



APPLICATION FOR ENROLLMENT



(559) 875-5562 • FAX: (559) 875-8045

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE PLACEMENT AT SANGER ACADEMY

Student Name (Last, First, M.I.)		Current Grade	Grade Applying To
Student Address		City	Zip
Home Telephone		Requesting Transfer From: (Current or last school attended)	
Gender M F	Date of Birth		
Areas of Interest: (Please check all areas of interest) <input type="checkbox"/> Music <input type="checkbox"/> Art <input type="checkbox"/> Drama <input type="checkbox"/> Leadership <input type="checkbox"/> Other:		Do you have any children currently attending SACS? If so, please list their names:	
Student Ethnicity: (Please check only one) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian			
Special Programs: (Please check which of the following program services your child is currently receiving: <input type="checkbox"/> GATE <input type="checkbox"/> Accelerated Curriculum <input type="checkbox"/> RSP/SDC <input type="checkbox"/> Migrant/Bilingual <input type="checkbox"/> 504 <input type="checkbox"/> Other:			
Father/Guardian (Last, First)		Mother/Guardian (Last, First)	
Street Address (If different than student address)		Street Address (If different than student address)	
City	Zip	City	Zip
Telephone Number (work/alternate)		Telephone Number (work/alternate)	
Father's e-mail address		Mother's e-mail address	
<p>As the parent/guardian of this student, I understand that if this transfer is approved:</p> <ol style="list-style-type: none"> 1. District transportation will be provided to Sanger Academy. 2. My son/daughter and I are committed to maintaining acceptable attendance, achievement and behavior standards. 3. Parent participation is an integral part of the program at Sanger Academy. 4. If applications exceed the number of seats available, selection of students will be based by date of application. 5. Sanger Unified retains the authority to maintain racial and ethnic balance at Sanger Academy. 			
Parent/Guardian Signature			Date

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Date/Time received _____ GATE _____ Visual/Performing Arts _____ Other _____

2008/2009 School Year