



2023-2024

Dear Parents,

Thank you for your interest in enrolling at San Francisco City Academy (SFCA). Since 1997, SFCA has been committed to providing a quality education in the Tenderloin district of San Francisco. We are a private Christian school offering classes for Transitional Kindergarten-8th grade. For this upcoming school year we will begin offering Transitional Kindergarten (T-K). Our mission is to empower urban children and release them to excel academically, physically, spiritually and socially. We are committed as a school to not only give the students a quality education, but also teach the students about the love of God and who Jesus is. SF City Academy is an ACSI member.

Please complete the application packet and return it to the school office, along with the \$75 non-refundable application fee. For more information, you may call the school office at 415-345-0924 or email at sfca@sfcityimpact.com. Main location office hours are Monday-Friday, 8:00am to 3:30pm.

Sincerely,
San Francisco City Academy

Please complete ALL REQUIRED forms in the application packet prior to returning the packet for consideration. Check-off each item on the checklist below to ensure the packet is complete. Please print legibly on all forms.

APPLICATION PACKET CHECKLIST:

- Completed Application (new and re-enrolling students)
- Application Fee - \$75 per student (new and re-enrolling students)
- Scholarship Application (new and applicable re-enrolling students)
- Birth Certificate (new students only)
- Immunization Records (new and applicable re-enrolling students)
- Copy of Federal Income Tax Return (1040 Form); Verification of Income/Employment (new and re-enrolling students)
- Recommendation form from teacher at Previous School (new students only)
- Letter of recommendation from staff at Previous School (new students only)
- Copy of Files and Transcripts from Previous School (new students only)
- Student IEP or ISP Records (if applicable)
- Parent & Student Interview Process - FINAL STEP (Staff goes through the handbook with family upon meeting)



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STUDENT INFORMATION:

_____/_____/_____
 Legal Last Name Legal First and Middle Name Date of Birth Gender
 Incoming Grade Level

 Primary Address City State Zip Code

Primary Phone Number: _____ Primary Language Spoken at Home:

Ethnicity (optional):
 Asian African American Caucasian Hispanic American Indian Pacific Islander Other

Religion: _____ Household Size: _____

Re-enrolling Families: If the information is the same as the 2022-2023 application please check. Signatures are still required for the new school year.

PARENT/GUARDIAN INFORMATION:

Status of Parents: Married Divorced Single Separated Re-married Cohabiting

Father/Guardian Information:

 Legal Last Name Legal First and Middle Name

 Primary Address City State Zip Code

Home Phone Number: _____ Work Phone: _____

Cell Phone: _____

Occupation: _____ Email Address: _____

Mother/Guardian Information:



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Legal Last Name _____ Legal First and Middle Name _____

Primary Address _____ City _____ State _____ Zip Code _____

Home Phone Number: _____ Work Phone: _____

Cell Phone: _____

Occupation: _____ Email Address: _____

Were you referred by someone? YES NO Name of referent: _____

How did you hear about our program? _____

EMERGENCY CONTACTS and Persons Authorized to Pick Up Child (other than parents):

Name	Cell Phone	Primary Phone	Relationship	Allowed to Pick Up?
				Yes No
				Yes No
				Yes No
				Yes No

PICK-UP AND WALK HOME ALONE PRIVILEGES:

My child has my permission to walk home from school alone

My child does not have permission to walk home from school alone and must be picked up by one of the persons that are referenced in the emergency contact list.



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PARENT/STUDENT HANDBOOK:

I agree to cooperate with the philosophy, policies, and practices of SFCA as outlined in the Parent/Student Handbook.

Signature of Parent or Guardian _____ Date: _____

PARENT EDUCATION:

Check the highest educational level attained (if none, please leave blank)

Father's Education Level: ___Middle school ___High school ___Associates degree ___ College Degree

Mother's Education Level: ___Middle school ___High school ___Associates degree___ College Degree



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PERMISSION TO USE PERSONAL STORIES/TESTIMONIALS:

SFCA relies on the support of our community for our school activities, and one of the ways we engage the community is through the sharing of personal stories from SFCA students and families. By signing below, I give permission on behalf of myself and my family for SFCA to publicize any personal stories or testimonies my child or family may share with SFCA staff, sponsors, or volunteers. SFCA may publicize my child's or my family's stories in any manner or medium, including in print and/or electronically, and for any purpose. I understand and agree that my family will not be compensated for SFCA's use of our personal stories.

Signature of Parent or Guardian _____ Date _____

SPONSORSHIP PARENTAL CONSENT AND RELEASE:

By signing below, you acknowledge that you are the parent/guardian of _____ and that you have the authority to give consent for your child to be enrolled in our child sponsorship program. You agree that your child will be connected with a sponsor who may like to write to him or her and/or send gifts from time to time. You agree that the sponsor will not be given your personal contact information at any time. All correspondence from the sponsor to your child or from your child to the sponsor will be sent directly to San Francisco City Impact for delivery. You agree that a photo of your child and information about him or her will be sent to the sponsor. You agree that while participating in this and other programs that your child's photo may be taken. You hereby voluntarily grant to San Francisco City Impact permission to publish photographs, videotapes or recordings for editorial, advertising and promotional purposes for use in print, television, radio, electronic media and/or the internet, without payment or compensation of any kind. You agree that San Francisco City Impact will own the copyrights to these materials. You hereby waive any right that you may have to inspect or approve the finished products. You hereby release, discharge and agree to hold harmless San Francisco City Impact, its legal representatives or assigns and all persons acting under its permission or authority, from any liability in connection with the use of the photographs, video and /or film as aforesaid by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof.

Yes, I give permission for the child named below to participate in the sponsorship program.

Yes, I have read and agree to the terms as stated in the consent and photo release above.

Parent/Guardian Signature: _____



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Parent/Guardian Print Name: _____

Child Name: _____

Date: _____

PHOTOGRAPHY/VIDEOGRAPHY USAGE:

Photography and videotaping will take place at or around SFCA for school/event promotion. If you do not wish to have your student in any photographs or videos, please turn in a signed letter stating this desire to the office each year your student is enrolled.

Initial that you have read the above statement: _____

MEDICATION INFORMATION:

I authorize my student to receive Tylenol, Advil, or Pepto-Bismol in standard doses by a SFCA staff member if necessary during the school day. Yes No

Signature of parent or guardian: _____ Date: _____

Prescription medications must be delivered to the front desk in a properly labeled pharmacy container, with written instructions by a physician or pharmacist as to dosing times and amounts.

I request that my child be assisted in taking the medications listed below at school by authorized staff persons or permitted to self medicate her/himself as also authorized by me and my physician:

Diagnosis for which medication is given: _____

Name of Medication: _____

Form: _____ Dose: _____ Does medication need to be refrigerated? Yes___ No___

Is the child allowed to self-medicate? Yes___ No___

Times when medication is given: _____



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List significant side effects or medications that cannot be combined with the above medication:

Signature of parent or guardian: _____ Date: _____

MEDICAL INFORMATION:

Student medical problems: _____

Student takes these medications regularly (include EpiPen):

Student is allergic to (include seasonal/food/nut/bee/medications): _____



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MEDICAL INSURANCE INFORMATION:

Insurance company: _____

Policy Number: _____ Phone Number: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

AUTHORIZATION FOR MEDICAL TREATMENT:

If necessary, I authorize my child to be treated at San Francisco City Impact Health and Wellness Center or transported to the nearest hospital for care. If I cannot be reached, this signed document grants permission for my child to receive necessary medical care by a licensed care provider.

Signature of parent or guardian: _____ Date: _____



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Specialized Services Department Observation & Screening Parent Consent Form

The specialized services department at San Francisco City Academy (SFCA) is a program for students with special needs and learning differences to help them access their educational environment and reach their full potential.

A request for specialized services can be initiated by the student having an SFUSD IEP/ISP, or concerns raised by the student's teacher, school administrator or parent. Therapists or Counselors affiliated with SFCI or other organizations will review your child's file, speak with your child's teachers and determine the current need for services for your child. This process may include classroom observations of your child, individual screenings, therapist run groups or individual therapy sessions.

The following services may be recommended for your child:

1. An Occupational Therapy screening is a basic look at your child's fine motor/visual motor and sensory motor skills to determine the need for further evaluation. This may include your child's handwriting skills, focus and attention skills and hand-eye coordination. Your child may need a screening if you or your child's teacher have concerns regarding the above mentioned areas or if the child is not meeting age-expected sensory-motor milestones.
2. A Speech Therapy screening is a basic look at your child's speech and language and social development. A speech screening would include looking at your child's communication skills, ability to follow directions as well as their speech sound development. Your child may need a screening if you or your child's teacher have concerns regarding the above-mentioned areas or if the child is not meeting age expected speech milestones.

*Other services that may be initiated by the Specialized Services Department at City Impact based on your child's needs as identified by the teacher, school administrator or Specialized Services Department staff include other therapy services, including educational specialty services (such as reading specialists), physical therapy for gross motor or coordination skill concerns, behavioral therapy or counseling services.

Please indicate any areas of special interest or concern:



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Students may also participate in a school-wide health screening at least once a year which can lead to referrals of ADHD, eye glasses, other health concerns, etc.

I, _____ authorize the Specialized Services Department at SFCA to observe, assess and treat my child _____ and make recommendations. This assessment may include observation of the child, formal and informal testing, follow up visits, and ongoing intervention. I give permission for specialized service staff members to interact with my child, for the purpose of providing appropriate training for school personnel. I understand that the results of the observation, screening and assessment and any recommendations for my child will be discussed with me. I hereby give consent to have my child observed, screened and provided therapy as deemed appropriate by San Francisco City Academy administration and other volunteers/organizations part of the Specialized Services Department at SFCA.

Signature of Parent or Guardian _____ Date _____



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Home Language Survey

Directions to parents and guardians:

The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian _____ Date _____

Form HLS, Revised October 2005
California Department of Education



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2022-2023 Income Verification Form

Tuition Rate: \$13,000.00 annually, payable in 10 monthly installments (\$1,300.00 per month).

Financial Aid Options:

Part of San Francisco City Academy's mission is to help make a quality education accessible to anyone who is willing to receive it. If families are unable to pay full tuition, we encourage parents/legal guardians to apply for financial aid. San Francisco City Academy offers financial aid options from BASIC Fund (available for new students), Guardsmen (available for a limited number of current students), and in-house scholarships. In the 2021-2022 school year, 100% of our families received a scholarship to attend SFCA.

Please circle YES or NO to the following questions:

1) Are you receiving assistance under CalWORKs? .

YES NO

2) Does your family participate in the Supplemental Nutrition Assistance Program (SNAP)/Food Stamps?

YES NO

3) Is your family receiving Temporary Assistance to Needy Families (TANF)? (Formerly Aid to Families with Dependent Children or Public Assistance)

YES NO

4) Are any of your children receiving Kin-GAP benefits?

YES NO

Annual Income: _____

Household Size: _____



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Tuition Scholarships

Tuition Rate: \$13,000.00 annually, payable in 10 monthly installments (\$1,300.00 per month).

Financial Aid Options:

Part of San Francisco City Academy's mission is to help make a quality education accessible to anyone who is willing to receive it. If families are unable to pay full tuition, we encourage parents/legal guardians to apply for financial aid. San Francisco City Academy offers financial aid options from BASIC Fund (available for new students), Guardsmen (available for a limited number of current students), and in-house scholarships through San Francisco City Academy sponsors (which are activated after applying to BASIC and Guardsmen if eligible). In the 2022-2023 school year, 100% of our families received a scholarship to attend San Francisco City Academy.

Financial Aid (New Students): If eligible to receive the scholarship, new families can apply for BASIC Fund (groups G and H on Table B are eligible for BASIC Fund enrollment). Scholarships are awarded on a first come, first served basis starting in January, until the deadline of March 30th has passed. To complete the application process, parents/guardians must turn in financial paperwork by the required deadline. If the deadline for BASIC Fund has passed, families can still apply and be put on BASIC Fund's wait-list, and scholarships will be awarded periodically through the summer if funds become available. If/when scholarships have been awarded, San Francisco City Academy's in-house scholarship program will help raise the additional financial support by seeking monthly sponsorships. A 65% in-house scholarship is awarded to families who are eligible and apply to BASIC. Additional funds will be raised to reflect Group G & H costs for eligible families, after they are awarded a third-party scholarship. If funds are not awarded by BASIC, families can apply for financial hardship with the front office and in-house scholarship options may be provided on a case by case basis. Please see Table A and B below for tuition cost qualifications based on household size, income, and financial aid. Please note: families in Group A are not eligible for financial aid.



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Financial Aid (Re-enrolling Students): Table A reflects tuition amounts for a single student based on household size, income, and awarded financial aid. If a student has been enrolled in SFCA, they may be receiving financial aid in the form of sponsorships and scholarships from BASIC or Guardsmen (groups G and H on Table B are eligible for re-enrollment). If a family receives scholarships from BASIC Fund or Guardsmen, families must reapply and be granted these scholarships to be eligible for Groups G and H in the tuition scale. If families do not reapply for the scholarships they were receiving in the previous year, the family will be ineligible for groups G and H in the tuition scale. Families can apply for financial hardship with the front office and in-house scholarship options may be provided on a case by case basis. For students who have not received third-party scholarships in the past, previous in-house scholarships will still be awarded in the coming year. Please note: families in Group A are not eligible for financial aid.

Table A: Single student rates for families who have not applied or are not eligible for third-party financial assistance. Groups B through F include in-house scholarships.

	Group A	Group B	Group C	Group D	Group E	Group F
	Single student: \$1,300	Single student: \$945.00	Single student: \$745.00	Single student: \$545.00	Single student: \$355.00	Single student: \$255.00
Household size	Additional Student: \$1,230.00	Additional student: \$875.00	Additional student: \$675.00	Additional student: \$475.00	Additional student: \$285.00	Additional student: \$185.00
2	\$117,700	\$107,000	\$96,300	\$85,600	\$74,900	\$64,200
3	\$128,400	\$117,700	\$107,000	\$96,300	\$85,600	\$74,900
4	\$139,100	\$128,400	\$117,700	\$107,000	\$96,300	\$85,600
5	\$149,800	\$139,100	\$128,400	\$117,700	\$107,000	\$96,300
6	\$160,500	\$149,800	\$139,100	\$128,400	\$117,700	\$107,000
7	\$172,200	\$160,500	\$149,800	\$139,100	\$128,400	\$117,700
8	\$170,000	\$172,200	\$160,500	\$149,800	\$139,100	\$128,400



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Table B: Single student rates for families who have been awarded third-party financial assistance and additional in-house scholarships.

	Group G	Group H
	Single student: \$155.00	Single student: \$135.00
	Additional student: \$85.00	Additional student: \$65.00
Household size		
2	\$53,500	\$26,750
3	\$64,200	\$32,100
4	\$74,900	\$37,450
5	\$85,600	\$42,800
6	\$96,300	\$48,150
7	\$107,000	\$53,500
8	\$117,700	\$58,850

Table C:

Children Enrolled	1	2	3	4
Curriculum Fee (per child)	\$200	\$175	\$150	\$125