



**7TH/8TH GRADE ENROLLMENT APPLICATION  
FOR 2025-2026 SCHOOL YEAR**

**PLEASE REVIEW INFORMATION AND  
RETURN  
REQUIRED FORMS TO THE SUMMERVILLE  
HIGH OFFICE**

**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 30 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
- Science
- Mathematics (Academy Math 1A, Math I or Math II)
- Beginning Band
- Theater
- Choir
- Dance

During the school year, there will be seven required band, choir, dance, and drama performances for the students. In addition, in the spring, all students are required to participate in a musical theater production which will have three evening and four matinee performances, 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. Prior to the admission assessment day, all students, upon submission of a complete admission packet, will attend a *mandatory parent and student interview* with the Connections Academy administrator. The admission assessment day will be held on Saturday, May 17th, 2025, 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. Following their individual performance, each student will interview with the Visual and Performing Arts faculty. Finally, each student will take placement tests in English and math.

After the performance assessment, our staff will evaluate each student. All students who complete the application with all necessary paperwork by the deadline, interview with the Connections Academy administrator, and participate fully in the admission assessment day 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 20th, 2025, at 4:30pm 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/](http://www.summbears.net/schools/connections-visual-performing-arts-academy/)

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

**ALL documents must be completed and submit them to the Summerville High Office:**

- **Applicant Information Form**
- **Formal letter of Interest**
  - **Written and typed by student**
  - **3-5 paragraphs describing:**
    - **Academic and extracurricular accomplishments**
    - **Past experience in visual and/or performing arts**
    - **Reasons for wanting to attend Connections VAPAA**
- **Two completed teacher recommendation forms in sealed envelopes**
- **Copies of student's 2 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 this*)**
- **Immunization records (*your current school registrar will have this*)**

# Connections Visual and Performing Arts Academy

## Applicant Information Form

Student Name: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Grade level for 2025-26 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 26th 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 2025-2026 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 2025-2026 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

## Admissions Assessment Information

Admissions assessments for the 2025-2026 school year will be held on Saturday, May 17, 2025 from 8am - noon in the Summerville High School theater.

Parents, please plan to attend for the first 30 minutes for a parent information meeting. Students will need to wear comfortable clothing and bring water and a snack. Students will be taught a short dance and vocal routine, take placement tests in math and English, and perform an individual selection of their choice. If they plan to perform a musical piece, students will need to bring their own instruments. A piano is available for use. If they are using a recorded accompaniment, they need to bring music on an iPhone, iPod or a CD.

During the assessment process, parents are welcome to stay in the theater foyer, but will not be admitted into the theater or classroom.

**Student Name:**\_\_\_\_\_

**Performance Selection:**\_\_\_\_\_

## 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 may not be used at school at any time unless in an emergency situation and with permission.
8. Students will participate in all standardized tests (CAASPP, CAST, 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 strongly 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							
OTHER CHILDREN OF FAMILY NAME	DOB	RELATIONSHIP TO STUDENT	LIVES AT HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO		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 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>		
IPV / OPV (Polio)			Age: _____ years			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if $\geq 1$ dose given at age $\geq 4$ 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 $\geq 1$ dose given at age $\geq 4$ years; 3 doses, if $\geq 1$ Tdap dose at age $\geq 7$ years; Tdap dose may meet 7 <sup>th</sup> Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: _____ months					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age $\geq 1$ year.
Hib (Haemophilus influenzae type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age $\geq 1$ 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 <sup>th</sup> Grade (Tetanus, Diphtheria, Pertussis)	Age: _____ years					<input type="checkbox"/>	1 dose given at age $\geq 7$ years meets requirement for 7 <sup>th</sup> grade advancement and 7 <sup>th</sup> -12 <sup>th</sup> 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 <sup>th</sup> 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.

