

**Smythe Academy of Arts and Sciences
A Charter School of Choice**



**2013-2014 Application Packet
Grades 7-8**

Smythe Academy of Arts and Sciences is a school of choice and interested in students who are willing to:

- Make a commitment to realize their academic potential
- Meet high behavioral expectations
- Cultivate self motivation for lifelong learning
- Make a commitment to attend school everyday on time
- Interested in project based curriculum
- Participate in arts and sciences activities
- Participate in extended day instruction

**All new students must fill out an application packet.
The completed packet must be received at one of the Smythe Academy
Campuses by 3:30pm on:**

January 18, 2013

**Main Campus (K-6)
2781 Northgate Blvd
Sacramento, Ca 95833
916-566-2740**

**Middle School Campus (7th & 8th)*
700 Dos Rios Street
Sacramento, Ca 95811
916-566-3430**

***Bussing is available to our middle school from all schools in the former North
Sacramento School District.**

Application Checklist

1. Application for Admission
2. Parent – Student – School Compact
3. Parent Assurances
4. Student Enrollment Form (yellow)
5. Copy of up-to-date immunization records. (T-dap due by July 1, 2013)

Enrollment Information

Smythe Academy is a public charter school with an open enrollment policy. Students will be enrolled according to the following criteria.

1. Currently enrolled students in good standing.
2. Siblings of students enrolled in Smythe Academy.
3. Students currently residing in the attendance boundaries of the former Alethea B. Smythe school;
4. Children of current Smythe Academy employees
5. Students who reside within the District; and
6. All other applicants.

A lottery drawing will be held on Friday, February 1, 2013 at 2:30pm if needed
at
Smythe Academy Middle School Campus (Grades 7-8)

Applications received after January 18, 2013 will be accepted as space permits.

All new student applicants will receive notification of their enrollment status no later than Friday, March 1, 2013.

If your child has been accepted to one of our campuses, you may be **required** to complete additional paperwork. **It is the Parent/Guardian's responsibility to complete these documents.** Enrollment documents not received by March 15, 2013 may result in the loss of your child's spot in our school or placement on our waiting list.

If your child has not been accepted at this time, his/her name will be added to our waiting list according to the lottery placement and priority status. You will be notified if an opening occurs and any additional enrollment forms will be required at that time.



Smythe Academy of Arts and Sciences

Application for Admission

Student Name _____	Grade in 2013-2014 _____
Home Address _____	
City _____	Zip code _____
Phone Number _____	DOB _____ Gender _____
Sibling attending Smythe Academy? Yes No If yes, Name _____	

Parent/Legal Guardian information	
Name _____	Relationship _____
Address if different _____	
Home Phone _____	Cell Phone _____
Email address _____	
Name _____	Relationship _____
Address if different _____	
Home Phone _____	Cell Phone _____
Email address _____	

Last School Attended: _____ City _____ State _____
 Current Teacher Name _____

Is your child currently enrolled in any special programs? Yes No
 If yes, please circle all that apply: Gate IEP 504 plan
 Other _____

Has your child ever been expelled from another school or district? Yes No
 If Yes, When _____ and which District _____

Parent/Guardian Signature _____

Office use only			
Date Received _____	Application Complete _____	T-dap _____	Lunch _____
Student/Parent sign _____	Electives _____	Records Req _____	Language _____ J-14 _____

Smythe Academy of Arts and Sciences
Parent-Student-School Compact

Parent Pledge:

I agree to carry out the following responsibilities:

- Ensure that my child attends school every day on time.
- Ensure my child wears a proper uniform to school daily.
- Ensure my child knows and follows the school rules.
- Be Respectful to the school staff, students and families
- Provide a quiet time and place for homework.
- Read with my child or encourage my child to read every day. (20 minutes K-3, 30 minutes 4-8)
- Ensure that my child gets adequate sleep, regular medical attention and proper nutrition.
- Regularly monitor my child's progress in school.
- Communicate with my child's teacher through written correspondence, phone calls, conferences and/ or occasional home visits.
- Complete 30 hours of parent participation. – 7th grade only
- My child's service Learning Projects (SLP – 8th grade only)

Parent Signature _____

Student Pledge:

I agree to carry out the following responsibilities:

- Come to School everyday, on time ready to learn and work hard.
- Know and follow the school rules
- Respect the school, students, staff and families
- Wear a proper uniform to school daily
- Bring necessary materials, completed assignments and homework.
- Share learning experiences with parents and teachers.
- Read (20 minutes K-3, 30 Minutes 4-8) daily.
- Limit my time playing video games and watching T.V.
- Complete 15 hours of a Service Learning Project (SLP) – 8th grade only

Student Signature _____

Teacher Pledge (To be signed by the teacher when your child enters the class)

I agree to carry out the following responsibilities:

Promote Student Achievement

Motivate each student to learn

Have high expectations for every child

Communicate regularly with parents regarding your child's progress through written correspondence, phone calls, conferences and/or occasional home visits

Provide a warm safe learning environment

Provide meaningful homework assignments (30 minutes k-3, 1 hour 4-8)

Participate in professional development opportunities

Actively participate in collaborative decision making

Foster a welcoming environment.

Choose 5 parents to call each week with a positive message.

Update school loop at least once weekly.

Consistently use advancement via individual determination (AVID) strategies.

Smythe Academy of Arts and Sciences
Parent Assurances

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

I understand that parents/guardians are required to complete a minimum of 30 hours of parent participation per year.

Initials

Date

I understand that I am required to attend back to school night and all parent conferences.

Initials

Date

I understand that students are held accountable to the state standards of achievement, and I also understand my child may be required to participate in additional academic interventions if he/she is not meeting the state standards.

Initials

Date

I understand that my child may be required to participate in field study activities including service learning.

Initials

Date

I understand that my child is required to be at school everyday on time and stay for the entire school day. I understand that my child's absences may only be excused in accordance with TRUSD board policy.

Initials

Date

I understand that my child is required to wear a proper school uniform daily. (Khaki bottoms, with a white, Forest green or black collared shirt)

Initials

Date

I have read and support the student behavior plan. I understand that my child will be held accountable for his/her behavior. Students may be disenrolled in accordance of Smythe's behavior plan.

Initials

Date

I will support the policies that govern Smythe Academy of Arts and Sciences.

Initials

Date

STUDENT ENROLLMENT FORM

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

STUDENT INFORMATION

Legal Name (Last) _____ (First) _____ (Middle) _____
 Nickname _____ Male Female
 Residence Address _____ City _____ Zip Code _____
 Mailing Address, if different _____ City _____ Zip Code _____
 Zip Code _____ Telephone (_____) _____ Grade _____
 Birth Date ____/____/____ Birthplace (City/State/Country) _____/____/____
 If born outside USA, date of entry ____/____/____ Date entered USA school ____/____/____
 Has the student ever attended a California public school before? Yes No
 Last school attended: Name _____ City _____ State _____

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

Name _____ Relationship _____ Telephone (_____) _____
 Is this person the legal guardian? Yes No

FAMILY INFORMATION

Parent/Guardian Name _____ Home phone (_____) _____
 (Please ✓ one) Mother Father Stepmother Stepfather Guardian/Foster Physical Custody
 Address _____ City _____ State _____ Zip Code _____
 Cell phone (_____) _____ E-mail address _____
 Employer _____ Telephone (_____) _____
 Parent/Guardian Name _____ Home phone (_____) _____
 (Please ✓ one) Mother Father Stepmother Stepfather Guardian/Foster Physical Custody
 Address _____ City _____ State _____ Zip Code _____
 Cell phone (_____) _____ E-mail address _____
 Employer _____ Telephone (_____) _____
 Please list other children in the home:
 Name _____ Birth Date ____/____/____ Name _____ Birth Date ____/____/____
 Name _____ Birth Date ____/____/____ Name _____ Birth Date ____/____/____

OFFICE USE ONLY:

Aeries Perm ID No. _____ Entry Date ____/____/____
 CSIS No. _____ Grade Level _____
 Immunizations _____ Teacher _____
 Cum Request _____
 Lunch App? Yes No Address Verification _____ School _____

Twin Rivers Unified School District



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

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)
- GATE (Gifted and Talented Education)
- Counseling
- Help to improve attendance
- Help to improve behavior
- Homeless Services
- Tutoring
- 504 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 of Arts and Sciences Student Behavior Plan

As a charter school of choice, parents select our campus knowing positive student behavior is an integral component of our school.

Smythe Academy of Arts and Sciences holds high student behavior expectations to sustain a climate of academic focus and success.

Students are recognized for demonstrating positive school behavior through many positive incentive programs that are awarded daily, weekly, and monthly.

Patterns of chronic or severe student behavior that will result in enrollment at Smythe Academy being jeopardized include:

- Two or more office referrals in a given four week period
- One or more home suspensions at any time for a Class 1 offense per Ed. Code 48900, including but not limited to fighting, weapon/dangerous objects use or possession, controlled substances use or possession, robbery/extortion
- Two or more home suspensions at any time for a Class 2 offense per Ed. Code 48900 including but not limited to property damage, defiance/disruption, harassment
- Any combination of the above

Parents will be notified in writing should their child's behavior escalate to any of these levels and the case will be forwarded to the impartial Discipline Review Committee. Parents will be informed of the committee's decision. Students who are allowed to remain at Smythe Academy will be placed on a probationary period for 20 school days. During this time students may be referred back to the Discipline Committee should misbehavior reoccur.

PARENT PARTICIPATION AGREEMENT

I understand that by enrolling my child (ren) in the Smythe Academy, I have agreed to participate in my child/ren's schooling by committing time and/or expertise. I am committed to support Smythe Academy's high standards of education. I will carry out my responsibilities in the Parent Compact. I also understand that Smythe Academy is a public charter school rather than a traditional public school and its success depends on the active participation of all families.

I agree to the following:

- Complete 30 hours of school participation according to Smythe Academy's Parent Participation guidelines.
- I am aware of various options available for completion of this agreement and of the procedure for requesting an exemption as may be necessary in special/extreme circumstances;
- Failure to complete my Parent Participation obligation or petition for a special exemption within the specified time frame may result in the loss of priority re-enrollment privileges for my child.

Parents may complete their participation hours in a variety of ways before, during and after the school day. There are also opportunities to complete some hours at home. Examples of various ways to complete your hours are listed below; however we also encourage parents to utilize their interests or skills. If you have a new or creative ideas please discuss it with your child's teacher or the office.

Remember that you may complete up to 10 hours of participation by visiting museums or taking family outings on the weekends or on non-school days. Please see the family enrichment guidelines for details.

Eighth grade parents will get 15 hours of participation credit when their child completes their 15 hour community service project.

Leadership

Participate in on-going school committees including: School site council, and PTO

School Wide events

Volunteer to help with family nights, student Performances, the school carnival, etc.

Classroom/ school

Classroom volunteer, room parent, prepare teacher materials, art docent, input data, Helping Hands, library assistant, etc.

Miscellaneous:

School fundraisers, yard duty, recycling, special projects, baking/cooking for events, etc.