

For Parents/Guardians Only:

a) State the reasons you wish to enroll your child in Redding School of the Arts Virtual Independent Study or Homeschool program?

b) As a parent, how will you ensure that your child will be successful in this program?

Admission Policy:

Redding School of the Arts exists to provide those students in grades kindergarten through eighth grade who have an interest in the visual and performing arts with skills for the 21st century, thereby enabling them to become literate, self-motivated and lifelong learners who appreciate, enjoy, and respect the visual and performing arts. Admission requirements are as follows:

- Students will be considered for admission without regard to ethnicity, national origin, and gender or achievement level.
- Preference will be given to siblings of currently enrolled students and to children of staff who have an interest in the visual and performing arts.
- Student must agree to follow attendance and behavioral standards outlined in the Independent Study Agreement.
- Students entering Redding School of the Arts must be in good standing academically and behaviorally at their current or previous school.
- Students with SARB contracts will be expected to complete the terms of their contract before being considered for admittance to RSA.
- Students must have passing grades in all classes from their current school.
- Students entering on-site Homeschool K & 7th grade from CA school must meet current immunization requirements.
- Students K – 12 from out of state must meet all CA immunization requirements to participate in Homeschool program.

Attendance at Redding School of the Arts Virtual Independent Study or Homeschool is a choice. 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?

____ Yes ____ No If yes, check which type:

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

Please check the following:

◇ *I guarantee that the information represented in the application and signed parent agreement 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 upon entering the Homeschool Program.*

◇ *I understand that if my child does not have current immunizations records my child is limited to Virtual School teacher interaction.*

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____