



REX AND MARGARET FORTUNE EARLY COLLEGE HIGH SCHOOL with COSUMNES RIVER COLLEGE

2024-2025 ENROLLMENT PACKET

OVERVIEW

Fortune School, in partnership with Cosumnes River College and Cal Poly, San Luis Obispo, will open Rex and Margaret Fortune Early College High School in Fall 2017, starting with 9th grade. The school will be focused on providing scholars with Science, Technology, Engineering, Art and Math (STEAM) in order to position graduates for success in the new economy. Rex and Margaret Fortune Early College High School will be a small autonomous school that fully integrates high school, college and the world of work, allowing scholars to earn a high school diploma and an associates degree while meeting a-g requirements for transfer to the University of California or California State University systems.

ENROLLMENT PROCESS

Only a complete enrollment packet can be considered for enrollment. Open enrollment ends February 9, 2024. 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 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, 2024 open enrollment period, students will be enrolled on a first come, first served basis.



REQUIRED DOCUMENTS

Attend ECHS Enrollment Meeting *Note: It is recommended that the scholar attend with parent.

Student Application Pages 1 - 2

Proof of Birthdate See Page 3 for Requirements

Copy of Immunization Records See Page 3 for Requirements

Residence Verification

Personal Statement See directions and prompt to the right

Letter of Recommendation from a Principal or Teacher with Knowledge of the Student On School Letterhead or Attached Form on Page 4

Student Interview Scheduled After Above Items are Processed Please Return Completed and Signed Application Along with Supporting Documents by:

> MAIL 10420 Big Horn Blvd. Elk Grove, CA 95757

EMAIL enrollment@fortuneschool.us

or

PERSONAL STATEMENT

Your personal statement will be used to help us get to know you better. This essay portion of the application helps us become acquainted with you on a more personal level and is an important step in the enrollment process. Your application is not complete without your personal statement and you will not be scheduled for the interview process until your personal statement has been processed.

Directions:

Your personal statement must <u>be at least five (5)</u> <u>paragraphs</u> in essay format, including an introduction, three body paragraphs, and a conclusion. It should be typewritten and double-spaced. If you do not have access to a computer or typewriter, you may neatly hand write your answers in blue or black ink. Your personal statement can be more than 5 paragraphs, but no more than two pages long. Please be sure to type or write your name on each page. Attach your personal statement to your application packet.

Please respond to the following prompt. Be sure to answer all questions within the prompt.

Why are you interested in attending Rex and Margaret Fortune Early College High School? Why do you think this school is a good fit for you to achieve your goals?

2024 - 2025 STUDENT APPLICATION







SCHOLAR PERSONAL/DEMOGRAPHIC

| GRADE APPLYING FOR: 9 10 11 12 | ENROLLMENT MEETING COMPLETE: | | |
|--|---|----------------|--|
| Scholar 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 / | Ν | |
|--|-----------|--|----------------------------------|--|
| Mother/Guardian First Name: | | Father/Guardian First Name: | | |
| Mother/Guardian Last Name: | | Father/Guardian Last Name: | | |
| Number and Street (if different than abo | ove): | Number and Street (if different than ab | ove): | |
| 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: Ho | me / Cell / Work | |
| Email Address: | | Email Address: | | |
| Parent Education Level (circle one): Graduate Degree or Higher | | Parent Education Level (circle one): Graduate Degree or Higher | | |
| College Graduate Some College or Associate Degree | | College Graduate Some College or Associate Degree | | |
| High School Graduate Not a High School Graduate Decline to State | | 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?

RESIDENCE: Where is your child/family current living? (check one)

This information is federally mandated for reporting purposes as part of the McKinney-Vento Assistance Act (42 U.S.C. §11431 et seq.)

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

ETHNICITY: Is the student Hispanic or Latino? (check only one)

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.

| YES, Hispanic or Latino |
|----------------------------|
| NO, 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? (check one or more)

| American Indian or Alaskan Native * | Asian Indian | Black or African American |
|-------------------------------------|------------------------|---------------------------|
| Cambodian | Chinese | Filipino |
| Guamanian | Hawaiian | Hmong |
| Japanese | Korean | Laotian |
| Other Asian | Other Pacific Islander | Samoan |
| Tahitian | Vietnamese | White** |
| Other (please specify): | | |

Name(s) of Brothers and Sisters

| Last Name | First Name | Current School | Gender | Grade Level |
|-----------|------------|----------------|--------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

INSTRUCTIONAL PROGRAMS INFORMATION: Has Your Child Ever Been:

| Retained? | Y / N | If So, What Grade? |
|---|-------|---------------------|
| Expelled or has a Pending Expulsion in a Former School? | Y / N | If So, What School? |

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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NOTICE OF NON DISCRMINATORY 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.



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.

IMMUNIZATION REQUIREMENTS FOR ENROLLMENT

Please check your immunization records to make sure all of the immunizations below are recorded.

| 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 4th birthday) |
| 3 Doses | Hepatitis B |
| 2 Doses | MMR (Measles, Mumps and Rubella) (Both given on or after 1st birthday) |
| 2 Doses | Varicella (Chickenpox) |
| 1 Dose | Tetanus, Diphtheria, Pertussis (Tdap) (Whooping cough booster usually given at ages 11 and up) |

RECOMMENDATION FORM



| Student Last Name: | First N | lame: | | | | | |
|---|---------------------------------|--------------|---|---|-----|----|--|
| PRINCIPAL/COUNSELOR/TEACHER RECOMMENDATION | | | | | | | |
| On a scale of 1 to 5, (1 being the lowest), p desire (not the parent) to attend Early Coll | | | 2 | 3 | 4 | 5 | |
| Does this student qualify as high potential | ? | | | | YES | NO | |
| Is this student ready to concurrently perfo | rm well in High School and coll | ege classes? | | | YES | NO | |
| Is this student self-motivated to attend an and do college level work? | Early College High School | | | | YES | NO | |
| | | | | | | | |

What qualities does this student have that makes you think he/she would be successful at Fortune Early College High School?

This student will be expected to behave in a mature and respectful way at all times. Please describe any positive/negative behaviors you have observed.

| RECOMMENDATION: | YES | NO | UNSURE | | |
|-----------------|-----|----|--------|-------------|------|
| Print Name | | | | Signature | |
| Title | | | | School Site | Date |