



| 2018 - 2019 ENROLLMENT PACKET  |
|--|
| Please return completed and signed application along with supporting documents to any of the school sites below:   |
| <b>FORTUNE SCHOOL (65<sup>TH</sup> &amp; Stockton) Grades: K - 7</b>   |
| <b>WILLIAM LEE COLLEGE PREP (Oak Park) Grades: K - 5</b>   |
| <b>ALAN ROWE COLLEGE PREP (Elk Grove) Grades: K - 8</b>  |
| <b>EPHRAIM WILLIAMS COLLEGE PREP MIDDLE SCHOOL (Oak Park) Grades: 6 - 8</b>  |
| <b>HAZEL MAHONE COLLEGE PREP (Natomas) Grades: TK - 5</b>  |
| <b>OR - Student applications and documents may be submitted via email to: <a href="mailto:enrollment@fortuneschool.us">enrollment@fortuneschool.us</a></b> |

## Enrollment Process

Only a complete enrollment packet can be considered for enrollment. Open enrollment ends February 9, 2018. In the event that the number of students seeking admission to any grade level exceeds capacity, a lottery will be held. It will be completed by pulling slips of paper with applicants' names on them out of a container, and the drawing will be held in a public forum. All eligible names will be drawn from the container and those exceeding the number of available spaces will be placed on a waiting list in the order drawn. Fortune School may grant priority in admissions to current students and residents of Sacramento County, as provided in current law. The school may also grant admission preference to siblings of existing pupils and children of school faculty, provided that students admitted under any such preference shall not constitute more than 10 percent of the school's total enrollment. Students who are currently enrolled in Transitional Kindergarten through 8th grade at a Fortune School will not participate in the lottery, as they are automatically reserved a space.

If a lottery is not triggered after the February 9, 2018 open enrollment period, students will be enrolled on a first come, first served basis.

## Required Supporting Documents to Complete Enrollment

- Attend Enrollment Meeting
- Student Application
- Proof of Birthdate (see page 11 for requirements)
- Copy of Immunization Records (see page 11 for requirements)
- Residence Verification ( i.e. Electric, Gas or Water Bill, Mortgage/Rental Agreement Only)
- Copy of Current Report Card (most recent from current school) *Grades 1 through 8 only*
- School Entry Physical Exam (exam date must be on or after February 1, 2017) *Kindergarten only*





# 2018 – 2019 STUDENT APPLICATION

ADMISSIONS OFFICE USE ONLY

| SCHOOL SITE (YOU MUST CHOOSE ONE ONLY):   |           |   |                |
|---|-----------|---|----------------|
| <b>FORTUNE SCHOOL (65<sup>TH</sup> &amp; Stockton) Grades: K - 7</b>  |           |   |                |
| <b>WILLIAM LEE COLLEGE PREP (Oak Park) Grades: K - 5</b>  |           |   |                |
| <b>ALAN ROWE COLLEGE PREP (Elk Grove) Grades: K - 8</b>   |           |   |                |
| <b>EPHRAIM WILLIAMS COLLEGE PREP MIDDLE SCHOOL (Oak Park) Grades: 6 - 8</b>   |           |   |                |
| <b>HAZEL MAHONE COLLEGE PREP (Natomas) Grades: TK - 5</b>   |           |   |                |
| SCHOLAR PERSONAL/DEMOGRAPHIC INFORMATION  |           |   |                |
| GRADE APPLYING FOR: TK K 1 2 3 4 5 6 7 8  |           | ENROLLMENT MEETING COMPLETE:  |                |
| Scholar's Last Name   |           | First Name  | Middle Initial |
| (Residence) Street Address  |           | City  | Zip            |
| (Mailing if different than above) Street Address  |           | City  | Zip            |
| Primary Contact Phone #: Home / Cell / Work   |           | Date of Birth:  | Gender: M / F  |
| Secondary Contact Phone #: Home / Cell / Work   |           | Birth City:   | Birth State:   |
| Previous School of Attendance:  |           | Has the student ever attended a Fortune School? YES or NO   |                |
| PARENT/GUARDIAN CONTACTS  |           |   |                |
| Resides with Student?: Y / N  |           | Resides with Student?: Y / N  |                |
| Mother/Guardian First Name:   |           | Father/Guardian First Name:   |                |
| Mother/Guardian Last Name:  |           | Father/Guardian Last Name:  |                |
| Number and Street (if different than above):  |           | Number and Street (if different than above):  |                |
| City:   | Zip:      | City:   | Zip:           |
| Primary Contact Number: Home / Cell / Work  |           | Primary Contact Number: Home / Cell / Work  |                |
| Secondary Contact Number: Home / Cell / Work  |           | Secondary Contact Number: Home / Cell / Work  |                |
| Email Address:  |           | Email Address:  |                |
| <b>Parent Education Level:</b> (circle one) Graduate Degree or Higher<br>College Graduate      Some College or Associate Degree<br>High School Graduate      Not a High School Graduate      Decline to State |           | <b>Parent Education Level:</b> (circle one) Graduate Degree or Higher<br>College Graduate      Some College or Associate Degree<br>High School Graduate      Not a High School Graduate      Decline to State |                |
| Occupation:   | Employer: | Occupation:   | Employer:      |

**Home Language Survey:** This information is essential in order to provide adequate instructional programs and services.

|  |  |
|--|--|
| Which language did your son or daughter learn when he or she first began to talk? (PRIMARY LANGUAGE) |  |
| What language does your son or daughter most frequently speak at home?                               |  |
| What language do you use most frequently to speak to your son or daughter?                           |  |
| Name the language most often spoken by the adults in the home.                                       |  |
| Was your child previously enrolled in ESL / Bilingual Program?                                       |  |

This information is federally mandated for reporting purposes as part of the McKinney-Vento Assistance Act (42 U.S.C. §11431 et seq.)  
**RESIDENCE: Where is your child/family current living (CHECK ONE)?**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | In a single family residence (house, apartment, condo, mobile home)                     |
| <input type="checkbox"/> | Temporarily double-up (sharing housing with other families/individuals due to hardship) |
| <input type="checkbox"/> | In a shelter or transitional housing program, motel/hotel, car, RV or a campsite        |
| <input type="checkbox"/> | At another location (please specify) _____  |

*Note: The information collected in regard to ethnicity is being collected for data purposes only and school officials will not use the information to make admission decisions. The standards for classification of race and data mirror those standards used by the federal government for determining ethnicity and race.*  
**ETHNICITY: Is the student Hispanic or Latino (check only one)?**

|                          |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | <b>YES</b> , Hispanic or Latino    |
| <input type="checkbox"/> | <b>NO</b> , not Hispanic or Latino |

The above part of the question is about ethnicity, not race. No matter what you selected above, **YOU MUST CONTINUE TO ANSWER THE FOLLOWING** by marking one or more boxes.

*Note: The information collected in regard to race is being collected for data purposes only and school officials will not use the information to make admission decisions. The standards for classification of race and data mirror those standards used by the federal government for determining ethnicity and race.*

**RACE: What is the race of this student (Select one or more with a check mark: ✓)?**

|                          |                                     |                          |                        |                          |                           |
|--------------------------|-------------------------------------|--------------------------|------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | American Indian or Alaskan Native * | <input type="checkbox"/> | Asian Indian           | <input type="checkbox"/> | Black or African American |
| <input type="checkbox"/> | Cambodian                           | <input type="checkbox"/> | Chinese                | <input type="checkbox"/> | Filipino                  |
| <input type="checkbox"/> | Guamanian                           | <input type="checkbox"/> | Hawaiian               | <input type="checkbox"/> | Hmong                     |
| <input type="checkbox"/> | Japanese                            | <input type="checkbox"/> | Korean                 | <input type="checkbox"/> | Laotian                   |
| <input type="checkbox"/> | Other Asian                         | <input type="checkbox"/> | Other Pacific Islander | <input type="checkbox"/> | Samoan                    |
| <input type="checkbox"/> | Tahitian                            | <input type="checkbox"/> | Vietnamese             | <input type="checkbox"/> | White**                   |
| <input type="checkbox"/> | Other:                              | <input type="checkbox"/> |                        | <input type="checkbox"/> |                           |

**Emergency Contact Information - \*\*DO NOT LIST PARENTS/GUARDIANS FROM PAGE ONE\*\***

|  |  |                         |
|--|--|-------------------------|
| First Contact/ Last Name                   | First Name                                   | Relationship to Student |
| Primary Contact Number: Home / Cell / Work | Secondary Contact Number: Home / Cell / Work |                         |
| E-mail Address:                            |  |                         |
| Second Contact/ Last Name                  | First Name                                   | Relationship to Student |
| Primary Contact Number: Home / Cell / Work | Secondary Contact Number: Home / Cell / Work |                         |
| E-mail Address:                            |  |                         |

| Medical Information  |                                  |        |  |                    |
|--|----------------------------------|--------|--|--------------------|
| Name of Health Insurance   | Medical ID # / Policy #          |        | Telephone #                                  |                    |
| Allergies  | Medical Problems/Chronic Illness |        | Other Issues                                 |                    |
| Doctor's Last Name   | First Name                       |        | Telephone #                                  |                    |
| Name(s) of Brothers and Sisters  |                                  |        |  |                    |
| Last Name  | First Name                       | Gender | Current School                               | Grade Level        |
|  |                                  |        |  |                    |
|  |                                  |        |  |                    |
|  |                                  |        |  |                    |
| Instructional Programs Information   |                                  |        |  |                    |
| Has your child ever been retained?   | Y                                | /      | N  | If so, what grade? |
| General Authorizations   |                                  |        |  |                    |
| MEDICAL TREATMENT AUTHORIZATION  |                                  |        |  |                    |
| 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                              |                                  |        |  |                    |
| YES, I do give permission (initial) _____  |                                  |        | NO, I do not give permission (initial) _____ |                    |
| PHOTO/INTERNET/RECRUITMENT RELEASE   |                                  |        |  |                    |
| At times during the year, the media may request permission to write an article about, and/or take pictures of, an activity taking place at the school site. Additionally, stories and photos of students may be taken for inclusion on the Fortune School websites, newsletter and promotional materials |                                  |        |  |                    |
| YES, I do give permission (initial) _____  |                                  |        | NO, I do not give permission (initial) _____ |                    |
| SIGN AND DATE THIS APPLICATION BEFORE SUBMISSION   |                                  |        |  |                    |
| 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 (MM/DD/YY)                              |                    |

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Students who are currently enrolled will not participate in the lottery, as they are automatically reserved a space.

#### NOTICE OF NON DISCRIMINATORY POLICY

Fortune School will not discriminate based on any of the characteristics found in Education Code 220: disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code in any program or activity conducted by an educational institution that receives, or benefits from, state financial assistance or enrolls pupils who receive state student financial aid.



## COMMITMENT TO EXCELLENCE CONTRACT – PARENT COMPACT

### TEACHERS' COMMITMENT

We fully commit to Fortune School in the following ways:

- We will be prepared to teach and be in our classrooms every day by 7:15 a.m.
- We will maintain professional standards for appearance and a positive attitude.
- We will always teach in the best way we know how, and we will do whatever it takes for our students to learn.
- We will work collaboratively with fellow teachers, our Principal and all support staff.
- We will always make ourselves available to students and parents, and listen to any concerns they might have.
- We will always protect the safety, interests and rights of all individuals in the classroom.

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TEACHER SIGNATURE

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DATE

### PARENTS'/GUARDIANS' COMMITMENT

We fully commit to Fortune School in the following ways:

- We will make sure our child is in the classroom every day by 7:45 a.m.
- We will make arrangements so our child can remain at Fortune School until his/her grade-level dismissal time.
- We will pick our child up on time upon dismissal from school.
- We will ensure that our child attends any required Fortune School after school, intersession and/or summer school sessions.
- We will always help our child in the best way we know how, and we will do whatever it takes for him/her to learn. This also means we will check our child's homework every night, let him/her call the teacher if there is a problem with the homework, read with him/her every night, and volunteer 40 hours of completely voluntary, approved family service.
- We will always make ourselves available to our children, the school, and any concerns they might have. This also means that if our child is going to be absent, we will notify the school office as soon as possible, and we will read carefully all the papers that the school sends home to us.
- We will allow our children to go on Fortune School field lessons.
- We will make sure our child wears the Fortune School uniform and follows the Fortune School dress code. **Initial**
- We understand that our child must follow the Fortune School rules so as to protect the safety, interests, and rights of all individuals in the classroom. We, not the school, are responsible for the behavior and actions of our child.
- We will always protect the safety, interests and rights of all individuals in the classroom.
- We will always use language that is appropriate for a professional and school environment and treat all members of the Fortune School community with respect. We acknowledge that failure to adhere to this commitment may result in parent/guardian being disallowed on campus.

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PARENT SIGNATURE

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DATE

### STUDENT'S COMMITMENT

We fully commit to Fortune School in the following ways:

- I will be in my classroom and ready to learn every day by 7:45 a.m.
- I will remain at Fortune School until my grade-level dismissal time.
- I will attend any required Fortune School before/after school, intersession and/or summer school sessions.
- I will always work, think, and behave in the best way I know how, and I will do whatever it takes for me and my fellow students to learn. This also means that I will complete all my homework every night, I will call my teacher if I have a problem with the homework or a problem with coming to school, and I will raise my hand and ask questions in class if I do not understand something.
- I will always make myself available to my parents, my teacher, and any concerns they might have. If I make a mistake, this means I will tell the truth to my teacher or Principal and accept responsibility for my actions.
- I will always behave so as to protect the safety, interests and rights of all individuals in the classroom. This also means that I will always listen to all my Fortune School teammates and give everyone my respect.
- I will wear a Fortune School uniform and follow the Fortune School dress code.
- I am responsible for my own behavior, and I will follow my teacher's directions. *I understand that failure to adhere to these commitments can cause me to lose various Fortune School privileges.*

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STUDENT SIGNATURE

---

DATE

**Fortune School**  
**Intent to Re/Enroll Form for purposes of requesting facilities**  
**DUE Back to the Charter School by SEPTEMBER 30, 2018!**

Dear current and potential Fortune School parents/guardians:

Under California law (i.e., Proposition 39) identified districts within Sacramento County must provide Fortune School reasonably equivalent school facilities in which to operate the charter school. This form may be used to support the charter school's request for facilities. By submitting this form, you are indicating that you are meaningfully interested in enrolling or re-enrolling (as applicable) your child in the charter school's classroom-based program during the 2019-20 school year. Thank you very much for your support and cooperation!

**Student Information:**

**Name:** \_\_\_\_\_ **Grade in 2019-20:** \_\_\_\_\_  
(Last, First, Middle)

**Home Address:** \_\_\_\_\_  
(Street City, State Zip)

**Home Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Fortune School student? Y / N (circle one)**

**Resident of a Sacramento County School District? Y / N (circle one)**

**Elk Grove      Natomas      Robla      Sacramento City      Twin Rivers**

**Other:** \_\_\_\_\_

**If yes, please list the school within the District your son/daughter would otherwise attend school:** \_\_\_\_\_

**Parent/Legal Guardian Information:**

**Parent/Legal Guardian Name:** \_\_\_\_\_  
(Last, First, Middle)

**Home Address:** \_\_\_\_\_  
(Street City, State Zip)

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

By signing below, I am indicating that I am meaningfully interested in [re-enrolling/enrolling] the above named child in Fortune School for the 2019-20 school year. I understand that signing this form does not guarantee enrollment in the charter school. I further understand that this information will be disclosed to my resident school district to support the charter school's request for facilities under Proposition 39, and that the district may contact me directly to verify my response.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT!! Return by September 30, 2018**







## REQUEST FOR CUMULATIVE RECORDS

- FROM:  Fortune School of Education  
2890 Gateway Oaks Drive, #100  
Sacramento, CA 95833  
916-924-8633  
Fax: 916-924-8664
- Fortune School  
6829 Stockton Blvd #380  
Sacramento, CA 95823  
916-287-4470  
Fax: 916-487-4477
- William Lee College Prep  
3300 Stockton Blvd.  
Sacramento, CA 95820  
916-273-1030  
Fax: 916-273-1035
- Alan Rowe College Prep  
9424 Big Horn Blvd.  
Elk Grove, CA 95758  
916-684-0100  
Fax: 916-684-0121
- Hazel Mahone College Prep  
3750 Rosin Court  
Sacramento, CA 95834  
916-999-8187  
Fax: 916-999-8196
- Ephraim Williams College Prep Middle School  
3300 Stockton Blvd.  
Sacramento, CA 95820  
916-262-8083  
Fax: 916-273-1035

TO: Registrar at: \_\_\_\_\_  
(Previous School)

RE: \_\_\_\_\_  
(Student Name)

DOB: \_\_\_\_\_

We have received authorization to request records of the above listed student(s). Below is our authorization. Please fax or mail the documents to the appropriate school site indicated above. Please contact the site above with any questions.

### Authorization to Request Cumulative Records

I hereby and authorize my child's previous school \_\_\_\_\_ located  
at: \_\_\_\_\_  
(Name of previous school)

to forward the confidential records of my child to Fortune School.

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

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Parent/Guardian Name (print)





**Methods of Age Verification**

The method of verifying a student’s age may be evidenced in the form of a certified copy of a birth record or a statement by the local registrar or a county recorder certifying the date of birth, or a baptism certificate duly attested, or a passport, or, when none of the foregoing is obtainable, an affidavit of the parent, guardian, or custodian of the minor, or any other appropriate means of proving the age of the child as prescribed by the Board of Directors. This is a non-exhaustive list of methods that can be utilized to prove a student’s age.

*PLEASE CHECK YOUR IMMUNIZATION RECORDS TO MAKE SURE ALL OF THE IMMUNIZATIONS BELOW ARE RECORDED.*

| <b>IMMUNIZATION REQUIREMENTS FOR ENROLLMENT</b> |  |
|---|--|
| 5 Doses   | Diphtheria, Tetanus, and Pertussis (DTaP, DTP, or DT) (4 doses OK if one was given on or after 4th birthday) |
| 4 Doses   | Polio (OPV or IPV) (3 doses OK if one was given on or after 4 <sup>th</sup> birthday)                        |
| 3 Doses   | Hepatitis B  |
| 2 Doses   | MMR (Measles, Mumps and Rubella) (Both given on or after 1 <sup>st</sup> birthday)                           |
| 1 Dose  | Varicella (Chickenpox)   |
| 1 Dose  | Tetanus, Diphtheria, Pertussis (Tdap) (Whooping cough booster usually given at ages 11 and up)               |