



Accelerating Academics in an Enriching Environment

an award-winning, tuition-free, public charter school

2020-21

Dear Parent/Guardian:

Congratulations! It is our pleasure to inform your family that your student(s) is/are being offered a seat at our school. In order for your child(ren) to become a Sycamore Valley Academy student, there are several pieces of paperwork that must be completed and returned to us. The checklist below and attached documents should help you meet the deadline. This paperwork must be returned to us by **March 13, 2020**.

One full set of enrollment paperwork is required for each child enrolling at SVA.

REQUIRED ENROLLMENT PAPERWORK	
	Student Enrollment Form - 3 pages
	Emergency Contact and Medical Information for a Child Form
	Request for Student Records (not required for TK & K students)
	Checklist of Gifted Attributes
	Photocopy of IEP, 504 plan, or Doctor's plan for care at school (only if applicable) *Parent/Guardian provides
	Copy of Birth Certificate* or signed Affidavit establishing school age eligibility (only required for TK & K students) <small>*used to determine age eligibility only; record will be destroyed after eligibility is established.</small>
	Oral Health Assessment Form (only required for TK & K students)
	Legible photocopy of Immunization Records (yellow card), and negative TB results *Parent/Guardian provides
	Physical Exam Form (only required for TK & K students)

This paperwork can be scanned & emailed to admissions@theacademiescharters.org, hand-delivered to the SVA front office, or mailed to either our P.O. Box or our physical address. We will review enrollment paperwork for completion, and will notify you if there are any items missing or if further information is needed.

We expect all pieces of the enrollment paperwork to be submitted by the deadline. If they are not received, SVA may offer your seat to the next student on the admissions priority list. If your family is having trouble meeting this deadline, contact the SVA Office Assistant, Joy George, to make special arrangements to reserve your seat while you gather the required documents to complete the enrollment process. If you have any questions regarding the enrollment paperwork, you are encouraged to send those to admissions@theacademiescharters.org or call (559) 622-3236.



Accelerating Academics in an Enriching Environment

an award-winning, tuition-free, public charter school

2020-21

We encourage you to plan ahead for next year by reviewing our included Uniform Dress Code Policy.

In August, we will hold a “New Parent Orientation,” which is the final requirement for enrollment at SVA. We will be in touch with you to let you know the date and time of this event a few weeks in advance. At this Orientation, you will have the chance to sign up for after-school care. In addition, SVA will send home the Parent/Student Handbook and some additional paperwork on the first day of school.

We suggest that you bookmark our school website, sign up to receive “News & Notes” emails, and “like” SVA on Facebook. This will keep you informed and connected to our school!

On behalf of the team of founders, The Academies CMO Board of Directors, our teachers and staff, we again congratulate your family. We know that Sycamore Valley Academy is a great place to learn, and that our student-centered program makes a positive difference in the lives of many families. We look forward to knowing you and your child. We extend a warm welcome to you as you join the SVA community!

Sincerely,

Allan Benton
Principal



Accelerating Academics in an Enriching Environment

an award-winning, tuition-free, public charter school

2020-21

STUDENT ENROLLMENT FORM 2020-21

FIRST NAME		MIDDLE	LAST
SEX	GRADE	DATE OF BIRTH	BIRTH CITY, STATE, COUNTRY
HOW DID YOU HEAR ABOUT US?			
PHYSICAL ADDRESS			
STREET		CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT)			
STREET		CITY	STATE ZIP CODE
PHONE NUMBERS			
HOME		CELL #1	CELL #2
SCHOOL DISTRICT OF RESIDENCE	PUBLIC SCHOOL ATTENDANCE ALTERNATIVE (Which school would child attend according to your physical address, assuming no inter-district transfers?)		
MOST RECENT PREVIOUS SCHOOL			
NAME		CITY, STATE	
PRIMARY EMAIL ADDRESS			
SECONDARY EMAIL ADDRESS			
ETHNICITY			
Used for state or federal reporting only. Mark a 1 next to the student's primary ethnicity, and an X next to each additional ethnicity the student identifies with.			
<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Southeast Asian (Cambodian, Vietnamese, Laotian, Hmong, Thai, etc.) <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other, non-White <input type="checkbox"/> Decline to State			
HOME LANGUAGE SURVEY			
Students with a language other than English, as reported by parents in response to these questions, are required by state law to take the CELDT test to assess English proficiency.			
What language did the student first learn to speak? _____			
What language does the student most frequently read/speak at home? _____			
What language does the parent/guardian most frequently speak to the student? _____			
What language is most often spoken by adults in the home? _____			
Is the student fluent in English? _____			
TECHNOLOGY IN THE HOME SURVEY			
Does your family have an operable personal computer (Mac or PC) at home? _____ A printer? _____			
Does your family have Internet connection in the home? _____			
Is email communication (via the primary email address stated above) a reliable way to communicate with your family? _____			

First Name	Middle	Last	Grade
------------	--------	------	-------

PARENT/GUARDIAN RELEASES
Initial next to each item below to indicate agreement with the statement. Leave blank to indicate disagreement.

_____ My student is allowed to access the Internet at school for instructional or research purposes.

_____ I give my permission for student contact information (student name, phone number, email address) to be included in a class directory. Check below the items you approve for sharing:
_____ student name _____ phone number _____ email address

_____ I give my permission for Sycamore Valley Academy to use my student's work or projects as public examples of the program at SVA.

ESTIMATED ANNUAL HOUSEHOLD INCOME
This data will be used to ensure SVA has the best resources and funding available to serve your student. This information is kept confidential and will not be shared with outside persons or agencies. *Annual household income is your yearly gross earnings (before deductions or taxes) from all contributing household members combined. Include any income received by a minor from full- or part-time employment. Include income received for a child from SSI, welfare, child support, or adoption assistance programs.*

Directions: Find your household size among the vertical column of options on the left. From there, move your finger across the row horizontally to find the income range that best describes your family. Place a check in the appropriate box.

Household Size	Annual Household Income			
2	\$0 to \$17,045	\$17,046 to \$21,983	\$21,984 to \$31,284	\$31,285 +
3	\$0 to \$21,495	\$21,496 to \$27,729	\$27,730 to \$39,461	\$39,462 +
4	\$0 to \$25,945	\$25,946 to \$33,475	\$33,476 to \$47,638	\$47,639 +
5	\$0 to \$30,395	\$30,396 to \$39,221	\$39,222 to \$55,815	\$55,816 +
6	\$0 to \$34,845	\$34,846 to \$44,967	\$44,968 to \$63,992	\$63,993 +
7	\$0 to \$39,295	\$39,296 to \$50,713	\$50,714 to \$72,169	\$72,170 +
8	\$0 to \$43,745	\$43,746 to \$56,459	\$56,460 to \$80,346	\$80,347 +

SPECIAL SERVICES SURVEY

Has your student ever received Special Education services of any kind? _____

Has your student ever received Section 504 services of any kind? _____

If NO, sign and date here:
I certify that my student has never received Special Education services of any kind. I further certify that my student does not have a 504 plan.
Parent/Guardian _____ Date _____

If YES, sign and date here, and provide Sycamore Valley Academy with a copy of the IEP, including an exit IEP, or 504 plan, as applicable:
I understand that I must submit all Special Education documentation and/or 504 plan with my student's enrollment paperwork, and that without it, my child cannot be enrolled at Sycamore Valley Academy.
Parent/Guardian _____ Date _____

OTHER CONSIDERATIONS

Does your student have any learning challenges? _____ If yes, please explain. _____

Has your child been retained or skipped a grade? _____ If yes, please explain. _____

Has this student been previously expelled or suspended from school? _____ If yes, please explain. _____

Does your student have any physical limitations (vision, hearing, etc.) or allergies we should be aware of? _____ If yes, please explain. _____

Does your student take any medications that may require school staff assistance? _____ If yes, please explain briefly here, and submit a doctor's plan for the student's care at school prior to the first day of school. _____

First Name	Middle	Last	Grade
------------	--------	------	-------

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name _____

FIRST
MIDDLE
LAST

Relationship to Student _____ Lives with student? _____
Send student mailings? _____

Street Address (if different than student) _____

STREET
CITY
STATE
ZIP

Employer _____
Work Address _____
Work Phone _____ extension _____

Is Parent/Guardian 1 employed in one or more agricultural or fishing activities on a seasonal or other temporary basis? _____

Highest Level of Education Attained by Parent/Guardian 1:
☐ Graduate Degree (i.e. MA, MS, PhD, EdD, PsyD)
☐ College Graduate (i.e. BA, BS, BFA)
☐ Some College (i.e. AA or 2 years of 4 year degree)
☐ High School Graduate (diploma or GED)
☐ Not a High School Graduate
☐ Decline to State

Parent/Guardian 2 Name _____

FIRST
MIDDLE
LAST

Relationship to Student _____ Lives with student? _____
Send student mailings? _____

Street Address (if different than student) _____

STREET
CITY
STATE
ZIP

Employer _____
Work Address _____
Work Phone _____ extension _____

Is Parent/Guardian 2 employed in one or more agricultural or fishing activities on a seasonal or other temporary basis? _____

Highest Level of Education Attained by Parent/Guardian 2:
☐ Graduate Degree (i.e. MA, MS, PhD, EdD, PsyD)
☐ College Graduate (i.e. BA, BS, BFA)
☐ Some College (i.e. AA or 2 years of 4 year degree)
☐ High School Graduate (diploma or GED)
☐ Not a High School Graduate
☐ Decline to State

I understand that I am enrolling my student at Sycamore Valley Academy (SVA), a public charter school. While my student is enrolled at SVA, it is prohibited for my student to attend any other public or private school. I am enrolling my child at Sycamore Valley Academy by free choice.

Parent/Guardian _____ Date _____

Emergency Contact and Medical Information for a Child

Child's Name		Date of Birth		M	F
				Sex	
Parent/Guardian's Name		Relation	Parent/Guardian's Name		Relation
()	()		()	()	
Home Phone		Work Phone	Home Phone		Work Phone
Address		Address			
City, State		ZIP Code	City, State		ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact		Relation	Secondary Emergency Contact		Relation
()	()		()	()	
Home Phone		Work Phone	Home Phone		Work Phone
Address					
City, State		ZIP Code	City, State		ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	() Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parents/Guardians Signature	Date
-----------------------------	------

I give permission for my child to go on field trips. I release Sycamore Valley Academy and individuals from liability in case of accident during activities related to Sycamore Valley Academy as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
-------------------------------	------

Witness Signature	Date
-------------------	------



Accelerating Academics in an Enriching Environment

an award-winning, tuition-free, public charter school

2020-21

Request for Student Records

Date _____

To _____ Fax # _____
NAME OF MOST RECENT SCHOOL

_____ Phone # _____
STREET ADDRESS

CITY, STATE, ZIP

I give Sycamore Valley Academy the authorization to request my student(s) cumulative (CUM) record for the students listed below:

Parent/Guardian Signature

Date

Last Name	First Name	Middle Name	Birthdate	Grade

For SVA Office Use Only

Cumulative Records requested by:

Date:

Request follow-up by:

Date:

Received on:

Gifted Development Center a service of

The Institute for the Study of Advanced Development

CHARACTERISTICS OF GIFTEDNESS SCALE

Name of Child _____ Name of Parent _____ Date _____

Compared to other children your child's age, to what extent do these descriptors fit your child?

<u>Characteristic</u>	<u>Not True</u>	<u>Uncertain</u>	<u>True</u>	<u>Very true</u>
1. Reasons well (good thinker)	_____	_____	_____	_____
2. Learns rapidly	_____	_____	_____	_____
3. Has extensive vocabulary	_____	_____	_____	_____
4. Has an excellent memory	_____	_____	_____	_____
5. Has a long attention span*	_____	_____	_____	_____
6. Sensitive (feelings hurt easily)	_____	_____	_____	_____
7. Shows compassion	_____	_____	_____	_____
8. Perfectionistic	_____	_____	_____	_____
9. Intense	_____	_____	_____	_____
10. Morally sensitive	_____	_____	_____	_____
11. Has strong curiosity	_____	_____	_____	_____
12. Perseverant when interested*	_____	_____	_____	_____
13. Has high degree of energy	_____	_____	_____	_____
14. Prefers older companions/adults	_____	_____	_____	_____
15. Has a wide range of interests	_____	_____	_____	_____
16. Has a great sense of humor	_____	_____	_____	_____
17. Early or avid reader**	_____	_____	_____	_____
18. Concerned with justice, fairness	_____	_____	_____	_____
19. Judgment mature for age <i>at times</i>	_____	_____	_____	_____
20. Is a keen observer	_____	_____	_____	_____
21. Has a vivid imagination	_____	_____	_____	_____
22. Is highly creative	_____	_____	_____	_____
23. Tends to question authority	_____	_____	_____	_____
24. Shows ability with numbers	_____	_____	_____	_____
25. Good at jigsaw puzzles	_____	_____	_____	_____
26. Is an independent learner	_____	_____	_____	_____

*(Long attention span or perseverant if interested; Does the child stay with tasks for long periods of time?)

***(If the child is too young to read, is intensely interested in books)*

© Linda Silverman, 1993

Please give examples of those characteristics that best describe your child. (Use back of sheet.)

8120 Sheridan Blvd. Suite C-111, Westminster, CO 80003 ●● Voice 303-837-8378 ●● Fax 303-831-7465
www.gifteddevelopment.com ●● Revised: 2014

Do you believe your child may be intellectually gifted?

yes

no

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 35%; border-top: 1px solid black; padding-top: 5px;"> Licensed Dental Professional Signature </div> <div style="width: 30%; border-top: 1px solid black; padding-top: 5px;"> CA License Number </div> <div style="width: 30%; border-top: 1px solid black; padding-top: 5px;"> Date </div> </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- ☐ I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is:
- ☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Other _____ ☐ None
- ☐ I cannot afford a dental check-up for my child.
- ☐ I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____

Signature of parent or guardian *Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

INCIDENT POLICY

1. WRITTEN WARNING

SVA staff will send a written warning the first time a student is out of uniform. Parents must sign the warning and return it within 2 school days.

2. PARENT CALL

On the second offense, a parent will be called to bring the appropriate item(s) or take their student home to change.

3. PARENT MEETING

Repeated offenses will result in a meeting with the Principal to resolve the problem. Parent cooperation is so important at SVA and if there's an issue, we want to help!

4. SPECIAL CIRCUMSTANCES

The Principal reserves the right to make any exceptions or extended warnings to families if a situation warrants it.

PLEASE DON'T WEAR

- Patterns, embellishments or logos
- BLUE (except for denim items noted)
- Sleeveless or cropped tops of any kind (tank tops, spaghetti straps, backless, etc.)
- Skirts and shorts that are too short or tight (no miniskirts or "short shorts")
- Pants that are too baggy or too tight
- Light-up sneakers, flip-flops, jellies, or wheelies



PRESENTATION



To follow the SVA Dress Code just remember to keep it

SOLID & SIMPLE

Clothing should be modest and plain, with no patterns, embellishments or logos and must fit properly.

Official SVA Logo Apparel is allowed and available.

All shirts must have collars.

Buttendowns, turtlenecks, Peter-Pan collars and polo shirts are allowed. Shirts must be green or a neutral color like tan, grey, black or white. No other shirt colors are allowed.

Shoes should be practical and neutral.

Tennis shoes, boots, dress flats (i.e. Mary Janes), and sandals are permitted. Shoes and boots may not have heels higher than 1".

Denim is allowed. Pants, Shorts, Skirts, Skorts and Jackets can be denim as long as it does not have visual logos, embellishments, special washes, etc. No other blue fabric is acceptable for any item.

Please use the color palette to guide your choices.
GREEN • KHAKI • BROWN • GREY • BLACK • WHITE

