



## 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
- Emergency Contact Card
- 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)

Is the parent/guardian active military?                      (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 \_\_\_\_\_

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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.



# Arizona Language Preparatory Emergency Contact Card

Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First Middle mm/dd/yyyy

Father/Stepfather/Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Please circle the best number to reach this person at during school hours.

Mother/Stepmother/Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Please circle the best number to reach this person at during school hours.

**Custody Note:** In cases where custody or visitation affects the school, the site shall follow the most recent court order on file with the school. It is the responsibility of the custodial parent or parents having joint custody to provide the school with the most recent court order. Restraining orders, court orders and injunctions can only be modified or rescinded by a court.

### IN CASE OF STUDENT ILLNESS:

Names of adults (18 or over) with parental authorization to pick up the student from school if parent cannot be reached. The school will not release the student to anyone not listed on this form. **The school must have at least 3 LOCAL contacts.**

Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Contact #3 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Contact #4 \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Before/After School Care Provider/Activities \_\_\_\_\_

Phone # \_\_\_\_\_

Days of Week Student can be Dismissed to Provider's Care      M      T      W      Th      F

### Other Contacts with Permission to Dismiss Student:

Name/Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone \_\_\_\_\_



# Arizona Language Preparatory Emergency Contact Card

## MINOR MEDICAL INCIDENTS:

My child may receive the following treatments at school per the discretion of the administrative staff: (Please circle)

Cortisone Cream (insect bites)	Yes	No
Antibiotic Ointment (cuts, scrapes)	Yes	No
Acetaminophen (Children's Tylenol)	Yes	No
Ibuprofen (Children's Motrin)	Yes	No

\*\*Please note, any medication not listed above needs to be provided by the parent/guardian of the student.

\*\*Medication must be provided to the front office labeled with first and last name and dosage requirements.

\*\*Medication will not be dispensed the first or last hour of the school day.

Medical Information (Please note, if yes to any of these questions additional medical documents are required.)

<p>Is child usually susceptible to infection or illness, and if so, what precautions need to be taken?</p> <p style="text-align: center;">Yes      No</p>	<p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure be if one occurs?</p> <p style="text-align: center;">Yes      No</p>	<p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (asthma, heart trouble, hearing impairment, hernia, etc.)?</p> <p style="text-align: center;">Yes      No</p>	<p>If yes, list precautions:</p>
<p>Is child allergic to food or other substances?</p> <p style="text-align: center;">Yes      No</p>	<p>If yes, please explain. Describe symptoms, names of foods or substances, and procedure to follow if student comes in contact with allergen:</p>

This emergency information card is accurate and complete, front and back, and was provided by:

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



**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
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PLEASE MAIL OR EMAIL TO:  
 Arizona Language Preparatory  
 4645 E. Marilyn Rd.  
 Phoenix, AZ 85032  
 T: 602-996-1595  
 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.