



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 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.



Arizona Department of Education

Office of English Language Acquisition Services

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)



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.)

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

- | | |
|--|--|
| <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, 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 (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.