



**Sol Aureus College Preparatory**  
*A Tuition-Free Charter School Serving K-8 Grades*  
**Kindergarten Student Application**

**Please return completed and signed application to:**

**Sol Aureus College Preparatory**  
6620 Gloria Drive  
Sacramento, CA 95831  
OR Fax Forms to (916) 421-0601

School Year Applying for: \_\_\_\_\_

**ANY SECTION WITH AN \*\*\* MUST BE COMPLETED.**

**Required Supporting Documents**

**Kindergarten:**

- Copy of Birth Certificate, Passport, or Baptismal Certificate
- Copy of Immunization Record
- Copy of TB skin test showing date and results
- Report of Health Examination
- Oral Health Assessment or Waiver Request
- Home Language Survey
- Emergency Card

**FOR OFFICE USE ONLY: Date Received \_\_\_\_\_ by \_\_\_\_\_**

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### Student's Personal/Demographic Information

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Last Name	First Name	Middle Name	
SSN:	DOB (MM/DD/YYYY)	Gender	
***Hispanic Ethnicity (Yes / No)	***Ethnicity (e.g. African American, Latino, etc.)		
Does this student have an IEP?	Do you have a copy of the IEP?		
Has the student ever been expelled? If so, please explain:			
Street Address	City	State	Zip
Primary Phone #			
Home School District		Previous School Name	
Does the student have a sibling currently attending S.A.C. Prep? Yes/ No			

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### Instructional Program Information

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Has your child ever been retained? Yes \_\_\_ No \_\_\_      If yes, what grade? \_\_\_\_\_

Has your child ever been enrolled in any type of special program?    Yes \_\_\_ No \_\_\_

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### Medical Information

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***Insured/Last Name	First Name	Middle Name
Name of Health Insurance	Medical ID # / Policy #	Telephone #
Allergies	Medical Condition/ Chronic Illness	
Doctor's Last Name	First Name	Telephone #

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### Health Inventory

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Is your child currently taking any prescription medicine?    Yes \_\_\_ No \_\_\_

\*\*\*If yes, the following must be completed:

- a) A Prescription **MUST** be provided a physician
- b) Prescription health form must be completed by a physician
- c) Is your child able to take his/her medicine without help?    Yes \_\_\_ No \_\_\_
- d) Does your child need to bring any medicine to school?    Yes \_\_\_ No \_\_\_

*If yes, you **MUST** notify the school. All medicine must be left in the office  
Note: Over the counter medicine is not allowed on campus without a prescription.*

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### Required Residence Survey

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This information is federally mandated for reporting purposes as part of the McKinney-Vento Assistance Act.

Where is your child/family currently living? (Check one)

- In a single family permanent, regular and adequate residence (house, apartment, condo, mobile home)
- Temporarily doubled-up (sharing housing with other families/individuals due to hardship)
- In a shelter or transitional housing program
- In a motel/ hotel
- In a car or RV
- In a campsite
- At another location (please specify) \_\_\_\_\_

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### Media Release Authorization

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At times during the year, S.A.C. Prep may publish stories and photos of students for promotional materials such as the S.A.C. Prep website, brochures, printed materials, flyers, and newspaper articles about the school. S.A.C. Prep asks for your permission to publish photos of your child(ren) for school materials. S.A.C. Prep insures all parents/guardians that photographs will be used in a responsible and appropriate manner.

(Please initial next to selection)

Yes, I do give permission \_\_\_\_\_

No, I do not give permission \_\_\_\_\_

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

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### Parent Signature and Acknowledgment

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*NOTE: The information that you have provided on this form will not be used to reject or track your child. The information that you have given us will only be used to help S.A.C. Prep better support and tailor the educational program that will best serve your child's needs.*

**\*\*\* I affirm, to the best of my knowledge, that the above information is correct and that I will notify the school each time there is a change in any of this information.**

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

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### Mother / Guardian Contact Information

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\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Telephone # Cell Phone# Work Telephone #

\_\_\_\_\_  
\*\*\*Email Address Occupation Employer

\_\_\_\_\_  
Hispanic Ethnicity (Yes / No) Primary Language

**\*\*\*Parent's highest level of education received:**

High School Graduate                       Graduate Degree/ Higher  
 Some College/ Associate Degree             Not a High School Graduate  
 College Graduate                               Decline to State

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**Father / Guardian Contact Information**

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Last Name	First Name	Middle Initial
Street Address	City	State            Zip
Home Telephone #	Cell Phone#	Work Telephone #
***Email Address	Occupation	Employer

Hispanic Ethnicity (Yes / No)                      Primary Language

**\*\*\*Parent's highest level of education received:**

High School Graduate                       Graduate Degree/Higher  
 Some College/Associate Degree             Not a High School Graduate  
 College Graduate                               Decline to State

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**Emergency Contact Information**

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<b>Contact 1:</b>	Last Name	First Name	Relationship	Telephone #
<b>Contact 2:</b>	Last Name	First Name	Relationship	Telephone #
<b>Contact 3:</b>	Last Name	First Name	Relationship	Telephone #

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**General Emergency Authorization**

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In an emergency, when I cannot be reached, I authorize the school authorities to take my student, at my expense, to my family doctor, licensed physician, nearest hospital or emergency first aid station for treatment. This consent is effective until revoked in writing.

(Please Initial next to selection)

Yes, I do give permission \_\_\_\_\_

No, I do not give permission \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Notice of Non-discrimination Policy for Students**

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Sol Aureus admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Sol Aureus does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, and athletic or other school-administered programs.

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## Commitment to Excellence

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### Student's Commitment

I fully commit to S.A.C. Prep in the following ways:

**PREPARATION**

- I will arrive at S.A.C. Prep on time every day and bring the proper uniform and materials to school.

**RESPECT**

- I will work, think, and behave in the best way that I know how.

**RESPONSIBILITY**

- I will complete all of my homework every night and have one of my parents/guardians sign it, and I will ask for help when I do not understand something.

**COMMUNITY**

- I will keep my school clean and treat my teammates, staff, and visitors with kindness, courtesy, and respect.

**EXCELLENCE**

- I will give my best effort to take no shortcuts on the road to being the best student and person that I can be.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Parent/Guardian's Commitment

I fully commit to S.A.C. Prep in the following ways:

**PREPARATION**

- I will support my child(ren) by getting them to school and making sure that they have the proper uniform and materials.

**RESPECT**

- I will help community members and visitors feel welcome by treating one another with kindness, courtesy, and respect.

**RESPONSIBILITY**

- I will check my child(ren)'s homework every night and I will also sign the homework and let him/her call a classmate or the teacher if there is a problem.

**COMMUNITY**

- I will help create a safe space for all S.A.C. Prep families, students, and staff by respecting the diversity found in the school.

**EXCELLENCE**

- I will help my child(ren) take "no shortcuts" by encouraging them to adhere to their Commitment to Excellence contract.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_



# Sol Aureus College Preparatory

6620 Gloria Drive

Sacramento, CA 95831

Phone: (916) 421-0600 | Fax (916) 421-0601

## REQUEST FOR TRANSCRIPT / PERMANENT FILE

Current School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current School Address: \_\_\_\_\_

*\*For office use only*

To: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

To Whom It May Concern,

The following student has enrolled at Sol Aureus College Preparatory for the current school year. In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, **please forward all school records to the above address. (WE DO NOT RECEIVE DISTRICT MAIL).**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

If you do not have the cumulative records for the student above, please call S.A.C. Prep at (916) 421-0600.

Thank you,  
Student Records Department