2021-2022 Student Application

The Soulsville Charter School is a free public charter school-serving students in grades 6-12. There is no cost to apply to or attend The Soulsville Charter School. We are currently accepting student applications for Grades 6-10 for the 2021-2022 school year and 2020-2021 waitlist spots.

MISSION
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 – 3:00 pm M-Th; 7:40 – 2:15 pm F)*
- Summer Growth Experiences
- Saturday RISE Rewards
- Music Instruction - Soulsville Symphony Orchestra, Band and Choir
- Leadership and Volunteer Activities

*Students who have Tutoring (AMT), Monday-Thursday, are dismissed at 3:45 pm 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 has a unique collection of programs, services, workshops, field trips, guest speakers, and special opportunities that support and enhance the core curriculum.
Please complete one application per child.

Please let us know for which grade(s)/year(s) your child is applying for admission to The Soulsville Charter School. (You may apply for a 2020-2021 waitlist spot and a 2021-2022 spot by checking the applicable blanks.)

<table>
<thead>
<tr>
<th>2020-2021</th>
<th>2021-2022</th>
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</thead>
<tbody>
<tr>
<td><em>6th grade (Waitlist Only)</em></td>
<td><em>6th grade</em></td>
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<td><em>7th grade (Waitlist Only)</em></td>
<td><em>7th grade</em></td>
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<tr>
<td><em>8th grade (Waitlist Only)</em></td>
<td><em>8th grade</em></td>
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<td><em>9th grade (Waitlist Only)</em></td>
<td><em>9th grade</em></td>
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<tr>
<td><em>10th grade (Waitlist Only)</em></td>
<td><em>10th Grade</em></td>
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</table>

**Student Name** ____________________________ **Sex** ____ **Age** ______

First ____________ Middle ____________ Last ____________

**Home Address** ____________________________ **City** ____________ **St** _____ **Zip** ____________

**Home Telephone** __________________________ **SSN** ____________

**Date of Birth** ____________________________ **City/State of Birth** ____________________________

**School currently attending** ____________________________

**Current Grade:**

__ 5th grade
__ 6th grade
__ 7th grade
__ 8th grade
__ 9th grade
__ 10th grade
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Is your child enrolled in or has your child ever been enrolled in any of the following?

- Special Education or Resource Program (Inclusion or Self-Contained)
- 504
- Speech/Language Therapy

If yes, please describe __________________________________________________________

(Please provide copies of any documentation that will help us best serve your student.)

Has student ever repeated a grade?

- Yes
- No

If yes, state grade and reason ____________________________________________________

Are there any other past school experiences, academically and/or behaviorally, that you would like to share that may help us to better meet the needs of your student?

- Yes
- No

If yes, describe briefly __________________________________________________________

List of all other children in the family.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Current Grade</th>
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Do any of the child's brothers or sisters currently attend Memphis Delta Prep Charter School?

- Yes
- No

If yes, give name of child, program, and dates attended.

Print Name ___________________________ Current Grade ___________________________

Print Name ___________________________ Current Grade ___________________________

Print Name ___________________________ Current Grade ___________________________
With whom does the child live?

- Mom
- Dad
- Both
- Other: ______________________________

**Mother’s Information**

Name ________________________________

*(Please print)*

Address ________________________________

Home Phone ________________________________

City __________ State ______ Zip ______

Email Address ________________________________

Employer ________________________________

Work Phone ________________________________

Work Address ________________________________

Work Days ________________________________

City __________ State ______ Zip ______

Work Hours ________________________________

Check Applicable Status:

- Married
- Divorced
- Separated
- Single
- Widowed

________________________________________

**Father’s Information**

Name ________________________________

*(Please print)*

Address ________________________________

Home Phone ________________________________

City __________ State ______ Zip ______

Email Address ________________________________

Employer ________________________________

Work Phone ________________________________

Work Address ________________________________

Work Days ________________________________

City __________ State ______ Zip ______

Work Hours ________________________________

Check Applicable Status:

- Married
- Divorced
- Separated
- Single
- Widowed

________________________________________

**Guardian Information** (If different than above)

Name ________________________________

*(Please print)*

Address ________________________________

Home Phone ________________________________

City __________ State ______ Zip ______

Email Address ________________________________

Employer ________________________________

Work Phone ________________________________

Work Address ________________________________

Work Days ________________________________

City __________ State ______ Zip ______

Work Hours ________________________________

Check Applicable Status:

- Married
- Divorced
- Separated
- Single
- Widowed
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 the schedule 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*

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<table>
<thead>
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<td></td>
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</tr>
<tr>
<td>( ) Measles (Rubella)</td>
<td>( ) Frequent headaches</td>
<td>( ) Rheumatic fever</td>
</tr>
<tr>
<td>( ) Rubella (3-day measles)</td>
<td>( ) Head injury</td>
<td>( ) Sexually transmitted diseases</td>
</tr>
<tr>
<td>( ) Mumps</td>
<td>( ) Hay fever, asthma</td>
<td>( ) Gall bladder trouble</td>
</tr>
<tr>
<td>( ) Chicken pox</td>
<td>( ) Tuberculosis</td>
<td>( ) Neurological disorder</td>
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<tr>
<td>( ) Thyroid</td>
<td>( ) Jaundice, liver disease</td>
<td>( ) Pneumonia</td>
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<tr>
<td>( ) Sinusitis</td>
<td>( ) Stomach, intestinal trouble</td>
<td>( ) Ankle sprains &amp; Knee injuries</td>
</tr>
<tr>
<td>( ) Eye trouble</td>
<td>( ) Fainting</td>
<td>( ) Mild</td>
</tr>
<tr>
<td>( ) Ear trouble</td>
<td>( ) Allergies</td>
<td>( ) Mild</td>
</tr>
<tr>
<td>( ) Throat problems</td>
<td>( ) Diabetes</td>
<td>( ) Severe</td>
</tr>
<tr>
<td>( ) Hypoglycemia</td>
<td>( ) Seizure disorder/Epilepsy</td>
<td>( ) Severe</td>
</tr>
<tr>
<td>( ) Joint problems</td>
<td>( ) Kidney, bladder problem</td>
<td></td>
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<tr>
<td>( ) Sickle cell anemia</td>
<td>( ) Chest pain</td>
<td></td>
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<tr>
<td>( ) Hernia</td>
<td>( ) Chronic pain</td>
<td></td>
</tr>
<tr>
<td>( ) Cancer</td>
<td>( ) Palpitations</td>
<td></td>
</tr>
<tr>
<td>( ) Insomnia</td>
<td>( ) High blood pressure</td>
<td></td>
</tr>
<tr>
<td>( ) Tension or depression</td>
<td>( ) Heart problem or murmur</td>
<td></td>
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</tbody>
</table>

**FEMALE ONLY:**

|                                    |                                    |                                    |
|                                    |                                    |                                    |
| ( ) Irregular periods              | ( ) Severe cramps                  | ( ) Excessive flow                 |

**USE ADDITIONAL SHEET IF NECESSARY**

**Please comment in detail in the space below on any medical condition checked in Personal History.**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**List any medications applicant is receiving regularly (medications that are required by applicant should accompany him/her at School)**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**List any other health or personal concerns that Soulsville Charter School should be aware of regarding the applicant.**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Does applicant have any health problem that requires periodic evaluation or testing?**

( ) Yes – give details    ( ) No

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**List drugs or food which 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.
Residency Requirement

According to Tennessee law, a student may enroll at a charter school if he/she resides within the jurisdiction of Shelby County Schools. (You will need to provide two (2) approved proofs of residence. Additional information is required if you share a residence.)

Office Use Only

1) 

2) 

Parent(s) or Guardian(s)

By signing this application, I have read and understood the request for admission and accompanying information. I have discussed with my child his/her decision to attend The Soulsville Charter School. To the best of my knowledge, the information provided is correct and complete. I understand that this application is only the first step in my child’s admission process to The Soulsville Charter School. I understand there are additional steps I must take to guarantee my child’s admission. I understand that this application does not guarantee enrollment to The Soulsville Charter School.

____________________________________  ____________________
Parent Signature  Date

____________________________________  ____________________
Parent Signature  Date

Student

By signing this application, I am indicating that I understand that I must read and sign a Commitment to Excellence Agreement before I enroll in The Soulsville Charter School. I have discussed my decision to attend the school with my parent or guardian. I agree to abide by the school’s expectations, rules and policies.

____________________________________  ____________________
Student Signature  Date

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In the event more applications are received than slots available, an enrollment lottery will be held. For more information, call 901.261.6366.

Thank you for your interest in enrollment at The Soulsville Charter School. As A Community we RISE!

PLEASE NOTE: APPLICATION SUBMISSION DOES NOT GUARANTEE ENROLLMENT TO THE SOULSVILLE CHARTER SCHOOL.