

# 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

#### 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.

	Office Use Only	
_	(Application Submission Date)	
<u>-</u>	(Received By)	
Student	Name:	_
Office C	ode:	_

phone: 901-261-6366 • fax: 901-261-6398 • 1115 College Street, Memphis, TN 38106 email: info@tscsmemphis.org • website: thesoulsvillecharterschool.org

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

Please complete one application pe	er child.

Please let us know for which grade(s)/year(s) your child is applying for admission to The Soulsville Charter School. (You may apply for a 2018-2019 waitlist spot and a 2019-2020 spot by checking the applicable blanks.)

2018-20	19	2019-2020				
6 <sup>th</sup>	grade (Waitlist Only)	6 <sup>th</sup> grade				
7 <sup>th</sup>	grade (Waitlist Only)	7 <sup>th</sup> grade				
8 <sup>th</sup>	grade (Waitlist Only)	7 <sup>th</sup> grade 8 <sup>th</sup> grade 9 <sup>th</sup> grade				
9 <sup>m</sup>	grade (Waitlist Only) grade (Waitlist Only) grade (Waitlist Only) grade (Waitlist Only)  brade (Waitlist Only)	10 <sup>th</sup> Grade				
10	grade (warmst Omy)	10 Grade				
Student	t Name				Sex	Age
	First	Middle	Last			
Home A	Address	City _		St	Zip	
Home T	elephone		S	SN		
Date of	Birth	City/State	of Birth			
School	currently attending					
Current	Grade:					
5 <sup>th</sup>	grade					
6 <sup>th</sup>	grade					
7 <sup>th</sup>	grade					
8 <sup>th</sup>	grade					
9 <sup>th</sup>	grade					
10 <sup>t</sup>	<sup>h</sup> grade					
Is Englis	sh the primary language spoker	hy the student?				
_	Yes	a wy this students				
	No					
If	no, home language					
	sh Language limited?					
	Yes					
	No					
Is the st	udent Hispanic or Latino?					
	Yes					
	No					
What is	the student's race?					
	American Indian and Alaska Na	ative				
	Asian Black or African American					
	Native Hawaiian and other Paci	fic Islander				
	White	iio isiminoi				

□ Specia	<b>ild enrolled in or has your ch</b> i I Education or Resource Progra			ollowing?	
<ul><li>□ 504</li><li>□ Speech</li></ul>	n/Language Therapy				
If yes, plea	ase describe				
	(Please provide cop	ies of any de	ocumentation that will help us	best serve your stude	nt.)
	nt ever repeated a grade?				
□ Yes □ No					
	e grade and reason				
help us to  ☐ Yes ☐ No	any other past school experie better meet the needs of your cribe briefly	student?			
List of all Nan	other children in the family.	Age	School		Current Grade
<u> </u>	the child's brothers or sisters	currently	attend Memphis Delta Pro	ep Charter School	?
	No es, give name of child, program	, and dates	attended.		
Prin	nt Name		Current Grade		
Prin	nt Name		Current Grade		
Prin	nt Name		Current Grade		

## **Mother's Information** Name \_\_\_\_\_ (Please print) Address Home Phone City State Zip Home Phone 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 Days \_\_\_\_\_ Work Address \_\_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_ Work Hours **Check Applicable Status:** Married Separated □ Widowed □ Single Divorced **Guardian Information** (If different than above) Name \_\_\_\_\_ (Please print) Address\_\_\_\_\_ Home Phone \_\_\_\_\_ City\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Email Address Employer\_\_\_\_ Work Phone Work Address \_\_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_ Work Days \_\_\_\_\_ Work Hours \_\_\_\_\_ **Check Applicable Status:** □ Married Separated □ Widowed □ Imarried□ Divorced □ Single With whom does the child live? □ Mom □ Dad □ Both

### **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

(	)	Measles (Rubella)	(	)	Frequent headacl	nes	(	)	Rheumatic fever	
(	)	Rubella (3-day measles)	(	)	Head injury		(	)	Sexually transmitted diseases	
(	)	Mumps	(	)	Hay fever, asthma		(	)	Gall bladder trouble	
(	)	Chicken pox	(	)	Tuberculosis		(	)	Neurological disorder	
(	)	Thyroid	(	)	Jaundice, liver dis	ease	(	)	Pneumonia	
(	)	Sinusitis	(	)	Stomach, intestina	al trouble	(	)	Ankle sprains & Knee injuries	
(	)	Eye trouble	(	)	Fainting				( ) Mild ( ) Mild	
(	)	Ear trouble	(	)	Allergies				( ) Severe ( ) Severe	
(	)	Throat problems	(	)	Diabetes		,		Others	
(	)	Hypoglycemia	(	)	Seizure disorder/E	pilepsy	(	)	Other	
(	)	Joint problems	(	)	Kidney, bladder pr	roblem				
(	)	Sickle cell anemia	(	)	Chest pain		<b>-</b> 1	= N.A	ALE ONLY:	
(	)	Hernia	(	)	Chronic pain	_	FEMALE ONLY:			
(	)	Cancer	(	)	Palpitations		(	)	Irregular periods	
(	)	Insomnia	(	)	High blood pressu	ire	(	)	Severe cramps	
(	)	Tension or depression	(	)	Heart problem or r	nurmur	(	)	Excessive flow	
_						egarding the app	_			
_					po	oes applicant ha eriodic evaluatio ) Yes – give o	on	or	_	
(m	edi	ny medications applicant is cations that are required by ap npany him/her at School)			regularly .					
						ist drugs or food	d v	whi	ich 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	re read and understood the request for admission and acco	ompanying information. I
have discussed with my child his	her decision to attend The Soulsville Charter School. To	the best of my
	rided is correct and complete. I understand that this applic	
	cess to The Soulsville Charter School. I understand there	
C ,	s admission. I understand that this application does not gu	uarantee 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.

# **Short Essay: To be completed by the student** Why do you want to attend The Soulsville Charter School? (25 words or more – you may use more paper) By signing this application, I am indicating that I understand that I must read and sign a Commitment to Excellence Agreement before I enroll in The Soulsville Charter School. I have discussed my decision to attend the school with my parent or guardian. I agree to abide by the school's expectations, rules and policies. Student Signature Date