

SAVA

Re-Enrollment Packet

IMPORTANT



**Before filling out documents,
please read instructions**



On the Gateway Community Charter Enrollment Form 2020-21 School Year, read carefully and fill out **all** sections. We must have at least **one parent's info** in the parent/guardian section. (The back is the same form in Espanol)

On the Independent Study Agreement form, **please DO NOT date**. Fill out **ONLY** the highlighted boxes with student information, and make sure both student and parent **print and sign** their names.

On the Student Emergency card, please make sure to list any known health conditions and/or allergies OR **check the box**. This section **must be signed**. Also, please list at least two emergency contacts.

Gateway Community Charters Enrollment Form 2020-21 School Year

CCCS COA Elem COA Middle EPIC FUTURES GIS HLA SAVA: EG SAVA: SCUSD SAVA: TRUSD (Circle One)



Student Legal Name: Last	First	Middle	Birth Date: _____ / _____ / _____ Birth Place: _____ Verified <input type="checkbox"/>																		
Residence Address: Street		City <input type="checkbox"/> Sacramento <input type="checkbox"/> other:	County																		
Mailing Address: (If different from mailing address)		City <input type="checkbox"/> Sacramento <input type="checkbox"/> other:	County																		
Zip																					
Primary phone number including area code: _____																					
Age: _____		Gender: M F Non-binary																			
Student's preferred name (if different): _____			Student's cell phone number including area code: _____																		
Student's email address: _____																					
District of Residence: Please provide the name of the District and School of Residence that reflects the student's current home address: this may be different than the school your child attended. DISTRICT: _____ SCHOOL: _____																					
<p align="center">RACE/ETHNICITY</p> <p>(California Government Code Section 8310.5 requires that we collect this data.)</p> <p>Part A. What is this student's Ethnicity? (Select only one)</p> <p><input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>Part B. What is this student's race? (Select one or more)</p> <p><input type="checkbox"/> American Indian or Alaskan Native (Persons having origins in any of the original peoples of North, Central or South America)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Filipino/Filipino American</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Hmong</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> Hawaiian</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Tahitian</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Islander</td> <td><input type="checkbox"/> Hispanic or Latino</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> White</td> </tr> </table>		<input type="checkbox"/> Chinese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Korean	<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<p>Parent/Guardian Name: _____</p> <p>Relationship to Student: <input type="checkbox"/>Father <input type="checkbox"/>Step-Father <input type="checkbox"/>Mother <input type="checkbox"/>Step-Mother <input type="checkbox"/>Legal Guardian <input type="checkbox"/>Other _____</p> <p>Cell Phone: _____ <input type="checkbox"/> OK to send text msg /Work Phone: _____ <input type="checkbox"/> Work phone Emerg. only</p> <p>Email: _____ (If address/home phone is the same as the student (above) then check here _____ and do not enter)</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Home Phone: _____</p> <p align="center">Parent/Guardian Highest Education Level:</p> <p><input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree</p> <hr/> <p>Parent/Guardian Name: _____</p> <p>Relationship to Student: <input type="checkbox"/>Father <input type="checkbox"/>Step-Father <input type="checkbox"/>Mother <input type="checkbox"/>Step-Mother <input type="checkbox"/>Legal Guardian <input type="checkbox"/>Other _____</p> <p>Cell Phone: _____ <input type="checkbox"/> OK to send text msg /Work Phone: _____ <input type="checkbox"/> Work phone Emerg. only</p> <p>Email: _____ (If address/home phone is the same as the student (above) then check here _____ and do not enter)</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Home Phone: _____</p> <p align="center">Parent/Guardian Highest Education Level:</p> <p><input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree</p>	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Laotian																				
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<input type="checkbox"/> Guamanian	<input type="checkbox"/> Tahitian																				
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino																				
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White																				

Formulario de inscripción de Gateway Community Charters para el año escolar 2020-21



CCCS COA Elem COA Middle EPIC FUTURES GIS HLA SAVA: EG SAVA: SCUSD SAVA: TRUSD (Marque una opción)

Nombre legal del alumno: Apellido	Nombre	Segundo nombre	Fecha de nacimiento: ____/____/____ Lugar de nacimiento: _____
			Verificado <input type="checkbox"/>
Dirección de residencia: Calle		Ciudad <input type="checkbox"/> Sacramento <input type="checkbox"/> Otra:	Condado
			Código postal
Dirección postal: (Si es distinta que la dirección postal)		Ciudad <input type="checkbox"/> Sacramento <input type="checkbox"/> Otra:	Condado
			Código postal
Número de teléfono principal con el código de área: _____			
Edad: _____		Sexo: M F No binario	
Nombre de preferencia del alumno (si es distinto): _____		Número de celular del alumno con el código de área: _____	
Dirección de correo electrónico del alumno: _____			
Distrito de residencia: Escriba el nombre del distrito y de la escuela del área de residencia que refleje la dirección actual del alumno (puede ser distinta a la escuela a la que asistió su hijo).			
DISTRITO: _____		ESCUELA: _____	
RAZA/ORIGEN ÉTNICO			
(El artículo 8310.5 del Código de Gobierno de California exige que recopilamos esta información)			
Parte A. ¿Cuál es el origen étnico del alumno? (elija solo una opción)			
<input type="checkbox"/> Hispano o latino (una persona de cultura u origen cubano, mexicano, puertorriqueño, sudamericano, centroamericano o español, independientemente de la raza)			
<input type="checkbox"/> No hispano ni latino			
Parte B. ¿Cuál es la raza del alumno? (elija una o más opciones)			
<input type="checkbox"/> Aborigen americano o nativo de Alaska (personas que tienen sus orígenes en uno de los pueblos originarios de América Central, del Sur o del Norte)			
<input type="checkbox"/> Chino	<input type="checkbox"/> Laosiano		
<input type="checkbox"/> Japonés	<input type="checkbox"/> Camboyano		
<input type="checkbox"/> Coreano	<input type="checkbox"/> Filipino/Filipino estadounidense		
<input type="checkbox"/> Vietnamita	<input type="checkbox"/> Hmong		
<input type="checkbox"/> Indoasiático	<input type="checkbox"/> Otra raza asiática		
<input type="checkbox"/> Hawaiano	<input type="checkbox"/> Samoano		
<input type="checkbox"/> Guameño	<input type="checkbox"/> Tahitiano		
<input type="checkbox"/> Otra raza isleña del Pacífico	<input type="checkbox"/> Hispano o latino		
<input type="checkbox"/> Negro o afroamericano	<input type="checkbox"/> Blanco		
Nombre del padre/de la madre/del tutor legal: _____			
Relación con el alumno: <input type="checkbox"/> Padre <input type="checkbox"/> Padrastra <input type="checkbox"/> Madre <input type="checkbox"/> Madrastro <input type="checkbox"/> Tutor legal <input type="checkbox"/> Otro _____			
Celular: _____ <input type="checkbox"/> Puede recibir mensajes de texto/Teléfono del trabajo: _____			
<input type="checkbox"/> Teléfono del trabajo solo para emergencias			
Correo electrónico: _____			
<i>(Si la dirección y el teléfono de la casa son iguales a los del alumno y se indican arriba, marque aquí _____ y no los escriba)</i>			
Dirección _____ Ciudad _____ Estado ____ Código postal _____			
Teléfono de la casa: _____			
Mayor nivel de estudios del padre/de la madre/del tutor legal:			
<input type="checkbox"/> Escuela secundaria incompleta <input type="checkbox"/> Escuela secundaria completa <input type="checkbox"/> Universitario incompleto <input type="checkbox"/> Universitario completo <input type="checkbox"/> Licenciatura			
Nombre del padre/de la madre/del tutor legal: _____			
Relación con el alumno: <input type="checkbox"/> Padre <input type="checkbox"/> Padrastra <input type="checkbox"/> Madre <input type="checkbox"/> Madrastro <input type="checkbox"/> Tutor legal <input type="checkbox"/> Otro _____			
Celular: _____ <input type="checkbox"/> Puede recibir mensajes de texto/Teléfono del trabajo: _____			
<input type="checkbox"/> Teléfono del trabajo solo para emergencias			
Correo electrónico: _____			
<i>(Si la dirección y el teléfono de la casa son iguales a los del alumno y se indican arriba, marque aquí _____ y no los escriba)</i>			
Dirección _____ Ciudad _____ Estado ____ Código postal _____			
Teléfono de la casa: _____			
Mayor nivel de estudios del padre/de la madre/del tutor legal:			
<input type="checkbox"/> Escuela secundaria incompleta <input type="checkbox"/> Escuela secundaria completa <input type="checkbox"/> Universitario incompleto <input type="checkbox"/> Universitario completo <input type="checkbox"/> Licenciatura			

Actualizado el 1/8/2020 **FIRMA DEL PADRE/DE LA MADRE/DEL TUTOR LEGAL:** _____

FECHA: _____

SAVA

Independent Study Agreement

Last Name :	First Name :	
Address:	Age :	Parent Cell :
City :	Zip Code :	Parent Cell :
Student ID number:	Birth date :	Student Cell :
Location: SAVA EGUSD SAVA SCUSD SAVA TRUSD		Duration : School year ending May 27, 2021
Entry date:	Exit date : 5/27/2021	Program Placement: 7-8 ___ 9-12 ___

Classes or Courses to be Attempted this School Year

Sem	Subject	Cred ATT	Sem	Subject	Cred ATT

Agreement: We have read pages 1 and 2 of this agreement and hereby agree to all conditions set forth within.

	Print Name	Signature	
Student:			Date:
Parent/Guardian:			Date:
Parent/Guardian:			Date:
Enrollment Specialist:			Date:
Certificated staff directly responsible for providing educational assistance to this pupil and/or to provide on site support to master teachers in subjects as needed to meet requirements of No Child Left Behind Highly Qualified Teachers			
Supervising Teacher :			Date:
ELA:			Date:
Mathematics:			Date:
Social Science:			Date:
Science:			Date:
Other:			Date:

Manner, Time, Frequency: Students will meet with their assigned teacher at Sacramento Academic & Vocational Academy (SAVA) in order to review and submit a student's assignments and review the student's progress toward achieving the educational objectives for Independent Study. The parent, teacher and student shall mutually agree upon the date and time of such meetings and note them on the Assignment Sheet. The Assignment Sheet and Attendance Record shall be considered a component of this agreement.

Student Educational Objectives and Methods of Study: The student understands that they must make adequate and appropriate progress toward the attainment of the State Standards and that the course objectives will be consistent with the guidelines established in the SAVA handbook. A student's progress will be reported on the Assignment Sheet, the Attendance Record forms, grade reports and on student work samples. Activities selected as the means to reach the objectives may include, but are not limited to: reading, research, essays, term papers, flash cards, illustrations, oral reports, demonstrations, participation, group projects, lesson exercises, games, comprehension questions, computer programs, field trips, simulations, discussions, note-taking, videos, audio tapes, compact discs, and other educational activities.

Methods of Evaluating Student Work may include, but are not limited to: Semester Portfolio, weekly review of assignments by a credentialed teacher, demonstration, teacher observations, teacher evaluations, on-line exams and written and oral tests and quizzes. The student realizes that SAVA will provide the teacher services, instructional materials, and other necessary items and resources as specified for each assignment.

Student:

I understand that:

- Independent study is an optional educational alternative that I have voluntarily selected. I may return to my home district at any time.
- By entering Sacramento Academic & Vocational Academy I have not waived any rights as a student in my district, and I am entitled to service and resources upon return to that district. If I am a student with an active individualized education program (IEP), my IEP specifically provide for my enrollment in Independent study.
- I must follow all the discipline codes and behavior guidelines of the Sacramento Academic & Vocational Academy. Any violation of these guidelines or failure to meet school/district requirements could result in dismissal from Sacramento Academic & Vocational Academy.
- Visitation on any other school campus requires permission from that school.
- If I achieve only minimum study requirements at minimum mastery for a full semester. I will complete a minimum of 20 credits a semester. A regular high school program is 30 credits a semester. If I achieve fully an agreed upon breadth of material and assignment at an appropriate level of mastery I may earn as much as 40 credits per semester.

Student:

I agree to:

- Be supervised by my master teacher and/or other approved resource personnel.
 - Meet regularly with the assigned staff member. I understand that failure to complete 2 consecutive assignments, or four assignments within any semester, will result in an evaluation to determine if I should remain in independent study and may also result in one or more of the following:
 1. A letter of concern to me and my parent, guardian, or caregiver, if appropriate
 2. A specially scheduled appointment
 3. A special meeting with the teacher and/or counselor
 4. A meeting with the administrator, including my parent, guardian, or caregiver, if appropriate
 5. Placed on probation
 6. Increase in the amount of time I must be on campus or in an equivalent supervised situation
 7. Revocation of any work permit issued until my schoolwork is satisfactorily completed
 8. Termination of the agreement and my return to a regular classroom program of instruction or other appropriate alternative
 - Obtain transportation to scheduled meetings
- I understand that lack of transportation to the school site is not an acceptable reason for failing to meet with my teacher and/or supervisor to submit my completed assignments.
- Complete my assigned work and achieve at least the minimum performance requirements of the course of study. I understand that credit, which is based on mastery of learning, can only be issued after I have successfully completed an activity and it has been evaluated. I realize that each unit of credit is earned by evaluation of breadth of study by the certificated staff member; this is done by evaluating a) quality of work b) quantity of work and c) breadth of study

Parents/Guardian:

I understand that the major objective of Independent Study is to provide a voluntary educational alternative for my son or daughter.

- I agree to the above conditions listed under "Student." I also understand that:
- Individual course objectives are consistent with and evaluated in the same manner that they would be if he or she were enrolled in a traditional school program.
- I am liable for the cost of replacement or repairs for willfully damaged or destroyed books and other school property checked out to my son or daughter.
- Unless otherwise indicated, a teacher or supervisor will meet with my son or daughter on a regular basis to direct and measure progress. The time and location of meetings with the teacher or supervisor will be determined by the teacher or supervisor in consultation with my son or daughter.
- I am expected to encourage him or her to do more than the minimum study requirements.
- I have the right to appeal any decision about my son or daughter's placement, school program, or transfer according to the Gateway Community Charters procedures.

2020-21 Emergency Card



Student Full Legal Name: _____

Grade: _____

Date of Birth: _____

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 the cost 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 care and treatment to be performed by any licensed physician or surgeon.

Doctor's Name: _____ Phone # _____

Address: _____

Health Coverage: _____ Medical ID # _____

If my child is ill or has an emergency and I cannot be reached, please call and release my child to: (must have at least two)

Name: _____ Phone _____

Relationship to child: _____

Name: _____ Phone _____

Relationship to child: _____

Name: _____ Phone _____

Relationship to child: _____

Do of any of the following apply to your child?

- Special Education (RSP, Speech, SDC, IEP)
- 504 Plan
- Foster Youth
- Expulsion

Parent/Guardian Signature: _____

Date: _____

Health Information

My child has no know allergies or health conditions

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

- Asthma (date of last attack) __/__/____
- ADD/ADHD
- Food Allergy (list)

- Medication Allergy (list)

- Bee Sting Allergy
- Diabetes
- Heart Problems
- Migraines
- Seizure Disorder
- Vision Problems
 - Wears Glasses/Contacts
- Hearing Problems
 - Wears Hearing Aids
- Mental health condition
- Other serious allergies _____
- Chronic Health Condition _____
- Specialized health care procedures: _____
- Other: _____

List medication prescribed and dosage:

Does the drug need to be taken during school hours Y N

Any physical condition which limits participation in:

- Classroom Activities
- Physical Education

Please explain: _____

Health information gathered from this card and other sources throughout the school year, may be shared with school staff, when appropriate to protect the health and welfare of your child.

Are any of the above life threatening _____



CTE SAFETY RELEASE FORM

I, **(PRINT NAME OF PARENT OR LEGAL GUARDIAN HERE)**, _____,
parent or legal guardian of, **(PRINT STUDENT NAME HERE)** _____,
understand that my child may be participating in CTE (*Career Technical Education*) courses
this academic year.

I understand that in these courses students may be working with tools and other objects that can
cause injury and that these classes are taught and supervised by instructors that have expertise in their
field and conduct all courses with safety as the first priority.

By signing this form, I am giving my permission to use these tools and other objects and
release SAVA and Gateway Community Charters from any liability from injury or loss of property that
may occur in CTE classrooms or on CTE field trips. It is SAVA’s mission to ensure that all safety
procedures will be followed and that all students will be supervised and conduct themselves in a safe
manner. **Any student behaving in a manner that is unsafe or threatens the safety of others in any
way may be removed from that and all CTE courses for the duration of the semester at the
discretion of SAVA administration.**

Please complete the information below, including emergency contact information in
blue or black ink only.

Student Name (Print): _____ date: _____

Student Signature: _____ date: _____

Parent Name (Print): _____ date: _____

Parent Signature: _____ date: _____

Emergency Contact Name & Number:

Additional Contact Name and Number (Optional):
