

955 Inspiration Place
Redding, CA 96003
(530) 247-6933
FAX (530) 243-4318



**Applicants MUST
BE
Age 5 by
September 1st
in order to be
eligible for
Kindergarten**

Please print clearly

**Classroom Based Program
KINDERGARTEN
APPLICATION FOR ADMITTANCE**

Select year: 2018-2019 / 2019-2020

Indicate program interest (preference #1 & #2)

English Kindergarten / Mandarin Immersion

Date _____

Current Pre-School (if applicable) _____

Student Name (First, middle, last) _____

Birthdate _____ age: _____ Male Female Home Phone _____

Address _____
Number Street City Zip

E-mail address _____

Parent/Guardian Name(s) _____

Father Employer _____ work/cell phone # _____

Mother Employer _____ work/cell phone # _____

Please list siblings/grade who are submitting applications for enrollment or who are currently enrolled: _____

For Parents/Guardians Only: *(For informational purposes only; will have no bearing on whether a student is admitted into the school)*

a) Please list/describe any previous experience your child might have had in the visual and performing arts. (i.e. dance, vocal, instrumental, theater, art)

b) State the reasons you wish to enroll your child in Redding School of the Arts? (This will have no bearing on whether a student is admitted to the school)

c) As a parent, what kinds of things will you do to ensure that your child will be successful in this program?

Please complete reverse side of form

Admission Policy:

The mission of Redding School of the Arts, where education and the arts connect, is to educate TK-8 students who have an interest in visual and performing arts and cultivate their knowledge and skills for the betterment of their local and global community. The School is open to any student in the State of California who meets the admissions requirements described herein. In the event that the number of pupils who wish to attend the School exceeds the school's capacity, attendance (except for existing pupils of the charter school's Independent Study program) shall be determined by a public random drawing, the process for which is described below.

- Students will be considered for admission without regards to race or ethnicity, national origin, gender, religion, disability, sexual orientation or achievement level.
- All students must meet minimum age requirements as applicable under California law and with grade level placement in accordance with RSA board policy.
- Student may not concurrently attend a private school that charges for tuition.
- Parent involvement/volunteering is not a requirement for acceptance to, or continued enrollment a RSA.
- If enrolled in an independent study program, a student shall be documented as a resident of the county in which the charter school reports its apportionment claims or an adjacent county.
- Student must not be expelled.
- Student must agree to follow attendance and behavioral standards outlined in the Family Handbook.

Attendance at Redding School of the Arts is a choice. Attendance and promptness is required. I also understand that if information on this application is false or is misrepresented and is discovered after admittance to Redding School of the Arts, my child will be dismissed immediately and returned to their district of residence.

_____ Parent/Guardian Initial

Is your child currently receiving or has your child received Special Services in the past?

(For informational purposes only; will have no bearing on whether a student is admitted into the school)

No Yes If yes, check which type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Resource Specialist Program | <input type="checkbox"/> Speech and/or Language | <input type="checkbox"/> Auditory Processing Problems |
| <input type="checkbox"/> Special Day Class | <input type="checkbox"/> Chapter I / Title I | <input type="checkbox"/> Visual Perception Problems |
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Indian Education | <input type="checkbox"/> Behavior intervention plans |
| <input type="checkbox"/> Adaptive P.E. | <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Other _____ |

Please check the following:

I guarantee that the information represented in the application is accurate. If the information is misrepresented, I understand my child will be subject to dismissal.

I will supply a copy of my child's completed immunizations or medical wavier upon entering the Homeschool Program.

I understand that if my child does not have current immunizations records turned into the office my child will not be able to attend school until proof of immunizations are submitted.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____