SACRAMENTO NEW TECHNOLOGY EARLY COLLEGE HIGH SCHOOL

1400 Dickson Street | Sacramento, CA 95822
Office: (916) 395-5254 | Fax: (916) 433-2840 | www.newtech.scusd.edu

NEW STUDENT
ENROLLMENT & INTAKE GUIDE

ENROLLMENT STEPS

1 APPLY → 2 RECEIVE ENROLLMENT OFFER → 3 COMPLETE INTAKE MEETING

Families submit an application, receive an enrollment offer based on available space, and complete the intake process before enrollment is finalized.

BEFORE THE SCHOOL YEAR STARTS:

- **9th Gtade:** All incoming 9th graders can apply and enroll without an intake meeting.
- **10th to 12th Graders:** Students in grades 10th-12th must complete the intake process before enrolling.

DURING THE SCHOOL YEAR:

- **All Students:** Any student wishing to enroll or transfer after the school year has started must complete the intake process to finalize enrollment.

THE INTAKE PROCESS

1 APPLY

- Submit a completed admission application

2 ACCEPT - Receive Enrollment Offer

- Upon receiving enrollment offer and confirm your student's spot, you must:

1) Schedule a Campus Tour

- Call the office at (916) 395-5254 or email Hugo-Hernandez@scusd.edu to arrange a visit.

2) Schedule an Intake Meeting

- Parent/Guardian should bring; current **trascnripts, IEP or 504 Plan, and any Health Plan**, if applicable.
- During the intake meeting our team will; review the student's academic records, explain SNTECHS programs and graduation requirments, expectations and answer your questions.

3 ENROLL

- **Complete enrollment packet**
  - **Submit all required documents:** birth certificate, immunizations records, *withdrawal grades or official transcripts, IEP or 504 plans - if applicable or other health plans, a parent/guardian photo ID and a utility bill,* at this time.

Enrollment Timeline for New Students

Students who enroll during the school year may begin at the following times:

- **Quarter 1**: August to mid-October
- **Quarter 3**: January to mid-March

Note: To ensure a smooth transition and provide the necessary support for academic success, students cannot start school during the second and fourth quarters, as this disrupts the continuity of project-based learning and dual enrollment schedules integral to our program and the nature of the block schedule precludes their ability to earn credit with less than one quarter of attendance.

Information for Prospective Families

At Sacramento New Technology Early College High School, students can expect a rigorous and engaging learning experience that prepares them for college, careers, and beyond. Key features include:

Computer Science Pathway: Students can specialize in a Career Technical Education (CTE) pathway in computer science, gaining valuable skills in coding, technology, and problem-solving.

Dual Enrollment Opportunities: Students take college courses alongside high school classes, earning credits toward their high school diploma and a college certificate or degree. All students are required to complete a minimum of ONE college course each school year.

Defense of Learning (DOL): A signature program where students present their learning through formal exhibitions and reflections, building critical oral communication and self-assessment skills. Students are required to complete a DOL presentation in the 10th and 12th grades successfully.

Internship Requirement: Every student must complete an 50-hour internship, during which they will gaining real-world experience and professional skills.

Community Service: Students are required to complete a minumum of 40 hours of community service, emphasizing the importance of civic responsibility and community engagement.

Graduation Requirements: Students need a minimum of 260 credits to graduate – 35 more credits than most schools in SCUSD – ensuring a well-rounded and rigorous education.

Project-Based Learning (PBL): The curriculum emphasizes real-world projects, fostering collaboration, critical thinking, and innovation.

Parent Partnerships: We value strong partnerships with families and ask all families to contribute 30 hours of participation each school year. This collaboration enhances our community and supports student success. This is not a requirement for admission, nor will students be penalized for family engagement.

Sacramento New Technology Early College High School - SNTECHS is ideal for motivated students ready to explore technology, engage with their community, and take on challenges that prepare them for future academic and professional success.

Sacramento City Unified School District
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ADMISSIONS INTEREST FORM

REGISTRATION DEADLINES: **FALL, October 16, 2026 | **SPRING**, March 19, 2027*

STUDENT INFORMATION			
Last Name	First Name	Middle Name	
Gender ☐ Male ☐ Female ☐ X	Date of Birth	Going into Grade Level *(applying for)*: ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th	
Student Email:			
Student Cellphone:		Last School Attended (or current):	
Street Address	City	State	Zip Code
1) PRIMARY - Parent/Guardian whom student lives with:		Relationship to Student	
Parent/Guardian Email:			
Home Phone Number	Cellphone Number	Work Phone Number	
2) SECONDARY - Parent/Guardian whom student lives with:		Relationship to Student	
Parent/Guardian Email:			
Home Phone Number	Cellphone Number	Work Phone Number	

***Admission Notice:** SNTECHS's admission is on a first-come, first-served basis. If applications exceed available spots by the registration deadline, a lottery will be held. Students not selected will be placed on a waiting list based on their lottery results. Enrollment will be offered as space becomes available, according to the waitlist order. For more information, visit www.newtech.scusd.edu or contact Mr. Hernandez, our registrar, at Hugo-Hernandez@scusd.edu or call 916-395-5257.

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ENROLLMENT APPLICATION PACKET

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GENEREAL DEMOGRAPHICS QUESTIONNAIRE	**SSID:**
Student Name:	**Current Grade:**

1) What is the name of your assigned, neighborhood, high school?

2) How did you first learn about Sac New Tech Early College program?

3) Were you referred to New Tech by a current student or their family? ☐ YES ☐ NO
If yes, please provide the name of the student or family who referred you: _____

Legacy Student Eligibility – Students with an older sibling(s) who graduated from New Tech are recognized as *Legacy Students*.

Has this student's older sibling graduated from New Tech? ☐ YES ☐ NO
If yes, please provide their full name(s): _____

1) FOR 1ST PARENT/GUARDIAN HIGHEST EDUCATION LEVEL – *Check ONE BOX, even if parents/guardians are in the same or different household:*

☐ Not a High School Graduate ☐ High School Graduate ☐ Some College (includes AA degrees)
☐ College Graduate ☐ Graduate Degree or Higher ☐ Declined to state

Name of 1st Parent/Guardian: _____

2) FOR 2ND PARENT/GUARDIAN HIGHEST EDUCATION LEVEL – *Check ONE BOX, even ifparents/guardians are in the same or different household:*

☐ Not a High School Graduate ☐ High School Graduate ☐ Some College (includes AA degrees)
☐ College Graduate ☐ Graduate Degree or Higher ☐ Declined to state

Name of 2nd Parent/Guardian: _____

HOME LANGUAGE SURVEY:

1. What was the first language your child learned to speak?
   ☐ ENGLISH ☐ SPANISH ☐ OTHER: _____
2. What language does your child use most often at home?
   ☐ ENGLISH ☐ SPANISH ☐ OTHER: _____
3. What language do you most often use when speaking to your child?
   ☐ ENGLISH ☐ SPANISH ☐ OTHER: _____
4. What language is most commonly spoken by adults in the home?
   ☐ ENGLISH ☐ SPANISH ☐ OTHER: _____

FOR OFFICE USE ONLY

DATE ECEIVED: _____

FOR SCHOOL YEAR: _____

SPECIAL EDUCATION SERVICES:
☐ *IEP* ☐ *504* ☐ *NONE*

Waitlist #: _____ Lottery #: _____

APPLICATION PROCESSED ON:

KEY UNDERSTANDINGS & COMPONETS OF SNTECHS

PROGRAM OBJECTIVES:

At Sacramento New Technology Early College High School, we believe every student should graduate prepared for college, career, and life. Please review the following key understandings and key components of our program:

- Students complete a minimum of **260 credits** to meet graduation requirements.
- Students complete the **A-G college entrance requirements** required for admission to California public universities.
- Students participate in our **Early College Dual Enrollment Program**, earning college credit while enrolled in high school.
- Students who need **additional academic support** participate in intervention programs designed to ensure they remain on track for graduation.

PERSONALIZED LEARNING:

New Tech is committed to providing a personalized learning experience for every student.

- Students are assigned to **grade-level advisories** that provide academic guidance, college and career planning, and social-emotional support.
- We strive to maintain a teacher-to-student ratio of approximately **1:25** whenever possible.
- Student voice and leadership are encouraged through organizations such as **Student Council** and the **Principal's Advisory Cabinet**.
- Students have access to **three college pathway options** designed to support their individual college and career goals.

PROJECT-BASED LEARNING (PBL):

Project-Based Learning (PBL) is the foundation of the New Tech instructional model.

- Students collaborate with peers on projects in all core academic courses.
- Students are expected to demonstrate responsibility, collaboration, flexibility, and professionalism.
- Managing deadlines and project timelines is an essential part of student success.
- Projects are aligned with the California State Standards and college-ready learning outcomes.
- Student work may be evaluated by teachers, peers, community partners, industry professionals, and parents.

OUR SCHOOL PILLARS:

Our school community is built upon four core pillars.

- Trust, Respect, Responsibility & Relationships

EARLY COLLEGE DUAL ENROLLMENT ACKNOWLEDGMENT

By signing this enrollment application, I acknowledge that I have read and understand the information provided above. I understand that Sacramento New Technology Early College High School is an Early College high school and that participation in the Early College Dual Enrollment Program is an integral part of the educational program.

I further understand that, as a graduation requirement, my student must successfully complete at least **one (1) college course** through the Early College Dual Enrollment Program before graduating from SNTECHS.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

SPECIAL EDUCATION INFORMATION

SPECIAL EDUCATION SERVICES IDENTIFICATION

Does your student currently receive special education services? ☐ ***YES*** ☐ ***NO***

- If your response is ***NO***, sign and date at the bottom of this page and proceed to the next page.
- If your response is ***YES***, *provide a copy of your student's most recent* ***Individualized Education Program (IEP) or Section 504 Plan*** with the enrollment packet.

MOST RECENT OR CURRENT SCHOOL PROVIDING SPECIAL EDUCATION SERVICES

Providing this information ensures a smooth enrollment transition process and allows the school to begin coordinating appropriate services in a timely manner.

- **School Name:** _____

SPECIAL EDUCATION SERVICES RECEIVED

Please indicate the type of services your student currently receives:

☐ **RSP** (Resource Specialist Program) ☐ **SDC** (Special Day Class) ☐ **BIP** (Behavior Intervention Plan)

☐ **Section 504 Plan** ☐ **OTHER**:_____

PREVIOUS SPECIAL EDUCATION SERVICES INFORMATION

If your student previously received special education services but has since exited the program, please provide their exit date and their last school where services were provided.

- **Exit Date**: _____
- **Name of the last school where services were received**:_____

Acknowledgment of Special Education Services

Sacramento New Technology Early College High School is committed to providing students with disabilities access to a high-quality educational program in the Least Restrictive Environment (LRE). As a full inclusion school, students with disabilities are educated alongside their nondisabled peers in general education classrooms to the greatest extent appropriate, as determined by each student's Individualized Education Program (IEP).

Special education teachers work collaboratively with general education teachers and related service providers to implement IEP accommodations, modifications, and specialized instruction while supporting students' academic, social, and emotional success.

I acknowledge that I have read and understand the information regarding Special Education services provided at Sacramento New Technology Early College High School.

Parent/Guardian Signature: _____ **Date:** _____

SMALL SCHOOLS RELEASE FORM

To the Parent or Guardian:

By completing this form, you are instructing the Office or Registrar at your child's school of residence to release your child from their current enrollment. Once your child is released, Sac New Tech Early College will finalize their enrollment.

1) Student Information:

Student Name:_____ Date of Birth: _____

Name of current school: _____ Current Grade:_____

2) Parent or Guardian Contact Information:

Parent Name: _____

Parent Cellphone: _____

Parent Email: _____

I request that my child be released from their current school of residence as of -- **Date:**_____

Parent or Guardian Signature: _____ **Date:** _____

To the School of Residence:

The family named above has requested to enroll their student at Sacramento New Technology Early College High School. The student is expected to begin school on this date _____ and is to be dropped from your school's enrollment as of this date _____.

Hugo Hernandez, Registrar
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Hugo-Hernandez@scusd.edu

STUDENT REGISTRATION FORM

SECTION A: STUDENT DEMOGRAPHIC INFORMATION

Last Name	First Name	Middle Name

IS YOUR CHILD Hispanic or Latino? ☐ Yes ☐ No

WHAT IS YOUR CHILD'S RACE? (Check all that apply; mark "P" next to your child's primary race.)

☐ American Indian or Alaskan Native	☐ Filipino/Filipino American	☐ Korean	☐ Samoan
☐ African American or Black	☐ Guamanian	☐ Laotian	☐ Tahitian
☐ Asian Indian	☐ Hawaiian	☐ Other Asian	☐ Vietnamese
☐ Cambodian	☐ Hmong	☐ Other Pacific Islander	☐ White
☐ Chinese	☐ Japanese		

Date student first attended school in *California* (NOT PRE-K, NOT TK): _____/_____/_____

Date student first attended school in the *United States* (NOT PRE-K, NOT TK): _____/_____/_____

Is there a legal custody agreement regarding this student? ☐ Yes ☐ No

If yes, check: ☐ *Sole Custody* ☐ *Joint Custody* ☐ *Guardian* ☐ *Foster/Group Home*

Is the student involved in any active court orders? ☐ No ☐ Yes *If yes, what kind?*

What other special services does your child receive:

☐ Resource (RSP)	☐ 504	☐ Speech & Language	☐ Gifted (GATE)
☐ Special Day Class (SDC)	☐ IEP	☐ English Learner Support	☐ NONE

HAS YOUR CHILD EVER BEEN EXPELLED? ☐ No ☐ Yes

If yes, provide the name of the school and district:

OTHER NONE-HOUSEHOLD EMERGENCY CONTACTS:

Place a check next to people who may also check out your child out of school.

☐ Name	Date of Birth	Relationship	Phone Number
☐ Name	Date of Birth	Relationship	Phone Number
☐ Name	Date of Birth	Relationship	Phone Number
☐ Name	Date of Birth	Relationship	Phone Number
☐ Name	Date of Birth	Relationship	Phone Number

PLEASE READ: *California Education Code 49408 states that school districts can require that emergency information be kept current. Parent/guardian is responsible for notifying the school, in writing, of telephone or address changes with three (3) days of occurrence. If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.*

SECTION B: HEALTH AND EMERGENCY INFORMATION

☐ Check here, if student has ***NO*** *KNOWN HEALTH PROBLEMS.*

☐ Check here, if student ***HAS KNOWN HEALTH PROBLEMS*** and check all that apply below:

☐ ADD/ADHD ☐ Asthma ☐ Heart Problems ☐ Seizures

☐ SEVERE Allergy to: _____ ☐ Diabetes: Type I _____Type II_____

☐ Epi-Pen ☐ Other: _____

☐ Check here if student wears glasses/contact lenses. | ☐ Check here if student has hearing loss or uses hearing aids.

Does student have any condition that limits participation in: ☐ Classroom ☐ Physical Education ☐ NONE
If so, explain:

Note: *California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.*

FOR MEDICATION: List all medications, including dosage, taken by your child and indicate whether medication is needed at home, school, or both.

☐ AT HOME: _____

☐ AT SCHOOL: _____

☐ Special Instructions/Comments related to Medical 504 Plan, special health needs, emergency care plan, etc:

_____

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

Physician Name _____ Phone _____

Emergency Facility and Phone Number _____

Does this student have health insurance? ☐ Yes ☐ No **Does this student have dental insurance?** ☐ Yes ☐ No

Name of Insurance or Health Plan Provider: _____

Student's Medical Record Number: _____

If none, I give permission to SCUSD to share this information to help apply for health insurance for my child. ☐Yes ☐No

I certify that the information provided is accurate to the best of my knowledge, and I understand my responsibility.

_____ _____ _____

Signature of Person Registering Student **Relationship to Student** **Date**

SECTION C: HOUSEHOLD INFORMATION

Are there other students in this household who attend ANY SCUSD schools (Elementary, Middle, or High Schools)?
☐ **No** - Skip to Primary Household. ☐ **Yes** – Complete the table below, attach additional paper if needed.

1st student's LEGAL name	Date of Birth	Grade & School	Relationship to student
2nd student's LEGAL name	Date of Birth	Grade & School	Relationship to student
3rd student's LEGAL name	Date of Birth	Grade & School	Relationship to student
4th student's LEGAL name	Date of Birth	Grade & School	Relationship to student
5th student's LEGAL name	Date of Birth	Grade & School	Relationship to student

1st PARENT/GUARDIAN – PRIMARY HOUSEHOLD

Household Address for 1st Parent/Guardian: *This is the address where the student primarily lives.*

Number Street Apt. City State Zip

1st Parent/Guardian Full Legal Name:			Has this person ever been a student in SCUSD? ☐ **YES** ☐ **NO**
Date of Birth	Home Phone	Cell Phone	Work Phone
Email Address		*Relationship to Student*	Preferred Contact Preferences: ☐ Infinite Campus Parent Portal ☐ Email ☐ Mailing ☐ Cell/Phone

Other Adult in the Household *(Not the primary or secondary parent/guardian)* Full Legal Name:				Has this person ever been a student in SCUSD? ☐ **YES** ☐ **NO**
Relationship to Student:	Date of Birth:	Home Phone:	Cell Phone:	Work Phone:

2nd PARENT/GUARDIAN – SECONDARY HOUSEHOLD

Household Address for 2nd Parent/Guardian:

Number Street Apt. City State Zip

2nd Parent/Guardian Full Legal Name:			Has this person ever been a student in SCUSD? ☐ **YES** ☐ **NO**
Date of Birth	Home Phone	Cell Phone	Work Phone
Email Address		*Relationship to Student*	Preferred Contact Preferences: ☐ Infinite Campus Parent Portal ☐ Email ☐ Mailing ☐ Cell/Phone

Other Adult in the Household *(Not the primary or secondary parent/guardian)* Full Legal Name:				Has this person ever been a student in SCUSD? ☐ **YES** ☐ **NO**
Relationship to Student:	Date of Birth:	Home Phone:	Cell Phone:	Work Phone:

AUTOMATED MESSENGER CONTACT INFORMATION: Check to *receive automated messages*.					
	Attendance	Behavior	General	Teacher	Priority
Primary Guardian's Email Address	☐	☐	☐	☐	☐
Primary Guardian's Home Phone	☐	☐	☐	☐	☐
Primary Guardian's Cell Phone	☐	☐	☐	☐	☐
Primary Guardian's Work Phone	☐	☐	☐	☐	☐
Other Adult's Cell Phone	☐	☐	☐	☐	☐
Secondary Guardian's Email Address	☐	☐	☐	☐	☐
Secondary Guardian's Home Phone	☐	☐	☐	☐	☐
Secondary Guardian's Cell Phone	☐	☐	☐	☐	☐
Secondary Guardian's Work Phone	☐	☐	☐	☐	☐
Other Adult's Cell Phone	☐	☐	☐	☐	☐

SCHOOL MOST RECENTLY ATTENDED				
Last School Attended	**City and State**	**Grade Level**	**Date Started**	**Date Left**

Check-Off List

Along with the application, we will be needing the following:

- ☐ 1) *Birth Certificate*
- ☐ 2) *Immunization Records*
- ☐ 3) **Official Transcripts & Grades*:
  Official transcript is required for new transferred students grades 9th to 12th.
  For 8th grade students, am unofficial copy of the transcript or report card is accepted.
- ☐ 4) *IEP or 504 Plan — submit copies of most recent Special Education services, if any.*
- ☐ 5) *Parent/Guardia Photo ID*
- ☐ 6) *Utility Bill – if address is diferent than your ID*

**We may be unable to create an accurate schedule for your student without this information.*

This concludes the enrollment process, thank you!

Lista de verificación

Junto con la aplicación, necesitaremos los siguientes documentos:

- ☐ 1) *Acta de nacimiento*
- ☐ 2) *Registro de vacunas*
- ☐ 3) **Boleta oficial de calificaciones:*
  Requerido boleta oficial de calificaciones para estudiantes transferibles del 9º al 12º grado.
  Para los estudiantes del 8º grado, se acepta una copia no oficial de la boleta de calificaciones.
- ☐ 4) *Plan de Educación Individual (IEP) o Plan 504 – si es que recibe servicios.*
- ☐ 5) *Identificación del padre/guardián*
- ☐ 6) *Factura de utilidad*

** Asegúrese de adjuntar la boleta de calificaciones desu hijo(a) o de lo contrario no podremos crear un horario preciso sin esta información.*

Esto concluye el proceso de inscripción, ¡gracias!