



Arizona Language Preparatory Enrollment Packet

Thank you for choosing Arizona Language Preparatory. To enroll your student, please fill out each of the listed required forms in our registration packet. Also please provide copies of the required supporting documents, all listed below.

Registration packet- Items to complete

- Student Registration Form
- Arizona Residency Documentation Form
- Primary Home Language Other Than English Survey Form
- Media Release Form
- Request for Student Records (if child attended school prior to ALP)

Required Documents

- Copy of certified birth certificate, or; other reliable proof of age and identity (i.e. social security card application, original school registration record, baptismal certificate)
- Current Immunization Records – Proof of immunizations or signed waiver is required at the time of enrollment
- Proof of Residency
- Photo ID
- Legal guardianship or custody papers, if applicable
- Individualized Education Plans, Evaluations, and other related documents

Students who are presently receiving special services (special education, gifted, 504, ELL) are encouraged to provide copies of documentation solely for purposes of ensuring continuity of services upon enrollment. Documents will not be considered in making enrollment decisions.



Student #
SAIS #

Arizona Language Preparatory Student Registration Form

Student's Legal Name: _____ **Birth Date:** _____
(Last, First, Middle) (mm/dd/yyyy)

Birth State: _____ **Gender:** _____ **Last Grade Completed:** _____ **Grade This Year:** _____

Physical Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

PLEASE CIRCLE BELOW

Ethnicity: Is this student HISPANIC or LATINO? YES NO

Race: ASIAN BLACK INDIAN NATIVE AMERICAN PACIFIC ISLANDER WHITE

Parent/Legal Guardian #1: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Place of Employment: _____ **Email Address:** _____

Parent/Legal Guardian #2: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Place of Employment: _____ **Email Address:** _____

Local Emergency Contact other than Parent/Legal Guardian #1

Name: _____ **Contact Number:** _____

Relationship to Student: _____

Local Emergency Contact other than Parent/Legal Guardian #2

Name: _____ **Contact Number:** _____

Relationship to Student: _____

Educational History

Last School Attended: _____ **SAIS # (if known):** _____

Last School Attended Address: _____

Last School Attended Phone Number: _____ **FAX:** _____

In order to continue to provide appropriate services, does your child receive Special Education Services? (No) (Yes)

If yes, date of last IEP: _____

Students who are presently receiving special services are encouraged to provide copies of documentation solely for purposes of ensuring continuity of services upon enrollment. Documents will not be considered in making enrollment decisions.

To continue services, does your child have a 504 plan? (No) (Yes)

Has your child ever been expelled from a school? (No) (Yes)

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

School Use Only:

First Day in Attendance: _____ **Date of Entry into SIS:** _____ **Initials:** _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid U.S. passport
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** _____
2. **What is the language most often spoken by the student?** _____
3. **What is the language that the student first acquired?** _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

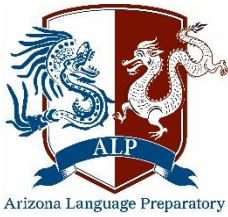
Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



2020 – 2021 Media Release

I, the undersigned, do hereby grant or deny permission to Arizona Language Preparatory to use the image of my child, _____, as marked by my selection below. (Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, and digital images and materials such as videos, the Arizona Language Preparatory website, the Arizona Language Preparatory Facebook page, and press releases distributed on a local and national level.)

Please choose from the following:

- Deny permission to use my child's image. (This does not include the school yearbook. Please talk to the school administration if opting out of the school yearbook.)

- Grant permission to use my child's image.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Please make a copy of this form for your own records and return the original to school.



**Arizona Language Preparatory
Request for Student Records**

Date of Request: _____

Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

Birth Date: _____ Student State ID #: _____

Grade Level: _____ Last date of attendance (approx.): _____

Signature of Parent/Guardian (if available) _____

The following records are hereby requested:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan (if applicable) | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative:

Signature	Title	Date
-----------	-------	------

PLEASE MAIL OR EMAIL TO:
 Arizona Language Preparatory
 4645 E. Marilyn Rd.
 Phoenix, AZ 85032
 T: 602-996-1595 F: 602-344-9560
 admin@azlanguageprep.org

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.

Arizona Language Preparatory

2020-2021 School Calendar

July '20						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August '20						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September '20						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October '20						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November '20						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December '20						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January '21						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February '21						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March '21						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April '21						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May '21						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June '21						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

School Closed/Holiday

Half Day with After School Services

First and Last Day of School

Half Day w/o After School Services

Offices Closed

Half Day for Parent/Teacher Conferences w/o After School Services