



**7TH/8TH GRADE ENROLLMENT APPLICATION
FOR 2023-2024 SCHOOL YEAR**

**PLEASE REVIEW INFORMATION AND RETURN
REQUIRED FORMS TO THE SUMMERVILLE HIGH
OFFICE BY April 28, 2023**

**Attn: Kellene Ditler
CVPAA
17555 Tuolumne Rd.
Tuolumne, CA 95379**

Connections Visual and Performing Arts Academy Admission Information for 7th/8th grade program

The Connections VPAA Program is an academically rigorous program for motivated 7th and 8th grade students who also have a passion for performing arts. The 28 students in the program follow the schedule of our high school students, enrolling in 8 classes each semester.

The required courses are:

- Humanities English
- Humanities Social Studies (alternating years of U.S. History and World History)
- Science
- Mathematics (Pre Math I, Math I or Math II)
- Beginning Band
- Theater
- Choir
- Physical Education (Dance/Ballet)

During the school year, there will be five required band and choir performances for the students. In the spring, all students are required to participate in a musical theater production, which will have three evening and one matinee performance, as well as weekly after school rehearsals. Students are also strongly recommended to audition for and participate in Honor Band and Honor Choir, with evening rehearsals.

Interested students have the opportunity to participate in the admissions process for the following school year. **Admission assessments** will be held on **Saturday May 20th** from 8am-noon. During this event, students will be taught a basic dance and vocal routine, which they will perform as a group. Students will then individually present a 2-3 minute performing arts selection of their choice (Vocal, dance, instrumental, or monolog) Displaying art work does not count for the audition. There will also be a brief 2-3 minute interview. Each student will take a placement test in English and Math.

After the performance assessment, our staff will evaluate each student. All students who complete the application with all necessary paperwork and participate fully in the audition process will have their name entered one time into a lottery drawing conducted by the Advisory Board for the available spaces. Students who live within the attendance boundary of the Summerville Union High School District will have a 2:1 priority for the lottery. After those spaces are filled, a waiting list will be started. Students will be notified by letter after the lottery drawing of their admission status. The lottery will be conducted on May 23th, 2023, at 4:00pm in the school library.

Interested families should pick up an application packet in the office at Summerville High School or print one from the website,

www.summbears.net/schools/connections-visual-performing-arts-academy/

Please contact Kellene Ditler, Grade Level Coordinator at 928-4228, ext. 6232, or at kditler@summbears.net for more information. We look forward to meeting our future students soon!

Required Application Documents Checklist:

-Students will not be able to audition if *all* documents are not turned in completed by the deadline

- ⇐ Applicant Information Form**
- ⇐ Two completed teacher recommendation forms in sealed envelopes**
- ⇐ Copy of most recent report cards and most recent progress report**
- ⇐ Signed academic agreement**
- ⇐ Signed media release form**
- ⇐ Completed registration form**
- ⇐ IEP or 504 documentation if student has one (*your current school registrar will have*)**
- ⇐ Immunization records**
(*your current school registrar will have*)

Connections Visual and Performing Arts Academy

Applicant Information Form

Student Name: _____

School Currently Attending: _____

Grade level during 2023-24 School year: _____

Parent/Guardian Names: _____

Cell Phone Number: _____

Home Phone Number: _____

Email Address: _____

Mailing Address: _____

Why is your child interested in attending Connections?

Please check the following visual and performing arts activities your child has participated in, including the number of years of experience:

Theater ___ Instrumental Music ___ Dance ___

Art ___ Choir ___ Other ___

Return this form and all application documents from the checklist by April 29th to:

Connections VPAA Attn: Kellene Ditler 17555 Tuolumne Road Tuolumne, CA 95379

The Summerville Union High School District does not discriminate based on student's gender, sexual orientation, ethnic group identification, race, ancestry, national origin, religion, color or mental or physical disability.

Connections Visual and Performing Arts Academy

Teacher Recommendation Form

Student name:

Recommender name and title:

Dear Teachers,

The student listed above is applying to the Connections Visual and Performing Arts Academy for the 2023-2024 school year. Interested students are required to audition and have two letters of recommendation as part of the application process. Thank you for taking a few moments to respond to the following questions. Your honest responses will help us determine if this program would be a good "fit" for the student. Please return your rating form to the student in a sealed envelope.

On a scale of 1-10, how would you rate this student in the following areas (10 being highest):

Social Skills	___	Analytical Skills	___	Classroom Discussion	___
Self-Discipline	___	Work Completion	___	Works Independently	___
Creative Thinking	___	Classroom Behavior	___	Initiative	___
Intellectual Curiosity	___	Written Expression	___	Maturity	___
Eagerness to Participate	___	Interest in the Arts	___	Attendance	___

Overall Recommendation: How long have you known the student, and in what capacity?

What are your overall impressions of this student and their ability to be successful in a rigorous academic program as well as visual and performing arts program? Please feel free to type or handwrite and attach paper if needed.

Connections Visual and Performing Arts Academy

Teacher Recommendation Form

Student name:

Recommender name and title:

Dear Teachers,

The student listed above is applying to the Connections Visual and Performing Arts Academy for the 2023-2024 school year. Interested students are required to audition and have two letters of recommendation as part of the application process. Thank you for taking a few moments to respond to the following questions. Your honest responses will help us determine if this program would be a good "fit" for the student. Please return your rating form to the student in a sealed envelope.

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Self-Discipline	___	Work Completion	___	Works Independently	___
Creative Thinking	___	Classroom Behavior	___	Initiative	___
Intellectual Curiosity	___	Written Expression	___	Maturity	___
Eagerness to Participate	___	Interest in the Arts	___	Attendance	___

Overall Recommendation: How long have you known the student, and in what capacity?

What are your overall impressions of this student and their ability to be successful in a rigorous academic program as well as visual and performing arts program? Please feel free to type or handwrite and attach paper if needed.

Connections Visual and Performing Arts Academy

Admissions Assessment Information

Admissions assessments for the 2023-2024 school year will be held on Saturday, May 20th, from 8am-Noon in the theater at Summerville High School or Zoom if needed. Please circle your preference below.

Student Name: _____

Parents, please plan to attend for the first 45 minutes for a parent information meeting. Students will need to wear comfortable clothing and bring a snack and water. Students will be taught a short dance and vocal routine, take placement tests in math and English, and then perform an individual selection of their choice. Students will need to bring their own instruments, except piano, if they plan to perform a musical piece. If they are using a recorded accompaniment, please bring music on iPhone, iPod, or a CD.

Parents are welcome to stay in the theater foyer during the assessments, but will not be admitted into the theater or classroom.

CONNECTIONS VISUAL AND PERFORMING ARTS ACADEMY

ACADEMIC AGREEMENT

It is the philosophy of Connections Visual and Performing Arts Academy to provide a balanced, rich, strong artistic and academic environment. Students who attend the academy must show an interest in being involved in our arts curriculum, and understand the parameters as set forth in this agreement between the school and the student with his or her parents.

1. 7th and 8th grade students agree to fully participate in the scheduled courses and activities, including concerts and musicals.
2. Students must maintain grades of "C" or above in all of their coursework.
3. Students must maintain at least 90% attendance.
4. Students will be placed on academic probation should one or more of their grades fall below a C for the semester or their attendance drop below 90%. They will have one semester to show improvement or risk being removed from the Academy.
5. If it becomes clear that the student is not completing assignments, or not demonstrating effort in class, they may also be removed. This would not take place until after a parent conference is held.
6. Students must maintain good behavior and follow the district's discipline guidelines. If a student at the Academy is determined to have violated a policy that results in suspension, or have repeated discipline consequences, they may be removed from the Academy.
7. Cell phone use- Cell phones are prohibited at school. Please have your student keep at home.
8. Students will participate in all standardized tests (Smarter Balanced, etc.)
9. Parents are encouraged to follow their child's progress by using the District's "Powerschool" program linked to our school website. They are also encouraged to become an active participant in their child's education by communicating with teachers and the principal when needed.
10. Parents are also encouraged to attend Connections Advisory Board meetings to give input on activities and curriculum related to the program, and/or participate in C.A.S.T., the Creative Arts Support Team.

PLEASE ATTACH TWO OF YOUR STUDENT'S MOST RECENT REPORT CARDS/PROGRESS REPORTS FROM THIS SCHOOL YEAR TO THE REGISTRATION FORM.

I have read and agree to the guidelines listed above:

Student Signature _____

Date _____

Parent Signature _____

Date _____

Connections Visual and Performing Arts Academy

Media Release Form

I, the parent or guardian of: _____, give permission for my child's image, likeness, voice and/or and name to be printed in the media. Examples of this may include newspaper photos or articles, radio or television advertisements or programs, the school website, newspaper or yearbook, or other forms of printed or digital media.

I also understand there will be no financial compensation to my child for these media publications unless specifically noted.

Permission for this release will be in effect for while my child continues to be enrolled at Connections Visual and Performing Arts Academy.

Student Name:

By signing below, I am also affirming that I have the legal right to sign this release.

Parent Name:

Parent Signature:

Date:

FROM: SUHS ISP LBHS MHS SFHS CSHS CONNECTIONS OTHER (CIRCLE ONE)
TO: SUHS ISP LBHS MHS SFHS CSHS CONNECTIONS OTHER (CIRCLE ONE)

STUDENT'S LAST NAME		STUDENT'S FIRST NAME		MIDDLE NAME		OTHER LAST NAMES USED		GRADE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH		PLACE OF BIRTH (CITY/ST)			
STUDENT'S MAILING ADDRESS				CITY/STATE								ZIP		STUDENT'S HOME PHONE			
RESIDENCE ADDRESS, IF DIFFERENT FROM MAILING				CITY/STATE								ZIP					
FATHER'S NAME LAST/FIRST				STUDENT LIVES WITH FATHER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE		CELL#		EMAIL ADDRESS		DOES FATHER RECEIVES SCHOOL INFO? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IS MAILING ADDRESS SAME AS STUDENT'S <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO PLEASE LIST BELOW.				EMPLOYER		WORK PHONE/EXT											
MOTHER'S NAME LAST/FIRST				STUDENT LIVES WITH MOTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE		CELL#		EMAIL ADDRESS		DOES MOTHER RECEIVES SCHOOL INFO? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IS MAILING ADDRESS SAME AS STUDENT'S <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO PLEASE LIST BELOW.				EMPLOYER		WORK PHONE/EXT											
STUDENT'S STEPFATHER/GUARDIAN		MAILING ADDRESS		HOME PHONE		WORK PHONE/CELL#		EMAIL ADDRESS		RECEIVES COPY OF SCHOOL INFO? <input type="checkbox"/> YES <input type="checkbox"/> NO							
STUDENT'S STEPMOTHER/GUARDIAN		MAILING ADDRESS		HOME PHONE		WORK PHONE/CELL#		EMAIL ADDRESS		RECEIVES COPY OF SCHOOL INFO? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HIGHEST LEVEL OF EDUCATION-FATHER				<input type="checkbox"/> NOT A HS GRAD <input type="checkbox"/> HS GRAD <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRAD <input type="checkbox"/> GRAD SCHOOL/POST GRAD <input type="checkbox"/> DECLINE TO STATE/UNKNOWN													
HIGHEST LEVEL OF EDUCATION-MOTHER				<input type="checkbox"/> NOT A HS GRAD <input type="checkbox"/> HS GRAD <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRAD <input type="checkbox"/> GRAD SCHOOL/POST GRAD <input type="checkbox"/> DECLINE TO STATE/UNKNOWN													
NAME		DOB		RELATIONSHIP TO STUDENT		LIVES AT HOME:		SCHOOL ATTENDING									
						<input type="checkbox"/> YES <input type="checkbox"/> NO											
						<input type="checkbox"/> YES <input type="checkbox"/> NO											
						<input type="checkbox"/> YES <input type="checkbox"/> NO											

ETHNIC LIST - PLEASE NOTE - ONE OF THE FOLLOWING MUST BE MARKED- PLEASE CHECK ONE BOX ONLY!

☐ HISPANIC OR LATINO ☐ NOT HISPANIC OR LATINO

☐ AMERICAN INDIAN/ALASKAN NATIVE
☐ FILIPINO ☐ HISPANIC ☐ BLACK (NOT OF HISPANIC ORIGIN)
☐ WHITE (NOT OF HISPANIC ORIGIN)

ASIAN - PLEASE CHECK ONE BELOW
☐ CHINESE ☐ JAPANESE
☐ VIETNAMESE ☐ ASIAN INDIAN
☐ CAMBODIAN ☐ HMONG ☐ OTHER ASIAN

PACIFIC ISLANDER - PLEASE CHECK ONE BELOW
☐ HAWAIIAN ☐ GUAMANIAN ☐ SAMOAN
☐ TAHITIAN ☐ OTHER PACIFIC ISLANDER

HOME LANGUAGE SURVEY -
ANSWER ALL THREE

STUDENT FIRST BEGAN TO SPEAK WHICH LANGUAGE:

AT HOME, STUDENT MOST FREQUENTLY SPEAKS:

LANGUAGE YOU SPEAK TO STUDENT:

EMERGENCY CONTACT:

NAME (LOCAL CONTACT)

PHONE NUMBER

RELATIONSHIP TO STUDENT

ARE YOU IN TRANSITION, LIVING IN A SHELTER, OR OTHER NONPERMANENT RESIDENCE?

☐ YES ☐ NO

ARE EITHER PARENT AN ACTIVE ARMED FORCES MEMBER?

☐ YES ☐ NO

ARE THERE ANY EXISTING COURT ORDERS INVOLVING STUDENT?

☐ YES ☐ NO

DID STUDENT PREVIOUSLY ATTEND SUMMERVILLE HIGH?

☐ YES ☐ NO

IS THERE A CURRENT EXPULSION ORDER ON STUDENT?

☐ YES ☐ NO

DOES STUDENT HAVE A CURRENT IEP OR 504?

☐ YES ☐ NO

IF YES, YOU MUST ATTACH A COPY OF THE MOST RECENT IEP OR 504

NAME OF LAST SCHOOL ATTENDED (ADDRESS IF POSSIBLE):

LIST OF REQUIRED IMMUNIZATIONS FOR 7th and 8th Grade- Must have completed before your student can be enrolled.

State of California—Health and Human Services Agency

California Department of Public Health



CALIFORNIA PRE-KINDERGARTEN AND SCHOOL IMMUNIZATION RECORD

Pre-kindergarten facility and school staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

PUPIL NAME (LAST, FIRST, MIDDLE)	STATEWIDE STUDENT IDENTIFIER (SSID)	ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	RACE <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
NAME OF PARENT/GUARDIAN (LAST, FIRST)	BIRTHDATE (MONTH/DAY/YEAR)	SEX	

REQUIRED VACCINE	DATE EACH DOSE WAS GIVEN (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)			Age: _____ years			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥ 1 dose given at age ≥ 4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: _____ years	Age: _____ years		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥ 1 dose given at age ≥ 4 years; 3 doses, if ≥ 1 Tdap dose at age ≥ 7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: _____ months					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥ 1 year.
Hib (Haemophilus influenzae type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥ 1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella or Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: _____ years					<input type="checkbox"/>	1 dose given at age ≥ 7 years meets requirement for 7 th grade advancement and 7 th -12 th grade admission.

STATUS OF REQUIREMENTS	Staff Initials / reviewed pupil's immunization record	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end date)	Other See codes on reverse side	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child care or preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> PBE (pre-2016)	
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home <input type="checkbox"/> PBE (pre-2016)	
7 th Grade (Advancement or admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

Summerville Union High School District

COVID-19 Student Testing Consent Form

****Parents/Guardians**** please fill out this form for each student in your household that will be voluntarily participating in district sports.

Please enter the sport your student will be participating in:

Student Participant Information

Student's Full Name: _____ Grade: _____

Parent/Guardian Information

Parent/Guardian Full Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

In order for the district to be in compliance with the Local Public Health Order –Youth Extracurricular Activities and Youth Sports Guidance, Mandatory COVID-19 Testing for participants, youth, coaches, support staff, etc. – COVID-19 Testing must be conducted twice weekly antigen or once weekly PCR for persons age 12 and older who are not fully vaccinated within 72 hours of competition. It is recommended that children under the age of 12 also be tested, but testing is not required for this age group. Individuals who have had a positive COVID-19 test in the past 90 days are excluded from testing with documentation of a positive test result.

Please choose one of the below options:

☐ **Yes, I agree:** I give my consent for my child to be tested per the Local Public Health Order for Youth Extracurricular Activities and Youth Sports Guidance. **I understand this allows my child to be tested for COVID-19 using an antigen or PCR test and allow submission of the test results to the district, county, state or any other governmental agency as required by law.**

PLEASE SIGN BELOW:

I attest that:

I have signed this form **freely and voluntarily**, and **I am legally authorized** to make decisions for the child named above. I consent for my child to be tested for COVID-19 infection.

I understand that my child will be tested at multiple times during the sports season.

I understand that if my child receives a positive test result, state, public health and district safety protocols will be enforced.

I understand that as with any medical test there is potential for false positives or false negative test results.

I understand that this consent form will be valid through June 30, 2022, unless I notify the designated contact person from my child's school **in writing** that I revoke my consent.

I understand that my child's test results and other information may be disclosed as permitted by law.

I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

I have been informed about the test purpose, procedures, possible benefits and risks.

I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time.

Signature of Parent/Guardian: _____
(if child is under age 18)

Date: _____

Signature of Student: _____
(if age 18 or over or otherwise authorized to consent)

Date: _____

