



NATOMAS CHARTER SCHOOL Individualized Learning Program

4600 Blackrock Drive · Sacramento, CA 95835
Phone: (916) 928 - 5343 Fax: (916) 928 - 5346

APPLICATION FOR ENROLLMENT 2011 - 2012 School Year

Date of application: _____ Current Grade of Applicant: _____ Date of Birth: ____/____/____ Gender: M F

Student's legal name: Last _____ First _____ M.I. _____

Last school attended: Name _____ City _____ District _____

Primary Parent/Guardian: Last _____ First _____ M.I. _____

Relationship to student: (circle) Mother / Father / Step-Mother / Step-Father / Foster / Relative / Guardian

Permanent address: _____

Number Street Apt. #

City State Zip Code

Phone numbers: (_____) _____ (_____) _____ (_____) _____
Home Work Cell

SUBMITTING YOUR APPLICATION: Completed applications must be submitted *in person by a parent or guardian of the student* to the ILP office at the Natomas Charter School campus, Building C. In addition to all forms included in this application packet, there are several "ADDITIONAL ITEMS REQUIRED" which are listed on the last page of the application. You are responsible for obtaining these documents and submitting them with your application.

PLEASE NOTE: During the application process, your student should remain enrolled and attending at their current school. Please do not disenroll them until we have notified you with an enrollment date.

APPLICATION DEADLINES: In order to begin each semester on the first day, applications must be submitted by the priority deadlines posted on our website: www.natomascharter.org/ilp - click on the Admissions tab. Applications will be accepted after the priority deadlines, but applicants may be placed on a waitlist depending on space availability in each grade level.

MANDATORY ORIENTATION: Parents and students must attend a mandatory orientation prior to enrollment in the Individualized Learning Program. Applicants will be notified of their date and time slot by mail or phone call.

APPLICATION CHECKLIST: Before turning in your application, please use the checklist on the last page of this application to make sure that you have fully completed and obtained all required documents.

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

IF YOU HAVE QUESTIONS PLEASE CONTACT:

Laura Bariel, ILP Program Coordinator

- o Phone: 928-5343, ext. 116
- o Email: lbariel@natomas.k12.ca.us

Cheryl Igel, ILP Office Manager

- o Phone: 928-5343, ext. 117
- o Email: cigel@natomas.k12.ca.us

For office use only:

Date Received: _____	Time: _____	Received by: _____
<input type="checkbox"/> In-district	<input type="checkbox"/> Out of district	<input type="checkbox"/> PACT <input type="checkbox"/> PFAA <input type="checkbox"/> LE <input type="checkbox"/> Instructional Programs _____
<input type="checkbox"/> Orientation date: _____	<input type="checkbox"/> Confirmed	Start Date: ____/____/____

I. FOR STUDENTS ONLY:

A. State the reasons you wish to enroll in Natomas Charter School's Individualized Learning Program:

B. What specific aspects of the Individualized Learning Program interest you most? Why?

C. As a student, what kinds of things will you do to be successful in this program?

D. As a student, what are your strengths and weaknesses?

Student Signature _____ **Date** _____

II. FOR PARENTS/GUARDIANS ONLY:

A. How did you learn of Natomas Charter School’s Individualized Learning Program? (circle all that apply)

Counselor teacher website ad (which one? _____)
poster (where? _____) Friend (ILP student?) ___yes ___no If yes, name _____

Other: _____

B. State the reasons you wish to enroll your child in Natomas Charter School’s Individualized Learning Program:

C. What specific aspects of the Individualized Learning Program interest you most for your child? Why?

D. As a parent, describe what you will do to ensure that your child will be successful in this program:

PARENTAL SUPPORT AND COMMITMENT

The success of this unique program depends upon parental support. Parent commitments may include assistance with transportation to weekly meetings and workshops, as well as ensuring that your child completes all of his/her assignments, required paperwork, and documentation on time. In addition, students are required to participate in the mandated state STAR testing program.

ILP parents are required to complete 30 parent hours per year.

I have read and understand the requirements for parental support and commitment and am willing to commit to the above if my child is enrolled in this program.

YES NO initials _____

Natomas Charter School Individualized Learning Program (ILP)

FREQUENTLY ASKED QUESTIONS (FAQs)

How does this program work? The primary delivery of curriculum in ILP is through independent study. Upon enrollment, the student and his/her parents sign a “Master Agreement” which acts as the student’s academic contract, outlining his/her course of study. Students typically contract to meet with a credentialed teacher for at least one hour on a weekly basis and attend all required workshops. At these weekly meetings, the teacher will go over the student’s work from the previous week and assign him/her the next set of assignments for the following week.

Do I have to live in the district to attend? Students who reside outside the Natomas Unified School District are allowed to attend ILP. However, by law Natomas Charter School must give preference for admissions and enrollment to in-district students.

Do students receive a diploma in this program? Yes, this program requires that students complete a minimum of 220 credits to receive a high school diploma (in addition to passing the state mandated CA High School Exit Exam).

Can a student take on-site classes through ILP? ILP students may also take a *limited* number of on-site classes through the site-based NCS Performing & Fine Arts Academy (PFAA) on a space-available basis. ILP students who attend on-site classes must adhere to the class schedules and attend class regularly.

Can a student come to school everyday? ILP students are allowed to come to the campus on a regular basis if he/she is attending class or needs access to resources. A Learning Center has been established for ILP students to use for studying, test-taking, or computer-assisted research. However, students are limited to three hours a day in the Learning Center and are not allowed to loiter on campus, nor can students come on campus all day because he/she has nowhere else to go.

Is a student in ILP allowed to accelerate through his/her courses? Because the primary mode of curriculum delivery is through independent study, students who are working at, or above, grade-level may be allowed to take courses out of sequence or take additional credits in order to graduate early. Acceleration through courses will require administrative approval.

Can a student complete a course in less than 18 weeks (one semester)? ILP courses run the semester system and all students must complete the entire semester and required coursework to receive credits for the course. Partial credit is not given for portions of the work completed.

Is the program accredited? Both ILP and PFAA are fully accredited by the Western Association of Schools and Colleges (WASC).

Are students with special needs allowed to enroll? Natomas Charter School’s admissions policies do not discriminate against any pupil on the basis of ethnicity, national origin, gender, or disability. Since the primary mode of curriculum delivery is through independent study, parents of students with special needs are encouraged to attend a pre-enrollment meeting to ensure we fully understand the needs of the individual student.

Is priority given to students who are transferring from PACT/PFAA? Yes, preference for enrollment to ILP is given to students in other NCS programs. Students transferring from a NCS program must meet with their program coordinator to discuss the transfer prior to applying to ILP.

How do you meet the Foreign Language requirement? ILP requires 20 credits in foreign language or in fine arts for graduation. If a student chooses foreign language, the requirement can be met through community college courses or by taking courses through the Performing and Fine Arts Academy.

What is the difference between the ILP and PACT program? ILP provides a prescribed course of study whereby students complete subject-specific courses towards earning a high school diploma. The PACT program does not offer a diploma or specific courses for graduation. Instead, the PACT curriculum is selected by the parents.

What are your admission requirements? ILP does not have specific admission requirements. However, since this is an independent study program, students must have the motivation and skills to work independently on their own to complete coursework. All students and their parents are required to attend a two-hour orientation prior to enrollment to ensure that they understand the requirements of the program. Students and parents must submit a complete application in order to be considered for enrollment.

What are the graduation requirements? ILP requires a total of 220 credits for graduation:

- 40 English
- 20 Math
- 30 Social Science
- 20 Science
- 20 Art or Foreign Language
- 2.5 Health
- 47.5 Electives
- 20 Physical Education
- 10 Technology
- 10 Senior Project

What does the program cost? ILP is a public school program and is tuition-free.

Natomas Charter School's Individualized Learning Program (ILP) Recommendation Form

This recommendation must be filled out by a previous or current teacher/instructor or school administrator that knows the student well.

_____ is requesting a recommendation for Natomas Charter School's Individualized Learning Program.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please indicate by placing a check mark in the appropriate column your confidential rating of the following qualities:

	Outstanding	Above Average	Average	Below Average
Independent learner	_____	_____	_____	_____
Takes responsibility for own learning	_____	_____	_____	_____
Motivation level	_____	_____	_____	_____
Academic skills	_____	_____	_____	_____
Academic effort	_____	_____	_____	_____
Standing with teachers	_____	_____	_____	_____

Comments: _____

Name _____

Title _____

Address _____ City _____ State _____ Zip _____

Telephone # _____

Signature _____

This document may be returned to the applicant in a sealed envelope with your signature over the sealed flap. If necessary, you may fax this form directly to the ILP office at (916) 928-5346 or mail it to Natomas Charter School – ILP, 4600 Blackrock Drive, Sacramento, CA 95835, Attn: Cheryl Igel

2011-2012 Natomas Charter School Registration — SPECIAL PROGRAMS

Student is enrolling in the following Natomas Charter School Program (check one below):

- Leading Edge Performing and Fine Arts Academy Individualized Learning Program (ILP) PACT

Student's name _____
Last First

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 ①

- 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) ②
 English Learner (EL) program ②
 504 Plan ③
 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 Phone number

Parent/Guardian SIGNATURE Parent/Guardian name (please print) ____/____/____
Month Day Year

This Section for Office Use Only

- ① SPECIAL EDUCATION faxed to 567-5441 ____/____/____
Month Day Year
- ② SPECIAL PROJECTS faxed to 567-5439 ____/____/____
Month Day Year
- ③ STUDENT SERVICES faxed to 567-5440 ____/____/____
Month Day Year

NATOMAS CHARTER SCHOOL

STUDENT DISCIPLINARY FORM

STUDENT NAME: _____ GRADE: _____

Please circle the appropriate answer:

- 1. Has your student ever been suspended from school? Yes No
- 2. Has your student ever been expelled from school? Yes No
- 3. Is there any disciplinary action pending concerning your student from his/her previous school of enrollment? Yes No

If you answered yes to any of the above questions, please provide details below. Include the school name, student's grade level at the time of the incident, approximate date of the incident, describe the incident for which the discipline was taken, and the type of discipline handed down by the school.

I certify that the above information is true and complete:

_____ Parent/Guardian signature

____/____/____ Date

Natomas Charter School Acceptable Use Policy

PARENT/STUDENT COPY
***KEEP THIS PAGE FOR YOUR RECORDS**

**Sign and return the attached
Access Release and Authorization Form to Mrs. Igel**

Network

1. The use of Natomas Charter School's Network is to promote the exchange of information to further education and research and is consistent with the mission of Natomas Charter School.
2. The network is not for private or commercial business use, political, or religious purposes.
3. Any use of the network for illegal activity is prohibited.
4. Any use of the network for purposes other than those set by faculty members is prohibited, including online games, chat (instant messaging), or browsing the Internet for any purpose other than school related.
5. Use of the network to access obscene, pornographic, hateful, or otherwise inappropriate material is prohibited.
6. Sending material likely to be offensive or objectionable to recipients is prohibited.
7. Using programs that harass network users or infiltrated a computing system and/or damage the software components is prohibited. (Including, but not limited to any type of hacking software).
8. Please make the most efficient use of network resources to minimize interference with others.
9. Any use of the network that accesses outside resources must conform to the "Acceptable Use Policy."
10. Subscriptions to email, listservs, bulletin boards and online services must be pre-approved by the Teacher and/or Technology Coordinator.
11. NCS has the right to review any material stored on any system provided by the school and to edit or remove any material. I hereby waive any right that I may otherwise have in and to such material.
12. No personal computers or laptops may be brought to school and connected to the Network for any purpose, including Internet Use without permission from the Technology Coordinator.

Security

1. You will respect the rights and property of others and will not improperly access, misappropriate or misuse the files, data, or information of others.
2. You may not share your account with anyone or leave the account open or unattended.
3. You will keep all accounts and passwords confidential and not accessible to others.
4. You are responsible for making back-up copies of the documents critical to you.

Hardware

1. All pieces of technology must be returned to their original state before a student is excused to leave the classroom or complete the activity.
2. Students must notify their teacher or the technology coordinator immediately if damage is discovered or caused to any piece of technology, including computers, printers, cameras, scanners, etc.
3. Any defacing or damage caused to a piece of technology may result in restitution and the loss of technology use privileges.
4. Students must closely follow classroom procedures when using technology, and must remain on the assigned task.
5. Students may never use technology without the knowledge and approval of a faculty or staff member.

Software

1. You are responsible to take precautions to prevent viruses on your own equipment and on Natomas Charter School's equipment.
2. The illegal installation of copyrighted software or files for use on school computers is prohibited.
3. Please contact the school's Technology Coordinator to install any software on school computers.

Violation of any condition of use described herein, will be cause for disciplinary action, and removal of a student's privilege to use technology at Natomas Charter School.

Major violations of the Acceptable Use Policy, such as the willful tampering or destruction of other students' computer files or folders, or the use of school computers to access or distribute obscene or objectionable materials, will result in the immediate loss of all school computer privileges for the rest of the school year, and the student will be placed on technology probation for the following school year.

NOTE: Interpretation, application, and modification of this Acceptable Use Policy is within the sole discretion of Natomas Charter School. Any questions or issues regarding this policy should be directed to Natomas Charter School's Technology Coordinator.

Sign and return the attached Access Release and Authorization Form to Mrs. Igel
KEEP THIS PAGE FOR YOUR RECORDS.

Acceptable Use Policy Agreement Access Release and Authorization Form

Interpretation, application, and modification of this Acceptable Use Policy is within the sole discretion of Natomas Charter School. Any questions or issues regarding this policy should be directed to Natomas Charter School's Technology Coordinator.

Violation of any condition of use described herein, will be cause for disciplinary action, and removal of a student's privilege to use technology at Natomas Charter School.

Major violations of the Acceptable Use Policy, such as the willful tampering or destruction of other students' computer files or folders, or the use of school computers to access or distribute obscene or objectionable materials, will result in the immediate loss of all school computer privileges for the rest of the school year, and the student will be placed on technology probation for the following school year.

As a condition of using NCS's network, I understand the use of the network and access to public networks, ie. the Internet, is a privilege, and agree to the following:

1. I will abide by such Policies and Regulations as adopted by Natomas Charter School.
2. NCS has the right to review any material stored on any system provided by the school and to edit or remove any material. I hereby waive any right which I may otherwise have in and to such material.
3. All information and services available on the Internet and school network are placed there for informational purposes. I use the school network at my own risk.
4. NCS does not warrant the function of the network or any of it accessible through the network to meet specific requirements I may have, or that the network will be error free or uninterrupted.
5. In consideration for using the Internet and having access to public network, I hereby release NCS and its officers, employees and agents from any claims and damage arising from my use, or inability to use the network.
6. I have read and agree to comply with the Acceptable Use Policy. I understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate disciplinary action will be taken.

USER NAME (PRINT)

USER SIGNATURE

DATE

As the parent or guardian of this student, I have read the Acceptable Use Policy and Access Release and Authorization Form. I understand that this access is designed for educational purposes. I also recognize it is impossible for NCS to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information on this form is correct.

PARENT OR GUARDIAN'S NAME (PRINT)

PARENT/GUARDIAN SIGNATURE

DATE



NATOMAS CHARTER SCHOOL

Individualized Learning Program

4600 Blackrock Drive, Sacramento, CA 95835

Phone: (916) 928-5343 Fax: (916) 928-5346

STUDENT DIRECTORY OPT-OUT FORM

Dear Parent/Guardian:

The purpose of this letter is to inform you of your right regarding release of student directory information including:

Pupil's name, address, phone number, email address, photographs, birth date, birthplace, major course of study, participation in school activities, dates of attendance, degrees and awards received and previous school attended.

Federal Law (No Child Left Behind, section 9528) requires schools to disclose, upon request, names and addresses of high school students to military recruiters and to institutions of higher learning.

As parents/guardians, you have the right to request that student directory information not be released.

If you want directory information released when requested, you do not need to take any action.

If you do not want the school to release such information, please sign the statement below and return it to the ILP office.

If you have any questions, please contact the Natomas Charter School, Student Affairs Director at 928-5353, ext. 103.

Sincerely,

Cheryl Igel
ILP Office Manager

Please check all that apply. Do not release my child's directory information to the following entities:

- | | |
|--|--|
| <input type="checkbox"/> Military Recruiter | <input type="checkbox"/> Institutions of Higher Learning |
| <input type="checkbox"/> Class Representatives | <input type="checkbox"/> Prospective Employers |

Student Name (please print) _____

Parent/Guardian name (please print) _____

Parent/Guardian signature _____ Date _____

NATOMAS CHARTER SCHOOL
Image Release Form

The undersigned enters into this Agreement with Natomas Charter School ("Producer"). I have been informed and understand that Producer is producing films/videotape programs, music, and web pages, and that my likeness, image, voice, appearance and/or performance may be recorded and made a part of these productions.

1. I grant Producer and its designees the right to use my likeness, image, voice, appearance, and performance as embodied in the Product whether recorded on or transferred to videotape, film, slides, photographs, audio tapes, or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the Product on whole or in part as Producer may elect. Producer and its designee shall have complete ownership of the Product in which I appear, including copyright interest, and I acknowledge that I have no interest or ownership in the Product or its copyright.
2. I understand that the right to use my name linked to my likeness, image, voice, appearance, and performance will be granted through an additional release form specific to the production concerned.
3. I also grant Producer and its designee the right to broadcast, exhibit, market, sell and otherwise distribute the Product, either in whole or in parts, and either alone or with other products, for commercial or non-commercial television or theater, closed-circuit exhibition, home video distribution, or any other purpose that Producer or its designee in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses.
4. I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to their parties, and that Producer has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for use of my name, likeness, image, voice, appearance and performance embodied in the Product.
5. I expressly release and indemnify Producer and its Advisory Board, administrators, teachers, employees, and designees from any and all liability (and claims known and unknown) arising out of or in any way connected with the above granted uses and representations. The rights granted Producer herein are perpetual and worldwide.
6. In consideration of all the above, I hereby acknowledge receipt of reasonable and fair consideration from the Producer.

I have read the foregoing and understand its terms and stipulations and agree to all of them:

Participant's Name (Please Print) _____

Signature of Participant _____ Date _____

(If the person signing is under the age of 18, a parent or legal guardian must sign below.)

I hereby certify that I am the parent or legal guardian of the Participant named above, and I give my consent to allow his/her image, likeness, appearance, voice and/or performance. I have read this waiver and release form and without reservation accept the terms and conditions set forth herein on behalf of him or her.

Parent/Guardian's Name (Please Print) _____

Signature of Parent or Guardian _____ Date _____

2011-2012 Natomas Charter School Registration – NCLB INFORMATION

Student is enrolling in the following Natomas Charter School Program (check one below):
 Leading Edge Performing & Fine Arts Academy Individualized Learning Program (ILP) PACT

Student name:	Birth date: ____/____/____ Month Day Year	Grade:	Age:
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The information from this form will be used to determine if your child qualifies for any additional assistance under the No Child Left Behind Act of 2001.

Student Housing Survey

Is your child’s primary night-time residence one of the following?

	Yes	No
Living with another family in a house or apartment due to economic hardship	<input type="checkbox"/>	<input type="checkbox"/>
In a shelter or transitional housing program	<input type="checkbox"/>	<input type="checkbox"/>
In a motel/hotel	<input type="checkbox"/>	<input type="checkbox"/>
In an unsheltered setting (e.g., car, park, campground)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Siblings (include children up to age 18)

Name	Age	School	Name	Age	School

Parent/Guardian name (please print)

____/____/____
Month Day Year

Phone number

This Section for Office Use Only

Faxed with cover sheet (attn: Homeless Liaison) to 567-5678 on ____/____/____
Month Day Year

**2011-2012
Special Notices
Natomas Charter School's Emergency Procedures**

The purpose of these procedures is to define various responses that schools may use in emergency situations. Possible events that could trigger these responses range from minor disruption of school such as local power outages, storm warnings or a building system failure; to a more serious event that would require immediate actions such as a fire, hazardous material incident, major weather event with injury or damage, an accident involving students, or any serious threat to student or staff safety.

The superintendent or designee, with the goal of providing for the safety and reliable supervision of all students will determine Natomas Charter School's response to a situation. Our school will practice safety procedures during the first month of school to ensure staff and students understand these emergency procedures. These responses may include any of the following:

Early dismissal – Implemented if there is a need to clear buildings immediately while school is in session.

Shelter – In – Place – Protects students within the school. Used when there is not an immediate threat to the facility or if the movement of students would expose them to more danger such as a hazardous material incident.

Lockdown – Students and staff are protected from internal or external threats by excluding or isolating the threat; staff quickly secures all classrooms and exterior doors.

Evacuation – Relocation of all students from a specific area of the school to a designated alternate safe area on the site.

Relocation – Move students to a safe location away from school; parents are notified of relocation procedures.

Releasing Students From School

The school will not release your son/daughter to a person not on the emergency form without your verbal or written permission. You may send a note with the person or notify the office by phone.

The school will only release your son/daughter to a person on the emergency form after several unsuccessful attempts have been made to contact you.

Individuals may be asked to show identification when picking up a student at school.

Students may be released early from school only if they bring a signed note from their parent/guardian or their parent/guardian contacts the school in advance.

ACKNOWLEDGMENT OF SPECIAL NOTICES

Student's Name _____
Last First Month / Day / Year

I have received, read, understood, and will follow the *Special Notices* procedures outlined on this page.

Parent/Guardian signature Month / Day / Year



NATOMAS CHARTER SCHOOL

Individualized Learning Program

4600 Blackrock Drive, Sacramento, CA 95835

Phone: (916) 928-5343 Fax: (916) 928-5346

PREVIOUS ENROLLMENTS

We will be requesting your student's California Cumulative Record or similar record from his/her previous school. Please provide the following information to assist us in locating these records.

Student's Last Name First Middle Initial Date of Birth

Please list the last three (3) schools that your child has attended, beginning with the most recent:

1) Name of school _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Dates attended _____ Grade _____

2) Name of school _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Dates attended _____ Grade _____

3) Name of school _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Dates attended _____ Grade _____

*PLEASE NOTE: If the above listed schools are not in the state of California, please answer:

Has your child ever been enrolled in a school in the state of California? Yes No

If yes, please provide the information below: (if more than one school, please list on reverse side)

Name of school _____ Phone _____
Address _____ Fax _____
City State _____ Zip _____ Dates attended _____ Grade _____

____ No previous school attended (check here if student was not previously enrolled in school).

Parent/Legal Guardian Signature

Date



Natomas Charter School

Individualized Learning Program

4600 Blackrock Drive • Sacramento, CA 95835
Phone: (916) 928-5343 • Fax: (916) 928-5346 • ilp.natomascharter.org

Administration

Charlie Leo
Co-Founder and
Executive Director

Ting Sun, Ph.D.
Co-Founder and Educational
Programs Director

Ana Barillas-Mendez
Finance and Budget Director

Patrick Broughton
Student Affairs Director

Laura Bariel
ILP & PACT Coordinator

Tammy Lee
PFAA Coordinator

Kit Rich
Leading Edge Coordinator

NCS Board of Directors

Edward Aguilar
Chairperson and
Community Representative

Joan Finch-Allen
Parent Representative

Phil Nanni
Community Representative

Bruce Roberts
NUSD Board Representative

Georgia Schaaf
Parent Representative

Rick Stewart
Parent Representative

Dear Parent/Guardian:

Whooping cough (pertussis) has been widespread in California. Many students have had to miss school because they were sick.

To help protect your children and others from whooping cough, a new California law now requires students to be vaccinated against whooping cough.

For the 2011-12 school year only, all students entering 7th through 12th grades will need proof of an adolescent whooping cough booster shot (Tdap) before starting school.

Thereafter, in future school years, only students entering 7th grade will need proof of an adolescent whooping cough booster shot (Tdap) before starting school.

By law, students who do not have proof of receiving a Tdap booster shot will not be able to start school until proof is provided to the school. (The tetanus-diphtheria booster shot, Td, will not meet the requirement.)

On the reverse side of this letter you will find a flyer with more information about Tdap vaccine and this immunization requirement.

We want to make sure your child starts school on time. I urge you to:

1. **Review the attached flyer.**
2. **Get your child's Tdap shot now.**

A large number of students need a Tdap shot between now and the start of school next year. Make an appointment with your child's doctor or clinic for your child to get a Tdap booster shot now. Avoid the back-to-school rush.

3. **Save your proof of immunization.**

Be sure to keep the written proof of your child's Tdap booster shot in a safe place. Your child will need to provide proof of immunization in order to start school.

Getting the adolescent whooping cough shot now will not only help protect your child against the ongoing threat of whooping cough but will also meet the new school requirement.

If you have any questions, please contact Mrs. Igel at (916)928-5343, ext. 117 or cigel@natomas.k12.ca.us.

You can also visit the following websites for additional information:
www.getimmunizedca.org or www.shotsforschool.org

Sincerely,

Cheryl Igel
ILP Office Manager

NEW IMMUNIZATION REQUIREMENT FOR 2011-12

7th – 12th graders are now required to get a whooping cough shot before starting the 2011-2012 school year

Call your doctor today

ShotsForSchool.org

REQUIRED vaccine for 7 th – 12 th graders 2011-2012 school year	What this means for YOUR child
Tdap (tetanus, diphtheria, pertussis)	<p>Tdap safely protects against 3 dangerous diseases: tetanus, diphtheria, and whooping cough (also called pertussis). Whooping cough has been increasing in the U.S. It continues to be widespread in California.</p> <p>For the 2011-12 school year only, children entering 7th -12th grade will need proof of a Tdap shot before starting school. For 2012-13 and beyond, only students entering 7th grade will need proof of a Tdap shot.</p>
Vaccines that do not meet the new requirement:	<p>Td vaccine, invented before Tdap, protects persons 7 years and older against tetanus and diphtheria. Td vaccine does not protect against pertussis and so does not meet the new school Tdap requirement</p> <p>DT vaccine protects infants and younger children against tetanus and diphtheria. DT does not protect against pertussis. DT does not meet the new school Tdap requirement.</p>
For additional information:	<p>www.getimmunizedca.org</p> <p>www.shotsforschool.org</p>

If you have questions, please contact Mrs. Igel:
 (916) 928-5343, ext 117 or cigel@natomas.k12.ca.us



2011-2012 Natomas Charter School Registration — DEMOGRAPHICS AND LANGUAGE

1

Student is enrolling in (check one below):

- Leading Edge Performing and Fine Arts Academy Individualized Learning Program (ILP) PACT

Legal name (as identified on birth certificate)

_____ Last name First name Middle name Suffix (Jr., Sr., III)

Birth date

Birthplace information

____/____/____ _____ _____ _____
 Month Day Year City State/Province Country

Student home phone

Student cell phone

Gender

- Male Female

Student address

_____ Physical residence address required Apt # _____ City CA State _____ Zip Code

What is your child's **ETHNICITY?** (Please check one)

- ___ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)
 ___ **Not Hispanic or Latino**

Last school attended:

 Name of school

 Name of school district

_____ City State Country

At what grade level did the student first enter the Natomas Unified School District? _____

If the student left the NUSD, at what grade level did the student return to the District? _____

What is your child's **RACE?** (Please check up to five racial categories below)

- | | |
|--|---|
| ___ American Indian/Alaska Native (100)
(Persons having origins in any of the original people of North, Central or South America) | ___ Other Asian (209) |
| ___ Chinese (201) | ___ Hawaiian (301) |
| ___ Japanese (202) | ___ Guamanian (302) |
| ___ Korean (203) | ___ Samoan (303) |
| ___ Vietnamese (204) | ___ Tahitian (304) |
| ___ Asian Indian (205) | ___ Other Pacific Islander (399) |
| ___ Laotian (206) | ___ Filipino/Filipino American (400) |
| ___ Cambodian (207) | ___ African American or Black (600) |
| ___ Hmong (208) | ___ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |

HOME LANGUAGE SURVEY:

The California Education Code requires schools to determine the languages spoken at home by each student. This information is essential in order to provide meaningful instruction for all students. This information also generates additional funding to help students learn and improve their English skills.

Please answer each of the following questions:

- Which language did your son/daughter learn when he/she first began to speak? _____
- What language does your son/daughter most often speak at home? _____
- What language do you most often use when speaking with your son/daughter? _____
- What language is most often spoken by adults at home? _____
- What date did your son/daughter first enter a California school? _____
 Month / Day / Year
- What date did your son/daughter first enter a United States school? _____
 Month / Day / Year
- If your son/daughter was **NOT** born in the United States, when did he/she enter the U.S.? _____
 Month / Day / Year

Faxed to Special Projects at 567-5439 on _____/_____/_____

This Section for Office Use Only

PACKET RCVD: _____/_____/_____ START DATE: _____/_____/_____ GRADE: _____

Student Name: _____

Last

First

2011-2012 Natomas Charter School-PARENT/GUARDIAN INFORMATION

2

PARENT/GUARDIAN INFORMATION:

If checked, please provide a copy of: Restraining order Court order Restricted Custody Provisions

#1 Lives at student's primary residence

First name Last name

Home phone Work phone

Cell phone Pager

E-mail address

Employer name and phone number

<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt
<input type="checkbox"/> Father	<input type="checkbox"/> Uncle
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Sibling
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Cousin
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Foster
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College graduate
- Post graduate

#2 Lives at student's primary residence

First name Last name

Home phone Work phone

Cell phone Pager

E-mail address

Employer name and phone number

<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt
<input type="checkbox"/> Father	<input type="checkbox"/> Uncle
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Sibling
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Cousin
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Foster
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other

- Not a high school graduate
- High school graduate
- Some college (includes AA degree)
- College graduate
- Post graduate

#3 Non-resident guardian (please check here if this person should receive student information by mail)

First name Last name

Home phone Work phone

Cell phone Pager

Mailing address City State Zip Code

<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt
<input type="checkbox"/> Father	<input type="checkbox"/> Uncle
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Sibling
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Cousin
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other
<input type="checkbox"/> Grandfather	

#4 Non-resident guardian

First name Last name

Home phone Work phone

Cell phone Pager

Mailing address City State Zip Code

<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt
<input type="checkbox"/> Father	<input type="checkbox"/> Uncle
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Sibling
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Cousin
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other
<input type="checkbox"/> Grandfather	

2011- 2012 Natomas Charter School Registration — EMERGENCY INFORMATION 3

EMERGENCY INFORMATION

In the event of a suspension, accident, or other emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Under such circumstances I further authorize the physician named below to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon.

Physician's name Address Phone number

Health insurance provider Insurance ID # Hospital preference

I agree to bear all costs incurred as a result of any of the circumstances mentioned above.

Parent/Guardian signature / /
Month Day Year

In case of a natural or civil disaster, I wish my student to be:

- Released as soon as the Office of Emergency Services indicates it is safe to do so.
- Released only to listed emergency contacts.

Does your son/daughter have any condition which may result in a classroom emergency? Yes No

If yes, explain: _____

Does your son/daughter have a physical condition which limits participation in: Yes No
classroom activity? Yes No
physical education? Yes No

If yes, explain: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Please do not include anyone previously listed under Parent/Guardian on page 2.

If my child is ill, has an emergency or is suspended and I cannot be reached, please call and release my child to:

#1	_____	_____	_____	_____
	First name	Last name	Home phone	Work phone
	_____		_____	_____
	Relationship to child		Cell phone	Pager
#2	_____	_____	_____	_____
	First name	Last name	Home phone	Work phone
	_____		_____	_____
	Relationship to child		Cell phone	Pager
#3	_____	_____	_____	_____
	First name	Last name	Home phone	Work phone
	_____		_____	_____
	Relationship to child		Cell phone	Pager

⇒ Please notify the school immediately of any change in the above information. ⇐

Student Name: _____

Last

First

2011-2012 Natomas Charter School Registration — HEALTH HISTORY

4

Please check here if there are no known health problems or check all that apply below:

VISION

- Known eye condition (other than corrective lenses)
 - Wears glasses
 - At all times Reading only
 - Wears contacts
- Date of last exam: _____ / _____ / _____
Month Day Year

HEARING

- Permanent hearing loss
 - Frequent infections
 - Past Present
 - Hearing aid
 - Left Right Both
- Date of last exam: _____ / _____ / _____
Month Day Year
- Doctor's name/phone: _____

Does medication need to be administered during school hours? Yes* No

* A current signed Physician's Authorization for Medication in School form must be on file in the health office for any student taking medication (physician prescribed or over the counter) during school hours.
This release must be renewed yearly.

Student has the following conditions: (please attach additional page if necessary and check here)

Administer
during school
hours?

	Medication and Dosage prescribed by doctor	Add'l. Information	Yes	No
<input type="checkbox"/> Asthma <input type="checkbox"/> Requires medication/inhaler	<input type="checkbox"/> Daily <input type="checkbox"/> As needed <input type="checkbox"/> With exercise			
<input type="checkbox"/> Clinical Depression <input type="checkbox"/> Requires medication		Doctor's name/phone:		
<input type="checkbox"/> Diabetes** <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Requires medication	<input type="checkbox"/> Oral <input type="checkbox"/> Injected <input type="checkbox"/> Pump	Doctor's name/phone:		
<input type="checkbox"/> Heart Condition <input type="checkbox"/> Requires medication <input type="checkbox"/> Physical restrictions		Diagnosis: Doctor's name/phone:		
<input type="checkbox"/> PTSD <input type="checkbox"/> Requires medication		Doctor's name/phone:		
<input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Requires medication		Doctor's name/phone:		
<input type="checkbox"/> Seizure Disorder** <input type="checkbox"/> Requires medication		Date of last seizure: Doctor's name/phone:		
<input type="checkbox"/> Taking medication for other reasons		Condition: Doctor's name/phone:		
<input type="checkbox"/> Allergic reactions** (severe)	Allergic to: <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Hives/rash <input type="checkbox"/> EpiPen	Doctor's name/phone:		
<input type="checkbox"/> Orthopedic conditions	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> CCS <input type="checkbox"/> Corrective shoes/braces <input type="checkbox"/> Physical therapy Other physical limitations _____			
<input type="checkbox"/> Hospitalization	Explain:			

**** These conditions require a Health Care Plan.** Any of the above conditions may require a Health Care Plan. All forms may be obtained from the school health office.

Would you like the district nurse to address your child's medical condition with a Health Care Plan? Yes No

California Education Code 49423 and 49480 - The parent or legal guardian of students taking medication on a regular schedule shall notify the school nurse or other designated school employee of the medication.
 If at any time your child is ill or has a condition which you feel requires being excused from physical education for more than five (5) days, a written explanation is required from your child's physician.

BEFORE RETURNING PACKET, please use the following check list to be sure you have completed and enclosed *all* requested items. All of the following documents must be completed and attached in order for the application to be considered a qualified and completed application for enrollment.

PLEASE NOTE: Incomplete applications will be returned and will only be accepted when fully complete.

FORMS PROVIDED:

- _____ All questions on application complete
- _____ Application signed by both parent and student
- _____ Student Essay
- _____ Recommendation Form (must be in sealed envelope or mailed/faxed directly to the ILP Office)
- _____ Home Language Survey
- _____ Instructional Programs Form
- _____ Student Disciplinary Form
- _____ Acceptable Use Policy
- _____ Student Directory Release Form
- _____ Image Release Form
- _____ Special Notices
- _____ Previous Enrollments/Request for CUM records
- _____ Registration papers (4 part blue, NCLB, lunch)

ADDITIONAL ITEMS REQUIRED:

- _____ Copy of birth certificate
- _____ Copy of yellow immunization card
- _____ Copy of transcript (grades 9– 12)
- OR**
- _____ Copy of last report card (entering 9th graders) (for placement purposes only)
- OR**
- _____ Pupil Transfer Form (students transferring from NCS-PACT)
- _____ Verification of address (copy of current SMUD, PG&E billings ONLY)
- _____ Please include a copy of your student's IEP or 504 plan if applicable.
- _____ Proof that the student has received a Tdap booster shot

**Natomas Charter School
Special Education Instruction and Services for Students**

The Natomas Charter School (NCS) operates as a public school of the Natomas Unified School District (NUSD) for all special education purposes. Eligible students enrolled in NCS shall receive special education services in accordance with their individualized education plans (IEP) and in the same manner as any other student enrolled in NUSD. NUSD, as the local education agency (LEA) for special education purposes, offers a full continuum of special education instruction and related services to ensure that all students receive a free appropriate public education (FAPE). NUSD is responsible for implementing IEPs for NCS students and will do so on site at NCS to the extent that is appropriate and available. As with other school sites in NUSD, not all special education programs, placements, and services on the continuum of options is offered at the NCS site. Therefore, a NCS student who is eligible for special education may need to be placed and/or served by NUSD at another NUSD school site or as otherwise arranged by NUSD in accordance with the student's IEP and the policies of NUSD and the Sacramento County Special Education Local Plan Area (SELPA).

If you should have any questions regarding this topic, please contact the NCS Program Coordinator or the NUSD's Director of Special Education.

The Natomas Charter School shall be nonsectarian in all 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.

I have read and understand this application and verify that all information provided is true and correct.

Parent signature _____ **Date** _____

NATOMAS CHARTER SCHOOL ADMINISTRATION

Charlie Leo, *Executive Director*

INDIVIDUALIZED LEARNING PROGRAM (ILP) STAFF

Laura Bariel, *Program Coordinator*