Dear Prospective Performing & Fine Arts Academy Parent/Guardian:

Thank you for your interest in having your child attend Creative Connections Arts Academy (CCAA) High School scheduled to open in August 2010. If accepted, your child will be part of a program that expects high standards in both the arts and academics. Attached to this letter is a complete application packet that must be completed in its entirety in order for your child to be considered for our program. CCAA High School follows an application process and public random lottery drawing policy set forth by the CCAA Charter and the Twin Rivers Unified School District (TRUSD).

In order to be eligible for admission, you must return the completed application packet to the TRUSD district office no later than Friday, April 30, 2010. Incomplete applications will not be considered or accepted. If your child’s application is considered for acceptance, he/she will be required to participate in an audition process. High school auditions will be held on May 10 and May 11, 2010. Please note that participation in the audition process is mandatory for consideration for the CCAA High School. No additional dates will be scheduled. The CCAA school office will be in contact with you to schedule the audition after the April 30th application deadline. Applicants who pass the audition will be entered in the lottery drawing on May 19, 2010.

To learn more about this new and exciting learning opportunity that awaits your family at CCAA High School, we invite you to attend a Family Information Night on May 5, 2010 at the CCAA Elementary Campus on 7201 Arutas Drive in North Highlands at 6:00 PM. We hope you will be able to join us for this important evening.

We look forward to reviewing your child’s application and welcoming you into the CCAA family.

Sincerely,

Joseph Breault
Principal of CCAA

(Keep this page for reference – detach prior to submitting application)
Application Packet
2010-2011
Grades 9 - 10

Student Name (Last) ___________________ (First) ___________________

Grade Applying For:  9 ☐  10 ☐

Application Deadline
This completed packet must be received by 4:00 p.m. on Friday, April 30, 2010
at Twin Rivers USD, Charter Programs
5115 Dudley Blvd., McClellan Park, CA 95652
Tel: (916) 566-1600; Fax: (916) 566-3586

If submitting your application packet after the deadline, please submit it to the school. The applicant will not be placed in the lottery drawing, but may be considered on a space-available basis.
Application Checklist

Student’s First Name__________________  Student’s Last Name__________________
Current Grade _______

Please submit your completed application in the following order with the cover sheet on top.

☐ Application Checklist
☐ Student Application for Admission
☐ Commitment to Philosophy and Expectations
☐ Student Questionnaire & Interest Summary
☐ Student Essay Form
☐ Parent/Guardian Essay Form
☐ Teacher Recommendation Form signed by current classroom teacher and principal
☐ Letter of Recommendation to support visual and performing arts interests and abilities
☐ Formal Audition Plan
☐ Most Recent Report Card (available at your child’s current school)
☐ Most Recent School Attendance Report (available at your child’s current school)
☐ Most Recent STAR Testing Results (available at your child’s current school)

TO BE COMPLETED BY DISTRICT OFFICE STAFF

Application received by ____________________________________________________
On _____________________________________________________________________
Action Taken:
☐ Student application accepted (complete)
☐ Student application not accepted (incomplete); items missing: ____________________
_________________________________________________________________________
Comments: _______________________________________________________________
_________________________________________________________________________
Student Application for Admission

Child’s Legal Name: ________________________________________________________________

Last       First        Middle

Child’s Nickname: __________________________________________ Current Grade:___________

Home phone number:______________________________________________________________

Home address:__________________________________________________________________________________

Number                              Street

________________________________________________________      Male      Female

City      Zip

Birth date: __________________    Birthplace:______________________________________

Month/Day/Year      City     State

Adult(s) child lives with:

Name:________________________________________________________

Relationship                         Cell Phone________________________________

Employer: ____________________________Work Phone ____________________________

Name:________________________________________________________

Relationship                         Cell Phone________________________________

Employer: ____________________________Work Phone ____________________________

Student Education Information:  School Name: ________________________________

School District: ________________________________

School Address: _____________________________________________________________

My child has been enrolled in the following programs: *(Check all that apply)*

- Special Education
  - Resource Specialist Program (RSP)
  - Special Day Class (SDC)
  - Speech and Language

- Accommodations
  - 504 Plan

- Other Programs
  - Gifted & Talented (GATE)
  - English as a Second Language (ESL) or English Language Development (ELD)
  - Other (please list):________________________________________________________

Emergency Contact: __________________________________________________________

Name          Phone  Relationship

In an emergency, please take my child to the nearest emergency aid station, by ambulance if necessary. I authorize treatment of my child by a licensed physician or surgeon and agree to bear all costs incurred.

Parent/Guardian Signature: ________________________________ Date: __________

Page 2
Commitment to Philosophy and Expectations

The success of a student’s experience at Creative Connections Arts Academy High School is relative to the commitment of the student and his/her family to the philosophy and expectations of the school.

As a student at Creative Connections Arts Academy High School,

- I will pursue academic excellence and work to my fullest potential.
- I will attend school every day with a minimum number of absences. I will be on time and avoid early dismissals.
- I will meet or exceed the behavior standards of the school.
- I will encourage and support my parent’s/guardian’s volunteer activities on behalf of me and the school.
- I understand flexible scheduling may be necessary for certain classes and school activities.
- I will work with my teachers and my parents to develop, implement and follow through with set goals.
- I will participate in a variety of community service activities.

Signature of student: __________________________________________________________

Date: _______________________________________________________________________

As the parent/guardian of a student enrolled at Creative Connections Arts Academy High School,

- I will encourage and support my child’s academic achievement, attendance and punctuality.
- I will support the behavior standards of the school and serve as an example for my child.
- I will volunteer my time at school or a school-related activity a total of 30 hours per year.
- I understand flexible scheduling may be necessary for certain classes and school activities.
- I will attend the parent conference and work with my child and the teacher to set goals. I will support the implementation of these goals and their attainment.
- I will support my child's participation in a variety of community service activities.

Signature of parent/guardian: __________________________________________________

Date: _______________________________________________________________________
Student Questionnaire & Interest Summary

A. Student Questionnaire (Please complete questionnaire in your own handwriting.)

1. What specific aspects of the Visual and Performing Arts school interest you most?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. As a student, what are your academic strengths and weaknesses?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

B. Student Artistic Interest Summary (Please check all categories below that represent areas of interest or areas studied.)

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<tr>
<td>Instrumental Music</td>
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<td>Drama</td>
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<td>Digital Arts</td>
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<td>Dance</td>
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<td>Other</td>
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Please list/describe your previous experiences in the arts:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

C. Student Acknowledgement: As an applicant to Creative Connections Arts Academy High School, I acknowledge that I have read and understand the Commitment to Philosophy and Expectations and I have answered all questions on the application to the best of my ability. If admitted to CCAA High School, I will do my best academic work and contribute as a positive citizen to the school.

_____________________________ ______________________________
Student Signature Date
Student Essay Form

Student Name: ________________________________

Please complete in your own handwriting a one-page essay describing why you want to attend Creative Connections Arts Academy High School and why you would be a good addition to the student body. You may use this page or attach another sheet. Please be sure to include your signature and date on the essay.

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Student Signature: ________________________________ Date: __________________________
Child's Name: ___________________________________

Please write a one-page essay describing why you want your child to attend Creative Connections Arts Academy High School and why your participation would benefit the school. You may use this page or attach a computer-generated response. Please be sure to include your signature and date on the essay.

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Parent/Guardian Signature: ____________________________ Date: ________________
Teacher Recommendation Form

**Parent/Guardian:** Please ask your child’s current teacher to complete this form. It is your responsibility to ensure that the district office has received this form prior to the April 30, 2010 deadline in order for your child’s name to be entered in the lottery drawing.

**Teacher:** Please fill out and sign this recommendation form on behalf of the student who is applying for Creative Connections Arts Academy High School. The recommendation will not solely determine placement but will be used to get a broader picture of the applicant.

**Principal:** Please sign then forward the form to the Charter School Programs office at the address or fax number below where it will be attached to the student’s application.

I am completing this form on behalf of __________________________________________ (Student Name) who is applying for the Creative Connections Arts Academy High School.

Referring Teacher: ___________________________ Current Grade: ___________________
Current School: ___________________________ Phone: _________________________
School District ______________________________________________________________

How long has this student been in your class? All Year _____ Other ___________________

Favorable    Not favorable (circle one on each line)

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</table>

Works to his/her fullest potential

Yes    No    Meeting Grade Level Standards in READING

Yes    No    Meeting Grade Level Standards in MATH

Special Talents: ______________________________________________________________

Additional comments: ___________________________________________________________
____________________________________________________________________________

Teacher Signature (**Required**): _________________________________________________

Principal Signature (**Required**): ________________________________________________

*************************************************

Please return this completed form to
Twin Rivers Unified School District, Charter Programs Office
5115 Dudley Blvd., McClellan, CA 95652
Tel: (916) 566-1600; Fax: (916) 566-3586
Letter of Recommendation

Student Name: _____________________________________

Teacher/Instructor: Please write a one-page letter of recommendation for the student named above to support his/her Visual and Performing Arts interests and abilities. You may use this page or attach a computer-generated response. (Suggestions: music teacher, previous teacher or dance instructor.) Please be sure to include your signature and date on the letter.

________________________________________________________________________________
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Signature: ______________________________________ Date: ____________________________

Relationship to Student: _____________________________________________________________
Formal Audition Plan

According to the admission requirements of our charter, each student will be required to participate in a formal audition. The purpose of the audition is to gather information about each student’s interests and skill level for educational planning.

1. Students will choose an area of talent or interest (playing a musical instrument, singing, dancing, dramatic reading, painting, drawing, sculpture, etc.). They will present their skill to a panel of experts with the staff of the school making the final decision.

2. Students will be assessed using a numerical scoring system between “0” and “5”. Students must reach an average score of “3” to be eligible for the lottery.

Once applications have been received and processed, families will be contacted to schedule auditions. Please limit your audition presentation to a maximum of three (3) minutes.

☑ Solo performance

Briefly describe below how you plan to fulfill your audition requirement:

__________________________________________________________________________
__________________________________________________________________________

Select the ONE discipline below that best showcases your skills.

☐ Music
☐ Dance
☐ Drama
☐ Visual arts

Student Name: _____________________________________________________________

Parent/Guardian Name: ___________________________________________________

Contact Number: __________________________________________________________

Registration Information

(Keep this page for reference – detach prior to submitting application)

Parents/Guardians:

Within 30 days of the lottery drawing, you will be notified by mail of the lottery results.

If your child is accepted to our school, you must complete registration forms and provide the documents listed below to the school office staff to complete your child’s enrollment. This registration paperwork must be completed for all incoming students including those who currently attend the elementary campus. Failure to do so before **Friday, May, 28, 2010** may result in the loss of your child’s spot in our school and/or placement on our waiting list.

1. **Birth Certificate.** A Baptismal Certificate, Hospital Certificate, Green Card or Passport is also acceptable. Only these forms of documentation can be accepted. For a fee, the Sacramento County Department of Vital Statistics can provide duplicate certificates.

2. **Immunization Record.** (The record must verify fulfillment of the following immunization requirements.)
   - Polio – 4 doses at any age. 3 doses meet the requirement for the 7-17 age group if one dose given after the 4th birthday.
   - DTP/Td (Diphtheria, Tetanus, Pertussis) – 5 doses at any age. 4 doses at any age for the 7-17 age group. 3 doses meet the requirement if at least one was given on or after 4th birthday. If last dose was given before 2nd birthday, one more dose (booster) is required.
   - MMR (Measles, Mumps, Rubella) – 2 doses, both doses on or after 1st birthday
   - Hepatitis B – 3 doses at any age
   - Varicella (Chickenpox) or MD verification of disease - 1 dose for children under 13, 2 doses are needed if immunized on or after 13th birthday.

If your child is not accepted at this time, his/her name will be added to our waiting list. If and when an opening occurs, you will be notified. For information regarding the waiting list, please call the charter campus.

NOTE: If you live outside Twin Rivers USD boundaries, an interdistrict transfer is **not** required since there is no residency requirement for charter schools.
Parent Volunteer Options

(Keep this page for reference – detach prior to submitting application)

- Attending day time school events and field trips
- Supervising extra-curricular parent planned events
- Preparing food for special school events
- Volunteering for school functions (ticket sales, set-up, clean-up, organization, supervision, etc.)
- Saturday work days to improve facilities
- Computer and graphics work for school functions (developing/updating web pages, fliers, etc.)
- Assisting with health screenings
- Acting as a committee leader/member
- Working from home collecting box tops/pop tops, completing character assignments, doing research, grading work, completing finishing touches on projects, book binding, etc.
- Serving on the School Site Council
- Building, painting and creation of sets/props
- Sewing costumes for productions
- Cleaning costumes for productions
- Designing production fliers and playbills
- Stage help for productions/concerts
- Helping with video productions, digital photography (slideshows, portfolios) and audio productions
- Fundraising for programs and materials
Creative Connections Arts Academy High School
2010/11 Important Dates

Application Deadline
Completed packets are due by Friday, April 30, 2010 by 4:00 p.m.
Twin Rivers USD, Charter School Programs
5115 Dudley Blvd., McClellan, CA 95652
Tel: (916) 566-1600; Fax: (916) 566-3586

Family Information Night
Wednesday, May 5, 2010 at 6:00 p.m.
CCAA Elementary Campus
7201 Arutas Drive, No. Highlands, CA 95660
Tel: (916) 566-1870; Fax: (916) 331-2959

Auditions
Monday, May 10, 2010 (Drama and Dance)
Tuesday, May 11, 2010 (Music & Art)
CCAA Elementary Campus
7201 Arutas Drive, No. Highlands, CA 95660
Tel: (916) 566-1870; Fax: (916) 331-2959

*All auditions will be in-person (live). We will not accept any recordings (tape, CD or DVD) or projects made at home. Students must score an average of “3” or higher during their audition to be eligible for the lottery drawing.*

Lottery Drawing
May 19, 2010 at 4:00 PM
CCAA Elementary Campus
7201 Arutas Drive, No. Highlands, CA 95660
Tel: (916) 566-1870; Fax: (916) 331-2959
Twin Rivers USD CCAA Charter School Campuses and District Office

Creative Connections Arts Academy
Elementary School Campus
7201 Arutas Drive
North Highlands CA
(916) 566-1870

Creative Connections Arts Academy
High School Campus
6444 Walerga Road
North Highlands CA

Twin Rivers USD
Charter School Programs
5115 Dudley Blvd
McClellan CA
(916) 566-1600

DISTRICT OFFICE 916-566-1600
5115 Dudley Blvd. BAY A
McClellan, CA 95652

From Watt Ave. take the Peacekeeper Way entrance to McClellan Park. Make a left on Dudley Blvd.

http://www.twinriversusd.org