Ph. (____) _____ - _____

Name _____ Relationship _____ Ph. (____) _____ - _____

Smythe Academy Mandatory School Uniform Policy

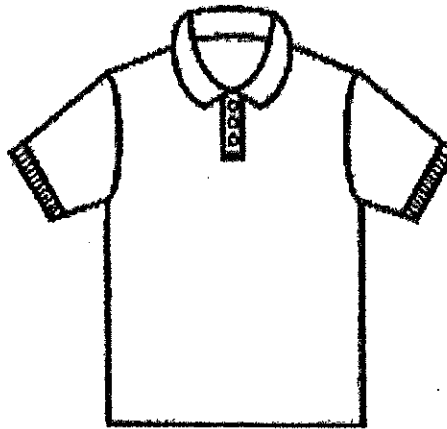
All students at Smythe Academy will wear uniforms to school every day, beginning with the first day of school, until the last day of school. Student's uniform clothing should fit, be neat and clean, and conform to standards of safety, good taste, and decency. Uniform clothing that exposes cleavage, private parts, the midriff, undergarments - to include wearing pants below their natural waist, or that is otherwise sexually provocative, is prohibited. Any type of clothing, accessories, outerwear, undershirts, or shoes that are RED or BLUE will not be allowed. Students who chose to wear clothing that is not appropriate uniform clothing will not be allowed to attend class until Parent/guardian brings a change of clothing for them.

Uniform Description

Smythe students will wear uniforms that fit these descriptions:

1. ALL shirts must be SOLID White, Black, or dark Forrest Green.
2. ALL shirts must have a polo-style collar. Polo-style collars have 1-4 buttons and a collar that turns over around the neck.

Example:



3. ALL pants will be tan/beige in color. Pants must fit around the waist; no 'bagging' or 'sagging' will be allowed. If pants are too large around the student's waist, they must wear a belt. Pants must also be large enough for students to pull up to their waist.
4. ALL shorts and skirts MUST be minimally long enough to extend beyond the students down stretched fingers. If shorts/skirt is too short, student will be asked to change, or will be detained in the office until a change of clothes are brought to school.
5. ALL outerwear - to include coats, sweaters, hoodies, and accessories (scarves, snow hats, caps, etc.) must not contain images or language that is vulgar, sexually suggestive, discriminatory, obscene, libelous, or that promote illegal or violent content, such as the unlawful use of weapons, drugs, alcohol, tobacco, drug paraphernalia, gangs, or that contains threats, is prohibited.

K – 12TH GRADE (including transitional kindergarten)



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
 Hep B = hepatitis B vaccine
 MMR = measles, mumps, and rubella vaccine
 Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).