

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



**1<sup>st</sup> Grade ONLY**  
*Check program of interest*  
\_\_\_\_\_ English \_\_\_\_\_ Mandarin

### Classroom Based Program

**Grades 1<sup>st</sup> - 8th**

Select year:  2018-2019 /  2019-2020

Grade: \_\_\_\_\_

Please print clearly

Date \_\_\_\_\_

**Please attach a copy of the current or most recent report card for students in grades 1-8**

Current School \_\_\_\_\_

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:

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

a) Why do you wish to attend Redding School of the Arts?  
\_\_\_\_\_  
\_\_\_\_\_

b) What kinds of things will you do to be successful in this program?  
\_\_\_\_\_  
\_\_\_\_\_

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

Check all categories that represent areas studied and/or interest:	<u>Has Interest</u>	<u>Currently Studying</u>
Instrumental Music .....	<input type="checkbox"/>	<input type="checkbox"/>
Voice/Choral.....	<input type="checkbox"/>	<input type="checkbox"/>
Drama / Stagecraft .....	<input type="checkbox"/>	<input type="checkbox"/>
Dance.....	<input type="checkbox"/>	<input type="checkbox"/>
Art.....	<input type="checkbox"/>	<input type="checkbox"/>

**Please complete reverse side of form**

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

a) State the reasons you wish to enroll your child in Redding School of the Arts?

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**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.
- Parent involvement/volunteering is not a requirement for acceptance to, or continued enrollment a RSA.
- Student may not concurrently attend a private school that charges for tuition.
- 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.*

*RSA will have a copy of my child's completed immunizations prior to the first day of school.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_