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’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: ___________________________
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
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.
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 ______________________________
MINOR MEDICAL INCIDENTS:

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cortisone Cream (insect bites)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotic Ointment (cuts, scrapes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen (Children’s Tylenol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibuprofen (Children’s Motrin)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>If yes, list precautions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is child usually susceptible to infection or illness, and if so, what precautions need to be taken?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is child subject to convulsions and what should be our procedure be if one occurs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there any physical condition that we should be aware of and what precautions should be taken (asthma, heart trouble, hearing impairment, hernia, etc.)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is child allergic to food or other substances?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Parent/Guardian Name _____________________________________________________________

Parent/Guardian Signature __________________________________________________________

Date ____________________________________________________________________________
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:

☐ Transcripts or report cards
☐ Test data / standardized test scores
☐ English Language (ELL) test score (if applicable)
☐ List of courses and grades at time of withdrawal
☐ Attendance records
☐ Individual Literacy Plan (if applicable)
☐ IEP (Individual Education Plan) if applicable
☐ 504 Plan (if applicable)

☐ Discipline records
☐ Immunization records
☐ Health / medical records
☐ Sports physical documentation
☐ Psychological records
☐ Sociological records
☐ Copy of birth certificate
☐ 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
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.