



2019-2020 Student Application

The Soulsville Charter School is a free public charter school-serving students in grades 6-12. There is no cost to apply to or attend The Soulsville Charter School. We are currently accepting student applications for Grades 6-10 for the 2019-2020 school year and 2018-2019 waitlist spots.

MISSION

The Soulsville Charter School will prepare students for success in college and life in an academically rigorous, music-rich environment.

PROGRAM ENRICHMENT

- Rigorous Academics
- Character Education
- Highly Structured Learning Environment
- Extended School Day Hours – (7:40 am – 3:00 pm M -Th; 7:40 – 2:15 pm F)*
- Summer Growth Experiences
- Saturday RISE Rewards
- Music Instruction - Soulsville Symphony Orchestra, Band and Choir
- Leadership and Volunteer Activities

*Students who have Assigned Mandatory Tutoring (AMT), Monday-Thursday, are dismissed at 3:45 pm on the days they have tutoring.

COMPREHENSIVE STUDENT SERVICES

- Mentoring
- Academic Tutoring
- Health Referrals
- Social Referrals
- Study Skills and Test Preparation
- College Guidance
- Alumni Support

The Soulsville Charter School has a unique collection of programs, services, workshops, field trips, guest speakers, and special opportunities that support and enhance the core curriculum.

<i>Office Use Only</i>
_____ (Application Submission Date)
_____ (Received By)
Student Name: _____
Office Code: _____

Mother's Information

Name _____
(Please print)

Address _____ Home Phone _____
City _____ State _____ Zip _____

Email Address _____

Employer _____ Work Phone _____
Work Address _____ Work Days _____
City _____ State _____ Zip _____ Work Hours _____

Check Applicable Status:

- Married Separated Widowed
 Divorced Single
-

Father's Information

Name _____
(Please print)

Address _____ Home Phone _____
City _____ State _____ Zip _____

Email Address _____

Employer _____ Work Phone _____
Work Address _____ Work Days _____
City _____ State _____ Zip _____ Work Hours _____

Check Applicable Status:

- Married Separated Widowed
 Divorced Single
-

Guardian Information (If different than above)

Name _____
(Please print)

Address _____ Home Phone _____
City _____ State _____ Zip _____

Email Address _____

Employer _____ Work Phone _____
Work Address _____ Work Days _____
City _____ State _____ Zip _____ Work Hours _____

Check Applicable Status:

- Married Separated Widowed
 Divorced Single

With whom does the child live?

- Mom
 Dad
 Both
 Other: _____

Medical Information

It is the responsibility of the Parent or Guardian to provide the school with specific emergency procedures. The history is required primarily to determine what adjustments, if any, should be made in the schedule of activities to meet the individual needs of participants, and that the applicant may safely participate in those activities.

PERSONAL HISTORY

Check beside those medical problems the applicant *has had* or *currently has*

- | | | |
|--|---|---|
| <input type="checkbox"/> Measles (Rubella)
<input type="checkbox"/> Rubella (3-day measles)
<input type="checkbox"/> Mumps
<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Thyroid
<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Eye trouble
<input type="checkbox"/> Ear trouble
<input type="checkbox"/> Throat problems
<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Joint problems
<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> Hernia
<input type="checkbox"/> Cancer
<input type="checkbox"/> Insomnia
<input type="checkbox"/> Tension or depression | <input type="checkbox"/> Frequent headaches
<input type="checkbox"/> Head injury
<input type="checkbox"/> Hay fever, asthma
<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Jaundice, liver disease
<input type="checkbox"/> Stomach, intestinal trouble
<input type="checkbox"/> Fainting
<input type="checkbox"/> Allergies
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizure disorder/Epilepsy
<input type="checkbox"/> Kidney, bladder problem
<input type="checkbox"/> Chest pain
<input type="checkbox"/> Chronic pain
<input type="checkbox"/> Palpitations
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Heart problem or murmur | <input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Sexually transmitted diseases
<input type="checkbox"/> Gall bladder trouble
<input type="checkbox"/> Neurological disorder
<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Ankle sprains & Knee injuries
<input type="checkbox"/> Mild <input type="checkbox"/> Mild
<input type="checkbox"/> Severe <input type="checkbox"/> Severe
<input type="checkbox"/> Other _____ |
|--|---|---|

FEMALE ONLY:

- | |
|--|
| <input type="checkbox"/> Irregular periods |
| <input type="checkbox"/> Severe cramps |
| <input type="checkbox"/> Excessive flow |

USE ADDITIONAL SHEET IF NECESSARY

Please comment in detail in the space below on any medical condition checked in Personal History.

List any medications applicant is receiving regularly (medications that are required by applicant should accompany him/her at School)

List any other health or personal concerns that Soulsville Charter School should be aware of regarding the applicant.

Does applicant have any health problem that requires periodic evaluation or testing?

- Yes – give details No

List drugs or food which applicant is allergic to:

NOTICE: If your child requires medication/or medical procedures at school, an authorization form must be completed by your physician and signed by you before medication can be self-administered.

All medication must be in its original labeled container and marked with the student's name. All medication, even over the counter, must be kept in the office with the exception of asthma inhalers and epi pens. An authorization form must be completed for the asthma inhalers and epi pens as well.

Residency Requirement

According to Tennessee law, a student may enroll at a charter school if he/she resides within the jurisdiction of Shelby County Schools. (You will need to provide two (2) approved proofs of residence. Additional information is required if you share a residence.)

Office Use Only

- 1) _____
 - 2) _____
-

Parents or Guardians

By signing this application, I have read and understood the request for admission and accompanying information. I have discussed with my child his/her decision to attend The Soulsville Charter School. To the best of my knowledge, the information provided is correct and complete. I understand that this application is only the first step in my child's admission process to The Soulsville Charter School. I understand there are additional steps I must take to guarantee my child's admission. I understand that this application does not guarantee enrollment to The Soulsville Charter School.

Parent Signature

Date

The Soulsville Charter School is a free, public charter school. The Soulsville Charter School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school-administered programs.

In the event more applications are received than slots available, an enrollment lottery will be held. For more information, call 901.261.6366.

Thank you for your interest in enrollment at The Soulsville Charter School. As A Community we RISE!

PLEASE NOTE: APPLICATION SUBMISSION DOES NOT GUARANTEE ENROLLMENT TO THE SOULSVILLE CHARTER SCHOOL.

