Application Date:

The Soulsville Charter School 1115 College Street Memphis, TN 38106 901.261-6366

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(completed by school)



The Soulsville Charter School is a highly disciplined, academically rigorous, college preparatory school. We are determined to provide all of our students with a world-class education that will enable them to open doors of opportunity.

Mission Statement

The Soulsville Charter School will prepare students for success in college and life in an academically rigorous, music-rich environment.

Program Enrichment

- Rigorous Academics
- Character Education
- Highly Structured Learning Environment
- Extended School Day Hours (7:40 am 3:30 pm M -Th; 7:40 2:15 pm F)*
- Summer Term
- Saturday School
- Soulsville Symphony Orchestra- Music Instruction
- Leadership and Volunteer Activities
- *Students who have Assigned Mandatory Tutoring are dismissed at 4:30pm on the days they have tutoring.

Comprehensive Student Services

- Mentoring
- Academic Tutoring
- Health Referrals
- Social Referrals
- Study Skills and Test Preparation
- College Guidance
- Alumni Support

The Soulsville Charter School's has a unique collection of workshops, field trips, guest speakers, and special opportunities that support and enhance the core curriculum.

To be completed by the parent

Please let us know for which grade(s)/y may apply for a 2013-14 waitlist spot a				Charter Scho	ool. (You
2015 – 2016 6 th grade (Waitlist Only) 7 th grade (Waitlist Only) 8 th grade (Waitlist Only) 9 th grade (Waitlist Only)	2016 – 2017 6 th grade 7 th grade 8 th grade 9 th grade	2016 - 10	2017 th Grade (W	aitlist Only)	
According to Tennessee law, a Memphis City Schools.	student may enroll at a char	rter school if he/she res	sides within	the jurisdict	ion of
Student Name First Mi	iddle Last	Sex	Age		
Home Address					
Home Telephone					
	City/State of B				
School last attended				_	
Has student ever repeated a grade?					
□ Yes □ No If yes, state reason and grade					
Has student ever had any disciplinary o	difficulty in school?				
□ No					

If yes, describe briefly _____

To Be Completed by Students

Why do you want to attend The Soulsville Charter School? (25 words or more – you may use more paper)

			Please comple	ete one application	ı per child.		
C1 11 11 31							
Child's Na	ame rint clearly)	first	middle	lasi	,		Date of Birth
(Fieuse pi	rını cieariy)	jirsi	miaaie	iasi	,		Date of Birth
Home add	lress						
		ddress		city	state		zip
	lress on federa	l property?					
	Yes No						
		anguage spoken	hy student?				
-	Yes	inguage spoken	by student.				
	No						
					_		
Is English	Language lim	ited?					
	Yes						
	No						
In worm at	ild annallad :	on has your al-!!	d avan baan	nrolled in any of th	na fallawina?		
		tion or Resource		noned in any or u	ie following:		
	504	ition of Resource	c i logialli				
	Speech/Langu	age Therapy					
	-						
If yes, ple	ase describe _						
Is pare	nt/guardian on	active military	duty?				
	Yes		auty.				
		of service?					
		nployed on fede	ral property?				
	Yes						
If yes,	where?						
Δdults	living with ap	onlicant:					
	Mother	рисант.		Stepmother		□ G	randfather
	Father			Stepfather			ther
	Guardian			Grandmother			
	•	get to school if	enrolled?				
	Bus						
	Drop-off Walk						
	Other						
		e computer acce	ss at home?				
	Yes	computer acce	35 at nome.				
	No						
		e Internet access	at home?				
	Yes						
	No						

Mother's Information

Mother's Name	(D1 · .)		Social Security #	#	
,	(Please print)		Home Phone		
Address City	State	7in	_ Home Fhone		
	State				
Employer			Work Phone		
Work Address			Work Days		
City	State	Zip	Work Hours		
Check Applicable	e Status:				
□ Married	o sources.	Separated			Widowed
□ Divorced		□ Single			
er's Information					
Father's Name	(Please print)		Social Securi	ty #_	
A 11	(Please print)		II D1		
Address	Ctata	7:	Home Phone		
City	State	Zip_			
Eman Address					
Employer			Work Phone		
Work Address			Work Days		
City	State	Zip	Work Hours		
Check Applicable	a Status.				
□ Married	Status.	□ Separated			Widowed
□ Divorced		□ Single		_	Widowed
- Bivoleed					
	(If different than #				
Name	(Please print)		Social Security #	#	
Addragg ((Please print)		Homa Dhona		
City	State	Zin	Home Phone		
Email Address	State	Zip_			
Work Address			Work Days		
City	State	Zip	Work Hours		
neck Applicable St	tatus•				
■ Married	iaius.	□ Separated			Widowed
□ Divorced		□ Single		_	Widowed
- Divolecu		- Single			

School		City	State	Dates	
of all other children in family. Name	Age	School			Grade

Medical Information

It is the responsibility of the Parent or Guardian to provide the school with specific emergency procedures

The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the applicant may safely participate in those activities.

PERSONAL HISTORY

Check beside those medical problems the applicant has had or currently has

() () () () () () ()	Measles (Rubella) Rubella (3-day measles) Mumps Chicken pox Thyroid Sinusitis Eye trouble Ear trouble Throat problems Hypoglycemia Joint problems)	Frequent headaches Head injury Hay fever, asthma Tuberculosis Jaundice, liver disease Stomach, intestinal trouble Fainting Allergies Diabetes Seizure disorder/Epilepsy	ì))))	Rheumatic fever Sexually transmitted diseases Gall bladder trouble Neurological disorder Pneumonia Ankle sprains & Knee injuries () Mild () Mild () Severe () Severe Other
() () () ()	Sickle cell anemia Hernia Cancer Insomnia Tension or depression	•))))	Kidney, bladder problem Chest pain Chronic pain Palpitations High blood pressure Heart problem or murmur		<u>EM</u>))	ALE ONLY: Irregular periods Severe cramps Excessive flow
	se comment in detail in the s cal condition checked in Per	pace b	elo		er heal narter	th (or personal concerns that hool should be aware of nt.
(med	any medications applicant is ications that are required by ap mpany him/her at School)	receivi	ing	periodic eva () Yes – (luatior	ı oı	•
				List drugs of	r food	wh	ich applicant is allergic to:

NOTICE: If your child requires medication/or medical procedures at school, an authorization form must be completed by your physician and signed by you before medication can be self-administered.

All medication must be in its original labeled container and marked with the student's name. All medication, even over the counter, must be kept in the office with the exception of asthma inhalers and epi pens. An authorization form must be completed for the asthma inhalers and epi pens as well.

	Emei	gency	Information
		cy situation	ions when the parent cannot be reached (also give relationship
Name (please print)			
Relationship to Child			
Home Address			Home Phone
City	State	Zip _	
Name of Employer			
Work Address			Work Phone
City	State	Zip_	
Child's Doctor			Telephone
Name of Clinic			
			StateZip
Hospital of Choice			
Insurance Company			Policy/Group#

Emergency Treatment Release

	eached, the person named above is authorized to act on my behalf regarding I hereby authorize The Soulsville Charter School
	I hereby authorize The Soulsville Charter School e. I also authorize the doctor or hospital to treat my child in the event of an
Signature Parent/Guardian	Date
Parent/Guardian's name (please print)	
Pare	nt/Guardian Authorization
]	Field Trip Permission Slip
	, has my permission to go on any Field Trips conducted narter School. I release Soulsville Charter School of all responsibility as by walking or riding (bus, van, or car).
Signature Parent/Guardian	Date
	Activities Permission Slip
	•
	, has my permission to take part in physical activities,
and I agree to release Soulsville Charter Schinjuries resulting from or occurring during the	ool and its employees, exercising reasonable care, from liability for nese activities.
Signature Parent/Guardian	Date
D	hataguanha Daumissian Clin
	hotographs Permission Slip
I give The Soulsville Charter School permiss for publicity, school records, and/or school a	•
Signature Parent/Guardian	

Child Release Form

	ne following people are authoring regular school hours.	rized check out(Print C	from The S					
Na	ame	Relation to child	Home Phone	Work Phone				
			/					
			///					
Pa	rent/Guardian Signature		Date	_				
St	<u>udents</u>							
be or a v my	fore I enroll in The Soulsville guardian. I agree to abide by weapon, alcoholic beverages, y entire school career (includi	m indicating that I understand e Charter School. I have disco y the school's rules and policion tobacco, narcotics and any of ing summer vacations) and also y mind concerning the rules, I	ussed my decision to attend the es. I also fully understand the her substance abuse is forbic so applies both on and off The	the school with my parent at the use or possession of dden. This rule applies for he Soulsville Charter				
Stu	dent Signature		Date					
<u>Pa</u>	rents or Guardians							
my to	y child his/her decision to atte	request for admission and accend The Soulsville Charter Scking this request for admission that:	hool, and believe that all the	statements made are true,				
1.	The teacher has full discreti	ion to give detentions to my st	tudent if he/she violates class	sroom discipline policies.				
2.	_	nt to dismiss my student if he/l program or if I the parent/gu Agreement.	-	-				
Stu	dent Signature		Date					