Sacramento City Unified School District
Sacramento New Technology Early College High School
1400 Dickson St. ◆ Sacramento, CA 95822
Office: (916) 395-5254 ◆ FAX: (916) 433-2840 ◆ www.newtech.scusd.edu

ADMISSIONS INTEREST FORM
*REGISTRATION DEADLINES: **FALL**, September 29, 2024 │ **SPRING**, February 28, 2025*

STUDENT INFORMATION		
Last Name	First Name	Middle Name
Gender ☐ Male ☐ Female ☐ X	Date of Birth	Going into Grade Level *(applying for)*: ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th
Student Email:		
Student Cellphone:		Last School Attended:

Street Address	City	State	Zip Code

1) PRIMARY - Parent/Guardian whom student lives with:		Relationship to Student
Parent/Guardian Email:		
Home Phone Number	Cellphone Number	Work Phone Number

2) SECONDARY - Parent/Guardian whom student lives with:		Relationship to Student
Parent/Guardian Email:		
Home Phone Number	Cellphone Number	Work Phone Number

*Admission Notice: SNTECHS's admission is on a first-come, first-served basis. If applications exceed available spots by the registration deadline, a lottery will be held. Students not selected will be placed on a waiting list based on their lottery results. Enrollment will be offered as space becomes available, according to the waitlist order. For more information, visit www.newtech.scusd.edu or contact Mr. Hernandez, our registrar, at Hugo-Hernandez@scusd.edu or call 916-395-5254.

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ENROLLMENT APPLICATION PACKET
*REGISTRATION DEADLINES: **FALL**, September 29, 2024 │ **SPRING**, February 28, 2025*

GENEREAL DEMOGRAPHICS QUESTIONNAIRE	
Student Name:	**Current Grade:**
What is the name of your neighborhood high school?	
How or where did you hear about Sacramento New Technology Early College program?	
Were you referred to us by a current student or their family? ☐ YES ☐ NO If yes, please provide the full name of the student or family who referred you:	
Do you have any older siblings who attended New Tech? ☐ YES ☐ NO If yes, please provide their names:	

1) FOR 1ST PARENT/GUARDIAN HIGHEST EDUCATION LEVEL – *Check UNDERLINE ONE, even if in the same or different household:*

☐ Not a High School Graduate   ☐ High School Graduate   ☐ Some College (includes AA degrees)
☐ College Graduate   ☐ Graduate Degree or Higher   ☐ Declined to state

2) FOR 2ND PARENT/GUARDIAN HIGHEST EDUCATION LEVEL – *Check ONE, even if in the same or different household:*

☐ Not a High School Graduate   ☐ High School Graduate   ☐ Some College (includes AA degrees)
☐ College Graduate   ☐ Graduate Degree or Higher   ☐ Declined to state

HOME LANGUAGE SURVEY:
1. What was the first language your child learned to speak?
  ☐ ENGLISH ☐ SPANISH ☐ OTHER: _____

2. What language does your child use most often at home?
  ☐ ENGLISH ☐ SPANISH ☐ OTHER: _____

3. What language do you most often use when speaking to your child?
  ☐ ENGLISH ☐ SPANISH ☐ OTHER: _____

4. What language is most commonly spoken by adults in the home?
  ☐ ENGLISH ☐ SPANISH ☐ OTHER: _____

KEY UNDERSTANDINGS

KEY COMPONETS OF SNTECHS: Sacramento New Technology Early College High School is an innovative program, parents and students must acknowledge their understanding of its key components. This form ensures that all partners — students, families, and school staff — are in an agreement about the program's expectations and requirements.

PROGRAM OBJECTIVES:
New Tech Early College considers college admission the goal for all students. Please be aware of these elements of the program.
- ❖ Coursework at New Tech Early College is challenging: students complete a minimum 260 credits for graduation.
- ❖ Students complete university A-G requirements to graduate.
- ❖ Students enroll in community college coursework and *complete college credits prior to graduation*.
- ❖ Struggling students participate in interventions to assure success by graduation.

New Tech Early College offers the most personalized program possible:
- ❖ Students are in grade level advisories to help guide them through high school and into college or career.
- ❖ We strive to have a teacher to student ratio of 1:25 in every class.
- ❖ Student voice and choice are encouraged through Student Council and the Principals Advisory Cabinet.
- ❖ We offer 3 college pathways designed to meet the post high school needs of every student.

Project Based Learning (PBL model) is the bedrock of the New Tech Early College program.
- ❖ Students are teamed to work on projects for almost all major assignments.
- ❖ Students are expected to exhibit flexibility and responsibility.
- ❖ The discipline to stay on task and maintain focus on project timelines is critical.
- ❖ Project content and concepts are based on the California State Standards.
- ❖ Projects are graded by peers, teachers, field experts, and parents.

New Tech Early College Pillars of Culture, Character and Community:
- ❖ Trust
- ❖ Respect
- ❖ Responsibility
- ❖ Relationships

SPECIAL EDUCATION SERVICES

Does your student receive Special Education services? □ *YES* □ *NO*

If *NO* to Special Education services, sign and date at the bottom of the page, and proceed to the next page.

If *YES* to receiving Special Education services, <u>provide a copy of the most current IEP or 504 Plan</u> with the enrollment application to ensure timely delivery of appropriate services to your student.

Type of Special Education Services received:

□ **RSP**   □ **SDC**   □ **BIP**   □ **OTHER:**_____

If the student has received Special Education services in the past, but was exited from the program please provide the exit date and the name of the last school where they received services:_____

_____

_____

Name of school where the student most currently received Special Education Services:

Acknowledgment of Services Notice:

I understand that New Tech Early College follows a full inclusion model, where students with disabilities are educated within the general education classroom. New Tech Early College believes that students with learning disabilities benefit from being served in the general education setting whenever possible. To ensure appropriate instruction and services, special education teachers collaborate with general education teachers to provide the necessary support for students with disabilities.

I acknowledge that I have read and understood this notice regarding the services provided to my child.

Parent Signature: _____ **Date:** _____

SMALL - SCHOOLS RELEASE FORM

To the Parent or Guardian,

By completing this form, you are instructing the Office or Registrar at your child's school of residence to release your child from their current enrollment. Once your child is released, Sac New Tech Early College will finalize their enrollment.

1) Student Information:

Student Name:_____ Date of Birth: _____

Name of current school: _____ Current Grade:_____

2) Parent or Guardian Contact Information:

Parent Name: _____

Parent Cellphone: _____

Parent Email: _____

I request that my child be released from their current school of residence as of this date:_____

Parent or Guardian Signature: _____ Date: _____

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3) To the School of Residence:

The family named above has requested to enroll their student at Sacramento New Technology Early College High School. The student is expected to begin school on this date _____ and is to be dropped from your school's enrollment as of this date _____.

Hugo Hernandez, Registrar
Sacramento New Technology Early College High School
1400 Dickson St., Sacramento, CA. 95822
Office: 916-395-5257 I Fax: 916-433-2840
Hugo-Hernandez@scusd.edu

STUDENT REGISTRATION FORM

SECTION A: STUDENT DEMOGRAPHIC INFORMATION

Last Name	First Name	Middle Name

IS YOUR CHILD Hispanic or Latino?   ☐ Yes ☐ No

WHAT IS YOUR CHILD'S RACE? (Check all that apply; mark "P" next to your child's primary race.)

☐ American Indian or Alaskan Native	☐ Filipino/Filipino American	☐ Korean	☐ Samoan
☐ African American or Black	☐ Guamanian	☐ Laotian	☐ Tahitian
☐ Asian Indian	☐ Hawaiian	☐ Other Asian	☐ Vietnamese
☐ Cambodian	☐ Hmong	☐ Other Pacific Islander	☐ White
☐ Chinese	☐ Japanese		

Date student first attended school in *California* (NOT PRE-K, NOT TK):

Date student first attended school in the *United States* (NOT PRE-K, NOT TK):

Is there a legal custody agreement regarding this student? ☐ Yes   ☐ No

If yes, check: ☐ *Sole Custody*   ☐ *Joint Custody*   ☐ *Guardian*   ☐ *Foster/Group Home*

Is the student involved in any active court orders? ☐ **No**   ☐ **Yes** *If yes, what kind?*

What other special services does your child receive:

☐ Resource (RSP)	☐ 504	☐ Speech & Language	☐ Gifted (GATE)
☐ Special Day Class (SDC)	☐ IEP	☐ English Learner Support	☐ NONE

HAS YOUR CHILD EVER BEEN EXPELLED?   ☐ No   ☐ Yes

If yes, provide the name of the school and district:

OTHER NONE-HOUSEHOLD EMERGENCY CONTACTS:
Place a check next to people who may also check out your child out of school.

☐ Name	Date of Birth	Relationship	Phone Number
☐ Name	Date of Birth	Relationship	Phone Number
☐ Name	Date of Birth	Relationship	Phone Number
☐ Name	Date of Birth	Relationship	Phone Number
☐ Name	Date of Birth	Relationship	Phone Number

PLEASE READ: California Education Code 49408 states that school districts can require that emergency information be kept current. Parent/guardian is responsible for notifying the school, in writing, of telephone or address changes with three (3) days of occurrence. If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

SECTION B: HEALTH AND EMERGENCY INFORMATION

☐ Check here, if student has **NO KNOWN HEALTH PROBLEMS.**

☐ Check here, if student **HAS KNOWN HEALTH PROBLEMS** and check all that apply below:

    ☐ ADD/ADHD   ☐ Asthma   ☐ Heart Problems   ☐ Seizures

    ☐ SEVERE Allergy to: _____   ☐ Diabetes: Type I _____ Type II _____

    ☐ Epi-Pen   ☐ Other: _____

☐ Check here if student wears glasses/contact lenses. | ☐ Check here if student has hearing loss or uses hearing aids.

Does student have any condition that limits participation in: ☐ Classroom   ☐ Physical Education ☐ NONE
If so, explain:

Note: California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.

FOR MEDICATION: List all medications, including dosage, taken by your child and indicate whether medication is needed at home, school, or both.

☐ AT HOME: _____

☐ AT SCHOOL: _____

☐ Special Instructions/Comments related to Medical 504 Plan, special health needs, emergency care plan, etc:
    _____

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

Physician Name _____ Phone _____

Emergency Facility and Phone Number _____

Does this student have health insurance? ☐ Yes ☐ No   **Does this student have dental insurance?** ☐ Yes ☐ No

Name of Insurance or Health Plan Provider: _____

Student's Medical Record Number: _____

If none, I give permission to SCUSD to share this information to help apply for health insurance for my child. ☐ Yes ☐ No

I certify that the information provided is accurate to the best of my knowledge, and I understand my responsibility.

_____   _____   _____

Signature of Person Registering Student   **Relationship to Student**   **Date**

SECTION C: HOUSEHOLD INFORMATION

Are there other students in this household who attend ANY SCUSD schools (Elementary, Middle, or High Schools)?

☐ **No** - Skip to Primary Household.   ☐ **Yes** – Complete the table below, attach additional paper if needed.

1st student's LEGAL name	Date of Birth	Grade & School	Relationship to student
2nd student's LEGAL name	Date of Birth	Grade & School	Relationship to student
3rd student's LEGAL name	Date of Birth	Grade & School	Relationship to student
4th student's LEGAL name	Date of Birth	Grade & School	Relationship to student
5th student's LEGAL name	Date of Birth	Grade & School	Relationship to student

1st PARENT/GUARDIAN – PRIMARY HOUSEHOLD

Household Address for 1st Parent/Guardian: *This is the address where the student underline primarily lives.*

Number	Street	Apt.	City	State	Zip

1st Parent/Guardian Full Legal Name:	Has this person ever been a student in SCUSD? ☐ **YES** ☐ **NO**

Date of Birth	Home Phone	Cell Phone	Work Phone

Email Address	*Relationship to Student*	Preferred Contact Preferences: ☐ Infinite Campus Parent Portal ☐ Email ☐ Mailing ☐ Cell/Phone

Other Adult in the Household *(Not the primary or secondary parent/guardian)* Full Legal Name:	Has this person ever been a student in SCUSD? ☐ **YES** ☐ **NO**

Relationship to Student:	Date of Birth:	Home Phone:	Cell Phone:	Work Phone:

2nd PARENT/GUARDIAN – SECONDARY HOUSEHOLD

Household Address for 2nd Parent/Guardian:

_____

| Number | Street | Apt. | City | State | Zip |

2nd Parent/Guardian Full Legal Name:	Has this person ever been a student in SCUSD? ☐ YES ☐ NO

Date of Birth	Home Phone	Cell Phone	Work Phone

Email Address	Relationship to Student	Preferred Contact Preferences: ☐ Infinite Campus Parent Portal ☐ Email ☐ Mailing ☐ Cell/Phone

Other Adult in the Household (Not the primary or secondary parent/guardian) Full Legal Name:	Has this person ever been a student in SCUSD? ☐ YES ☐ NO

Relationship to Student:	Date of Birth:	Home Phone:	Cell Phone:	Work Phone:

AUTOMATED MESSENGER CONTACT INFORMATION: Check to _receive automated messages_.					
	Attendance	Behavior	General	Teacher	Priority
Primary Guardian's Email Address	☐	☐	☐	☐	☐
Primary Guardian's Home Phone	☐	☐	☐	☐	☐
Primary Guardian's Cell Phone	☐	☐	☐	☐	☐
Primary Guardian's Work Phone	☐	☐	☐	☐	☐
Other Adult's Cell Phone	☐	☐	☐	☐	☐
Secondary Guardian's Email Address	☐	☐	☐	☐	☐
Secondary Guardian's Home Phone	☐	☐	☐	☐	☐
Secondary Guardian's Cell Phone	☐	☐	☐	☐	☐
Secondary Guardian's Work Phone	☐	☐	☐	☐	☐
Other Adult's Cell Phone	☐	☐	☐	☐	☐

SCHOOL MOST RECENTLY ATTENDED				
School	City and State	Grade Level	Date Started	Date Left

Check-Off List

Along with the application, we will be needing copies of the following:

- ☐ 1) *Birth Certificate*
- ☐ 2) *Immunization Records*
- ☐ 3) *Copy of Transcript*
- ☐ 4) *IEP or 504 Plan copies of most recent services, if any.*
- ☐ 5) *Parent/Guardia Photo ID*
- ☐ 6) *Utility Bill*

Please attach your child's transcript. We may be unable to create an accurate schedule for your student without this information.

This concludes the enrollment process, thank you.

Lista de verificación

Junto con la aplicación, necesitaremos copias de los siguientes documentos:

- ☐ 1) *Acta de nacimiento*
- ☐ 2) *Registro de vacunas*
- ☐ 3) *Boleta oficial de calificaciones*
- ☐ 4) *Plan de educación individual (IEP) o plan 504, si es que recibe servicios.*
- ☐ 5) *Identificación del padre/guardián*
- ☐ 6) *Factura de utilidades*

Por favor asegúrese de adjuntar la boleta de calificaciones de hijo(a) o de lo contrario no podemos crear un horario preciso sin esta información.

Esto concluye el proceso de inscripción, gracias.