

GEORGE WASHINGTON CARVER School of Arts and Science

CHECKLIST

All of the following items must be submitted to and received by the Carver Office

Enrolling at Carver requires completion of the [CARVER ENROLLMENT MATERIAL](#). (Parents may open enroll their students after acceptance confirmation is received from G.W. Carver).

- _____ 1. DATA SHEET AND REGISTRATION FORM.
- _____ 2. MOST RECENT TRANSCRIPT OF STUDENT'S GRADES, INCLUDING GRADES 7-8.
Your school's registrar should be able to provide these documents: Behavioral Report, Attendance Report, Transcript, Copy of Current IEP. Birth Certificate (Original COUNTY ISSUED), Immunization records, Standardized Test results (CAASPP)
- _____ 3. TEACHER PROGRESS FORM TO BE COMPLETED BY A TEACHER, COUNSELOR, OR PRINCIPAL. *These forms must be sent separately by the teacher. Please provide teacher with a stamped envelope addressed to G.W. Carver. Submit Teacher Recommendations to the Carver Office.*
- _____ 4. Current copy of student's IEP or 504 Accommodations if applicable.
- _____ 5. STUDENT TO SUBMIT AN ESSAY. SEE STUDENT ESSAY PROMPT.

Important Note: It is the student's responsibility to ensure that all documents are submitted by the deadline. Allow sufficient time for middle school personnel to process your request for records and recommendations.

Enrollment decisions

Parents will be notified by the Registrar if approved.

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APPLICATION

This form is due in the G.W. Carver office as soon as possible.

(PLEASE PRINT LEGIBLY)

(Student's Last Name)	(Student's First Name) (Date of Birth)
(Student's Home Address)	(Address City, State, Zip)
(Parent/Guardian Name) <input type="checkbox"/> Check if student lives with this parent	(Parent/Guardian Contact Number)
(Parent/Guardian Address)	(Parent/Guardian Email Address) <i>(please provide to receive school communications)</i>
(Parent/Guardian Name) <input type="checkbox"/> Check if student lives with this parent	(Parent/Guardian Contact Number)
(Parent/Guardian Address)	(Parent/Guardian Email Address) <i>(please provide to receive school communications)</i>
(Student's Gender)	(Student's Incoming Grade) <input type="checkbox"/> 9 TH <input type="checkbox"/> 10 TH <input type="checkbox"/> 11 TH <input type="checkbox"/> 12 TH
(Current School)	(Middle School Name if incoming Freshman (9 th))
(Do you have a sibling attending G.W. Carver?) <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	(If yes, name and grade of student)

NOTE: PLEASE NOTIFY THE OFFICE OF ANY ADDRESS CHANGES. THANK YOU!

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RECOMMENDATION FORM

Student - Complete the Student Information section below and give this form to your teacher. Provide your teacher with a stamped envelope addressed to George Washington Carver, 10101 Systems Parkway, Sacramento, CA 95827.

Teacher- Complete this form and mail to G.W. Carver. Feel free to send letters for multiple students in School Mail. Thank you for your valuable input. Check here if you prefer a phone call.

Student Information *(print clearly)*

(Student Full Name)	(Date of Birth)
(Student's Mailing Address)	(Parent Contact Information)
(Current School of Attendance)	(School Contact Information)

Teacher Input *(Please rate)*

CHECK APPROPRIATE BOXES	EXCELLENT 4	GOOD 3	FAIR 2	NEEDS IMPROV 1	SPECIFIC EXAMPLES (IF APPLICABLE)
Student's academic achievement is					
Student is motivated to do well					
Student has solid study and work habits					
Student engages actively in class discussions/activities					
Student contributes to the campus through school activities					

Please Select Student's Math Level (one)

Student's Middle School Math level is...	MS Math 1 <input type="checkbox"/>	MS Math 2 <input type="checkbox"/>	MS Math 3 <input type="checkbox"/>	Comments:
Recommended level for next year	Math 1 <input type="checkbox"/>	Math 2 <input type="checkbox"/>	Math 3 <input type="checkbox"/>	

Please indicate the current academic grade the student is earning in each subject *(filled by Counselor/Teacher/Principal)*

Course	Grade	Comments
English (ELA)		
Math		
History		
Science		
PE		
Elective:		

Additional teacher comments regarding this student, please state any strengths academically & socially and areas where student needs support.

Recommender's Name: _____ Contact Number: _____
 Recommender is a: Principal Counselor Teacher Subject: _____

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ENROLLMENT FORM

SSID:		Student #:			Gr:	Date:
Legal Last Name		Legal First Name		Legal Middle Name	Other Names	
Gender	Birth Date:			Verification:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (list)	
		Month	Day			
Birthplace	City:	State:		Country:		
Date student first attended school in the United States?						
Date student first attended school in California?						
		Month	Day	Year		
WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):		<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino				
WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)						
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.						
<input type="checkbox"/> American Indian or Alaskan Native <i>Persons having origins in any of the original people of North, Central, or South America, and who maintains tribal affiliation or community attachment.</i>		<input type="checkbox"/> Filipino/Filipino American <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 <i>Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</i>		
		Home:		Relationship:		
		Work:		Employer:		
Parent/Guardian Last Name		First Name		Contact Phone		Cell Phone:
		Home:		Relationship:		
		Work:		Employer:		
Parent/Guardian Last Name		First Name		Contact Phone		Cell Phone:
Residence Address (house # & street name)		Apt #	City	State	Zip Code	
Mailing Address (IF DIFFERENT)		Apt #	City	State	Zip Code	
E-mail Address:						
Parent/Guardianship Information (with whom the student lives) - check all that apply						
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Appointed Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other _____						
Is there a legal custody agreement regarding this student? Please check one: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian						
Is the student involved in any active court orders? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what kind?						
RESIDENCE - Where is your child/family currently living? (federally mandated by NCLB) - Please check the appropriate box:						
<input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> Temporarily doubled-up (sharing housing with other families or individuals due to economic hardship or loss) <input type="checkbox"/> Temporarily in a shelter or transitional housing program <input type="checkbox"/> Foster family or Kinship placement <input type="checkbox"/> Temporarily in a motel / hotel <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Temporarily unsheltered (car/campsite) <input type="checkbox"/> Residential School / Dormitory <input type="checkbox"/> Other (please specify) _____						

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM.

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ENROLLMENT FORM CONT.

Legal Last Name	Legal First Name	Legal Middle Name	Other Names
PARENT EDUCATION - Check the box that best describes the highest education level of either parent (or guardian).			
<input type="checkbox"/> Not a high school graduate		<input type="checkbox"/> College Graduate	
<input type="checkbox"/> High School Graduate		<input type="checkbox"/> Graduate school/post-graduate training	
<input type="checkbox"/> Some College (includes AA degrees)			

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:
1. Which language did your child learn when he or she first began to talk?
2. Which language does your child most frequently use at home?
3. Which language/dialect do you most frequently speak to your child?
4. Which language is most often spoken by adults in the home?

MOST RECENT SCHOOL(S) ATTENDED			
School	City/State	Grade	Dates

Has your child ever been expelled? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of district and school:

WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED? (Check all boxes that apply)
Special Education: <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech & Language <input type="checkbox"/> Other
Other: <input type="checkbox"/> 504 <input type="checkbox"/> Gifted (GATE) <input type="checkbox"/> Intervention Math <input type="checkbox"/> Intervention Reading <input type="checkbox"/> After School Program
<input type="checkbox"/> Counseling <input type="checkbox"/> SARB or SART <input type="checkbox"/> English Learner Support <input type="checkbox"/> Help to Improve Behavior
<input type="checkbox"/> Student Study Team

The information provided above is accurate to the best of my knowledge.

Signature of Person Registering Pupil	Relation to Student	Date

Comments:

School Use Only					
<input type="checkbox"/> Transcript	<input type="checkbox"/> Report Card	<input type="checkbox"/> Check-Out Grades	<input type="checkbox"/> Records Requested	Date:	
Proof of Residence	Proof of Immunization	Date Registered	Enrollment Date	Grade	School Official Signature
Type:	Type:				
Verified:	Verified:				
Permit Code:		Placement information:			
Special Education Placement:					
SLC:			Counselor:		

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School of Arts and Science

ESSAY PROMPT

Introduction Essay Instructions

We want you to find a personal way to tell us about who you are.

ESSAY:

- Five paragraphs (5-10 sentence paragraphs)
- Discuss three strengths in your character

EXAMPLES:

- Give examples with specific details for each of your strengths.
- What is important to you?
- What do you like to do when not in school?
- Who are people that you look up to? Why?
- What are your dreams and wishes?

LET THIS ESSAY SERVE AS AN INTRODUCTION OF YOURSELF TO CARVER TEACHERS.

IMPORTANT NOTE:

Please turn in the essay along with the complete enrollment packet.