



A+ CHARTER SCHOOLS

STUDENT INFORMATION

Would like to be considered for enrollment for the school year beginning July 20__ (year)

Would also be interested in immediate enrollment if available? ____ Yes ____ No

Student's LEGAL Last Name		Student's LEGAL First Name		Student's LEGAL Middle Name		Jr., Sr., III, etc.	Gender M or F
Last Name Student Goes By (If different from above)		First Name Student Goes By (If different from above)		Age	SAIS Number (if known)		Grade Student Entering
Date of Birth (Month, Day, Year)	City of Birth		State of Birth	Country of Birth		Student Home Phone #	
Student Cell Phone #	Student Email Address		How did you head about A+ Charter Schools?			If personal referral—from whom?	

PREVIOUS SCHOOL INFORMATION [New Enrollments Only]

<input type="checkbox"/> Returning Student <input type="checkbox"/> New Student	Name of Previous/Current School Attended	Previous/Current School Address (City, State, Zip)
Sibling Enrolled at A+ Charter? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name: _____		Withdrawal Date From Previous School First Day at A+ Charter

STUDENT BACKGROUND

If separated/divorced, who has legal custody? ☐ Mother ☐ Father ☐ Joint Custody

Does the non-custodial parent have restricted visitation rights? ☐ Yes ☐ No
(If yes, a copy of the legal papers must be provided.)

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? _____

Are there confidential, psychological, or special education reports from student's former school?
☐ Yes ☐ No If yes, Contact person _____ Contact phone _____

Designate any special services your child has received?
☐ Special Education/Handicapped ☐ Remedial Reading ☐ Remedial Math
☐ Speech/Language ☐ Title I/RTI ☐ Gifted ☐ Other _____

Has your child ever been expelled from another school?
☐ Yes ☐ No Please Specify _____

This information is requested solely for purposes of ensuring continuity of services upon enrollment and is not considered in making enrollment decisions. By signing below consent is given to A+ Charter Schools to receive school records from previous and current schools. We reserve the right to assess student and place in appropriate grade/class. Any falsified information may result in action, including withdrawal of your child.

X _____
 Parent with Legal Custody or Court Ordered Guardian Signature Date Signed

We are required to provide yearly ethnic information to the Office of Civil Rights and State Attendance Records.

Race (Check One):

- ☐ White
☐ Black/African American
☐ Native American/Alaskan Indian
☐ Asian/Pacific Islander

Ethnicity (Check One):

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

OFFICE USE ONLY

Rcvd. Date: _____
 Time: _____ By: _____

Principal: _____
 Date: _____
 Entered: _____
 Version 2018.A

A+ Charter Schools Enrollment Form (pg. 2 of 3)

STUDENT INFORMATION																			
Student's Last Name				First Name				Campus		Grade									
FAMILY/GUARDIAN INFORMATION																			
Name					Name														
Address					Address														
City			State		Zip		City			State		Zip							
Home Phone			Work Phone				Home Phone			Work Phone									
Cell Phone			Email Address				Cell Phone			Email Address									
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:										Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:									
Student Lives with Yes <input type="checkbox"/> No <input type="checkbox"/> Call in Emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>										Student Lives with Yes <input type="checkbox"/> No <input type="checkbox"/> Call in Emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>									
EMERGENCY CONTACT INFORMATION																			
Please list at least two people who could assume temporary responsibility in case of illness or injury. Contacts will be called in the order listed beginning with parents listed above. Students will only be released to persons listed below unless otherwise authorized by parent or guardian.																			
Name					Primary Phone ()					Cell Phone ()					Work Phone ()				
Relationship																			
Name					Primary Phone ()					Cell Phone ()					Work Phone ()				
Relationship																			
The following persons may NOT remove my child from school:																			
Name:										Name:									
STUDENT HEALTH INFORMATION																			
Physician Name:										Phone () -					Fax () -				
(optional)																			
Hospital Preference:										Phone () -									
(optional)																			
Specify Health concerns and food allergies:																			
Has your child been certified as having a chronic health problem?																			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please Specify _____																			
Is your child on daily medications?																			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please Specify _____																			
Recent surgery, accident or illness within last 12 months?																			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please Specify _____																			
Health concerns? <input type="checkbox"/> Heart <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Other																			
Additional Comments and Special Instructions:																			
I, the undersigned parent/guardian give my consent for the above named child to be released to the persons I have designated and /or to be taken by Emergency Personnel to the nearest medical facility in case of emergency. I understand that A+ Charter Schools does not provide accident medical/dental coverage for students due to injuries/illnesses occurring at school. In case of injury or sudden illness, I, the undersigned parent/guardian, give authority to any hospital or medical personnel to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that any incurred expenses of this service are my responsibility.																			
I _____ PERMIT; I _____ DO NOT PERMIT acetaminophen to be given to my child at the health assistant's discretion.																			
PARENT/GUARDIAN SIGNATURE: _____										DATE: _____									
PARENT/GUARDIAN NAME (please print): _____																			
OFFICE USE ONLY																			
Rcvd. Date: _____ Time: _____ By: _____ Date: _____ Entered: _____																			

A+ Charter Schools Enrollment Form (pg. 3 of 3)

STUDENT INFORMATION

Student's Last Name	First Name	Campus	Grade Level Select One
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ACKNOWLEDGEMENT AND CONSENTS

The Student Handbook and the Student Code of Conduct have been made available to me and my Student (these documents are available online at www.apluscharterschools.com). I understand that the handbook contains information that my student and I need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code of Conduct.

I understand that the Family Educational Rights and Privacy Act (FERPA) and state law allow for directory information on my student be released by the school to those who request it, unless I object in writing to the release of this directory information. I also understand that to be in compliance with the No Child Left Behind Act of 2001, the school may release directory information (name, address and telephone number) of my student to military recruiters and institutions of higher learning. I may direct this information not be released without my written notification. I understand that this objection must be filed with the principal within ten days of the first day of instruction. Complete FERPA statement is in Handbook.

I understand that resume and related information for all teachers who provide instruction is available at each campus.

I understand that other information or updates, if required to be disclosed, will be posted on the school website.

- Acknowledge that Handbook & Conduct Code have been made available to me ☐ Yes ☐ No
- Acknowledge that FERPA Information has been made available to me ☐ Yes ☐ No
- Acknowledge I've been informed that Teacher Resumes are available at Campus office ☐ Yes ☐ No

The school may release a student directory. Various other forms of media may be published by A+ Charter Schools during the school year. These publications may include (but are not limited to) a yearbook, newsletters, brochures, websites, online portal, video, programs, and class projects. Please indicate below your authorization for your child's information and photograph to be used in these publications.

- Consent to students image, name and other related directory information to be published in the student directory, student yearbook, website & other materials. ☐ Yes ☐ No
- Consent to students attendance, grades, health, and classroom/school information being available on the internet based parent portal. The portal is accessible through a secure server by parents or guardians using a unique login ID and secret PIN number. ☐ Yes ☐ No

Field Trip Consent

- Consent for my student to attend occasional, local off-site educational opportunities and field trips, such as the library, parks, community college (for upper grades), and other local venues. Transportation will usually be provided by school vehicle and/or parent volunteers. When applicable, notice will be sent home in advance via the student or email. Individual Activity Field Trip permission forms will normally be used for Field Trips requiring money and/or those further and longer in nature. ☐ Yes ☐ No

Educational Rights of Homeless Students: If your family lacks a fixed, regular and adequate nighttime residence then your children have the right to:

- Enroll in school without proof of residency, immunization, school records, or other documents.
- Choose between the local school where you are living or the school last attended (including possible transportation assistance) before becoming homeless, when feasible.
- Attend school and participate in school programs with children who are not homeless. Children cannot be separated from the regular school program because they are homeless.
- Receive all the school services available to other students.

Student Signature: _____ Date: _____
(If over age 18)

Parent Signature: _____ Date: _____

In accordance with Federal law A+ Charter Schools does not discriminate on the basis of race, color, national origin, sex, or disability.

A+ Charter Schools

Arizona Residency Documentation Form

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form.**

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent/legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational.

Please complete the attestation below and provide the required documents. If you are unable to provide any of the documents listed below please see the campus registrar for an alternate verification form.

Student _____ School _____

Charter _____

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)

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.

A+ Charter Schools Student Pick Up List

Campus: _____ School Year: _____

STUDENT INFORMATION		
Student's Last Name	First Name	Grade Level
RELEASE INFORMATION		
The following persons may NOT remove my child from school:		
Name:		Name:
THE FOLLOWING PERSONS MAY PICK UP MY CHILD FROM SCHOOL:		
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
I, the undersigned parent/guardian give my consent for the above named child to be released to the persons I have designated.		
PARENT/GUARDIAN SIGNATURE: _____		DATE: _____
Version 2014.A		