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.
Arizona Language Preparatory Student Registration Form

Student’s Legal Name: ___________________________ Birth Date: ____________

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 Arizona Address Confidentiality Program authorization card
___ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran’s Administration, Arizona Department of Economic Security)
___ Temporary on-base billeting facility (for military families)

___ 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

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.
Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA). Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done before the student takes the AZELLA Placement Test.

1. What language do people speak in the home most of the time?
   __________________________________________

2. What language does the student speak most of the time?
   __________________________________________

3. What language did the student first speak or understand?
   __________________________________________

Student Name________________________________________________District Student ID_____________________

Date of Birth________________________________SSID___________________________________________

Parent/Guardian Signature_________________________Date_______________________________

District or Charter Arizona Language Prep

School Arizona Language Prep

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.
In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/olas
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)

<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>Answer</th>
<th>Additional Information</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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is child subject to convulsions and what should be our procedure be if one occurs?</td>
<td>Yes</td>
<td>No</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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is child allergic to food or other substances?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes, list precautions:

If yes, specify procedure:

If yes, list precautions:

If yes, please explain. Describe symptoms, names of foods or substances, and procedure to follow if student comes in contact with allergen:

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:

☐ 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, EMAIL OR FAX 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 (1) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent or the eligible student if (1) The disclosure is to another school official, 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.