



**State of Arizona
Department of Education
Office of English Language Acquisition Services**

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective July 1, 2009)**

This question is in compliance with A.R.S. §15-756. **Identification of English Language Learners**
Your response to the following question will be used to determine whether your student will be assessed for
English language proficiency:

“What is the primary language of the student?”
(Answer with the language used most often by the student)

Language: _____

Student Name: _____

Date of Birth: _____

Parent/Guardian Signature: _____ **Date:** _____

**Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés
Idioma Principal del Estudiante excluyendo el inglés (PHLOTE)
Encuesta sobre el idioma principal del estudiante
(Efectivo el primero de julio de 2009)**

La pregunta está en conformidad con A.R.S. §15-756. **Identificación de los Alumnos que están aprendiendo el inglés**

La respuesta que proporcione a la pregunta siguiente será usada para determinar si se evaluará la competencia en el idioma inglés de su hijo(a):

¿Cuál es el idioma principal que usa su estudiante?
(Conteste con el idioma que usa con más frecuencia su estudiante)

Idioma: _____

Nombre del Estudiante: _____

Fecha de nacimiento: _____

Firma del padre o tutor: _____ **Fecha:** _____

(For Office Use Only)

Student ID: _____ **SAIS ID:** _____



- Transcripts
- Withdrawal Slip
- Birth Certificate
- Immunization Records
- AIMS/Terra Nova Results
- Guardian Present if under 18

Enrollment Form Please Print Clearly

<p align="center">Student Information</p> <p>Legal Name: _____</p> <p>_____</p> <p>Last First MI</p> <p>D.O.B _____ Age _____ Sex _____</p> <p>Social Security # _____</p> <p>Address _____</p> <p>City _____ Zip Code _____</p> <p>Health Alert _____</p> <p>Allergies _____</p> <p>Current Medication _____</p>	<p align="center">Family / Guardian Information</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____</p> <p>_____</p> <p>Last First MI</p> <p>Address _____</p> <p>City _____ Zip Code _____</p> <p>Phone _____ Cell _____</p> <p>Email _____</p>
<p align="center">Current/Previous School Information</p> <p>Name _____</p> <p>City _____ State _____</p> <p>Date Withdrawn _____ Grade _____</p> <p>Immunization _____ Transcript _____</p> <p>Have you attended ACP in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Previous Services</p> <p>Title I <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Special Ed. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">Emergency/ Other Information</p> <p><input type="checkbox"/> Family <input type="checkbox"/> Friend</p> <p>Emergency Name _____</p> <p>Phone _____</p> <hr/> <p align="center">Drug / Tobacco Free School</p> <p>Pursuant with ARS § Title 15 and Title 13 Criminal Code regarding minors and the use of tobacco, alcohol, illegal drugs, weapons, illicit use of technology and/or any disruption of the education process may lead to dismissal from the program.</p> <p>_____</p> <p>Student Signature Date</p> <p>_____</p> <p>Parent Signature Date</p>
<p align="center">Contact Information</p> <p>How would you like to be notified for your child's absences?</p> <p><input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> E-mail</p> <p>Phone _____ Cell _____</p> <p>Email _____</p> <p>Please remember to update address, phone, or e-mail.</p>	

2010 – 2011
 Block Scheduling
 8-11:00A.M. 12-3:00P.M.
 Independent Study: 3- 4:30P.M.
 August 9, 2010 – May 27, 2011



PERMISSION RELEASE FORM

Please fill in **one** of the following sections:

I _____ give permission to the Academy with Community Partners High School to use my photograph, taken by ACP on campus on the school web site to promote spirit, school achievements and special school events.

Print Student Name

Parent Signature: _____

Student Signature: _____

OR

Do not use _____ **likeness on the ACP School web site.**

Print Student Name

Parent Signature: _____

Student Signature: _____

AND

Please **check YES**, if you **give permission** Or **check NO** if you **do not give permission** to the Academy with Community Partners High School for the following:

Media Release	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Field Trip	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone Release	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Phone Release allows our phone tree response team to call you in an event of an emergency)

Parent Signature: _____

Student Signature: _____



**Fiscal Year
2010 -2011**

**Financial Guidelines
Arizona Department of Education**

Based on the guidelines below, is your family at, or below these financial guidelines?

Free: Yes No

Reduced: Yes No

Financial Records

STUDENT GUIDELINES TO DETERMINE ELIGIBILITY FOR FREE WAIVIERS

USDA Child Nutrition Program Lunch Income Guidelines
2010-2011

Definition of income: Includes virtually all items such as wages before any deductions, and other incomes, such as employment, welfare, social security, retirement benefits, unemployment compensation, workers compensation for dependent children, alimony, child support, pensions, insurance annuity payments, ect.

FREE

REDUCED

Family Size	Year	Monthly	Bi-Weekly	Family Size	Year	Monthly	Bi-Weekly
1	\$13,520	\$1,127	\$520	1	\$19,240	\$1,604	\$740
2	18,200	1,517	700	2	25,900	2,159	997
3	22,880	1,907	880	3	32,560	2,714	1,253
4	27,560	2,297	1,060	4	39,220	3,269	1,509
5	32,240	2,687	1,240	5	45,880	3,824	1,765
6	36,920	3,077	1,420	6	52,540	4,379	2,021
7	41,600	3,467	1,600	7	59,200	4,934	2,277
8	46,280	3,857	1,780	8	65,860	5,489	2,534
Each Additional Member Add:	+4,680	+390	+180	Each Additional Member Add:	+6,660	+555	+257

If your family qualifies, please complete the following information for your children:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all the above information is true and correct.

Parent Signature: _____ Date: _____



STUDENT RECORD TRANSMITTAL REQUEST

Name of School Last Attended:

School Name

Mailing Address

City State Zip Code

Phone

Fax

Information Released To:

Academy with Community Partners Charter High School
433 North Hall
Mesa, Arizona 85203
Phone: 480-833-0068
Fax: 480-833-8966

I hereby request and authorize you to release as indicated:

A. Official Transcript

B. Withdrawal Form

C. SAIS ID # _____

D. AIMS/Terra Nova Results

E. Medical/Educational Records

F. IEP/Special Education Records

G. Birth Certificate

H. Shot Records

Student Name Date of Birth _____

Grade Attended Date Attended _____

All psychological information is confidential. Records will not be transferred to any person/agency without parental consent. Parents will have access to all student records.

Signature of Parent/Guardian

Name/Title of School Official Date _____

*** State Law 815-8282 Paragraph F States **NO SCHOOL SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS.** ***



PARENT'S CONSENT FOR GIVING MEDICATION AT SCHOOL

I hereby request and give my consent for the school nurse, principal, or person designated by the administrator to see that my child receives the prescription or over the counter medications as instructed below.

Student's Name _____ Date of Birth _____

The medication is to be furnished by me in the original container and is to be labeled with and given in the following manner (Ask your pharmacist to provide prescription labeled container for school):

1. Name of Medication (taking during school hours) _____
2. Amount to be given _____
3. Time of the day to be taken _____
4. For the period from _____ to _____
5. Physician's name/number (must be on label) _____
6. Reason for medication _____
7. **Allergies to be aware of.** If so, please list _____

8. Permission for Tylenol: Yes No

X _____ Date _____
Signature of Parent/Guardian

Comments by nurse/school official:



REFERRAL PROGRAM GUIDELINES

- Both students will maintain a 3.0 G.P.A.
- Mandatory 90% attendance.
- Must attend ACP for 3 blocks.
- Agreement must be signed at time of enrollment.
- Student must be currently enrolled to collect the funds.
- Funds will be distributed in May (block 6) and December (block 3).
- Funding distribution; submit the agreement to the administration.
- Students can earn \$50.00 for every student that he/she refers to the school.
- Both students are not allowed to have had a two day suspension.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Referred Signature: _____ Date: _____

Administration Signature: _____ Date: _____



**CAREER EXPLORATION PROGRAM
CONTRACT
2010 - 2011**

Student Name: _____

Employer: _____

Address: _____

Telephone: _____

Coordinator Signature

Student Signature

Attach Pay Stubs and/or Volunteer Hours

Volunteer Hours: Non-Profit Organization

**Letter on organizations letterhead stating the number of hours volunteered and signed.
Hours may not exceed 2 credits for work hours and 1 credit volunteer hours. (Student must be currently enrolled at ACP).**

CONTACT HOURS

Volunteer Hours

**75 hrs. = 1/2 cr.
150 hrs. = 1 cr.
300 hrs. = 2 cr. (max)**

Work Hours

**150 hrs. = 1/2 cr.
300 hrs. = 1 cr.
600 hrs. = 2 cr. (max)**

_____ **Total of Hours Completed**

_____ **Date**



Homeless Student Residency Questionnaire

Please provide the following information to qualify Academy w/ Community Partners for Stewart M. McKinney Assistance Funds to provide eligibility youth with tutoring, supplemental instruction and enriched educational experiences. This information is confidential and will be for school use only.

Name of Student: _____ Male Female
Last Name First Name MI

DOB: _____ Age: _____ S.S. #: _____
Month/Day/Year

Name of Parent/ Legal Guardian(s): _____ Relationship: _____

Residence: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Alternative contact person: _____ Relationship: _____

Phone: _____

Signature of Parent/ Legal Guardian: _____ Date: _____

I have received a copy of ACP's "Rights of Homeless Students" Policy: Yes No

1. Presently, with whom is the student living? Please check one of the following:

Section A	Section B
<input type="checkbox"/> In a shelter <input type="checkbox"/> Sharing the house or apartment of other persons due to loss of housing, economic hardship, or a similar reason. <input type="checkbox"/> In a motel, hotel, or campground due to lack of alternative adequate accommodations. <input type="checkbox"/> With person(s) other than parent/guardian due to the denial of housing by parents or inadequate living conditions. <input type="checkbox"/> In a place not designated for ordinary sleeping accommodations such as car, park, abandoned building, or public space. <input type="checkbox"/> Temporarily housed in shelter awaiting foster care placement	<input type="checkbox"/> Choices in Section A do not apply <p>Stop: If you check this section you <u>do not</u> need to complete the remainder of this form.</p>

Continue: If you check one of the above in Section A, please complete # 2

2. The student lives with:

- | | |
|---|---|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adult |
| <input type="checkbox"/> 1 parent & other adult | <input type="checkbox"/> adult that is not the parent or the legal guardian |



Parent / Student Compact

Academy with Community Partners strives to attain student success that is based upon involvement in the child's educational program in accordance with the "Connecting Families and School to Help our Children Succeed" initiative.

Name of Student: _____ Male Female
Last Name First Name MI

1. In order to attain the student success:

A. The school will provide regular communication between teachers and parents.

Telephone contact: _____

E-mail: _____

Best time to call: (AM) _____ (PM) _____

B. Parents have opportunity to volunteer and participate in the student's school activities:

Activities: Yes No

Field Trip: Yes No

Site Council: Yes No

2. Why did you choose this charter school? Why do you as a parent, send your children to our school? Check all that apply:

Class Size

Convenient Location

Quality of Teachers

Word of Mouth/Referral

Other Siblings Enrolled

Challenging Curriculum

3. School safety is reinforced throughout the school community. Staff members, parents and students share the responsibility for improved academic achievement.

4. New students will be given assessments within one week of enrollment. Students that failed the AIMS testing and students that are below grade level are strongly encouraged to attend the individual tutoring on Monday through Thursday from 3:15pm to 4:30pm in room 208.

As a parent I fully understand the importance of my involvement in my child's academic and educational success, and I will do my best to participate in my child's educational program.

Parent Signature: _____ Date: _____



SPECIAL EDUCATION INFORMATION

Name of Student: _____ Date of Birth: _____
First Name MI Last Name Month- Day- Year

Has your child been enrolled in Special Education Program? Yes No

Signature of Parent: _____ Date: _____

If yes, is IEP still in effect? Yes No

Last IEP Evaluation: _____
Day Month Year

If not, date of termination: _____
Day Month Year

Signature of School Official: _____ Date: _____



Race and Ethnicity Identification Form 2010-2011

Student Name: _____ Grade: _____
Please Print Clearly

The federal government recently added options providing families the opportunity to more accurately represent themselves. Public schools across the nation collect information about students' race and ethnicity for reporting purposes. The purpose of this form is to update currently enrolled students' information.
Please complete both Part 1 and Part 2 by darkening or checking the circle beside your answers.

Part 1: Ethnicity Designation

Directions: Read the definition below and completely darken the circle that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic** or **Latino**.

Yes No

Part 2: Race Designation

Directions: Read the definition below and completely darken the circle or circles that indicate this student's race. **You must select at least one race**, regardless of ethnicity designation. **More than one response can be selected.**

Indicate the student's race (Select all that apply)

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Part 3: I verify the information on this form is accurate.

I refuse to re-identify the race and ethnicity of this student.

Signature, Parent/Guardian

Date

Signature, Parent/Guardian

Date

FOR SCHOOL USE ONLY

I am the observer who completed this form due to parent/guardian refusal to re-identify.

Signature, Observer

Date