

Welcome to
Academy with Community Partners!
2016-2017 Enrollment Form

Providing Education for Today & Hope for Tomorrow.

Block Scheduling
8-11:00 A.M. - 12-3:00 P.M.
After-School Programs: 3:05 P.M. - 4:30P.M.

School Starts August 2016
(date to be determined)

We will require the following information for enrollment:

- **Transcripts**
- **Discipline/Guidance Record**
- **Proof of Residence**
- Withdrawal Slip
- AIMS/Terra Nova/State Test Results
- Birth Certificate
- Immunization Records

Date Enrolled: _____
To be filled out by office staff

Student Information

Have you attended ACP in the past? Yes No

Last School Attended: _____ **Current Grade:** _____

Legal Name: Last _____ / _____ / _____ / _____ Male
First _____ MI _____ Date of Birth _____ Age _____ Female

Street Address _____ Apt # _____ City _____, AZ _____ Zip Code _____ (_____) _____ - _____ Student Cell Phone _____

Social Security or Student ID # _____ **Has your child been enrolled in Special Education Program?** Yes No
If yes, is IEP still in effect? Yes No **Last IEP Evaluation:** _____

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

_____ / _____ Permission for Tylenol: Yes No
Health Alert or Allergies _____ **Current Medication** _____

Parent or Guardian Information

Lives with:
 Father Mother Guardian Other _____

Last _____ First _____
(_____) _____ - _____ (_____) _____ - _____
Cell Phone Work Phone

E-mail _____

Lives with:
 Father Mother Guardian Other _____

Last _____ First _____
(_____) _____ - _____ (_____) _____ - _____
Cell Phone Work Phone

E-mail _____

EMERGENCY CONTACT

Father Mother Guardian Other

First Name _____ Last Name _____ (_____) _____ - _____ (_____) _____ - _____
Cell Phone Work Phone

Drug / Tobacco Free School

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.

Student Handbook

I have reviewed the student handbook. It is also posted on the website. I acknowledge and agree to the policies contained therein and agree to comply with the policies and agree to observe all school regulations. I also realize during enrollment, parents will be informed from time to time, formally or informally, of various changes in school policies. I understand the school reserves the right to change policies at any time with or without advance notice.

I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law.

Student Signature _____ Date _____ Parent Signature _____ Date _____



PERMISSION RELEASE FORM

Please fill in **one** of the following sections:
Por favor, rellene una de las siguientes secciones:

I, _____ give permission to the Academy with Community
Print Student Name
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.

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

Parent Signature: _____

Student Signature: _____

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 Yes No
- Field Trip Yes No
- Phone Release Yes No

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

Parent Signature: _____

Student Signature: _____



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.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas



Race and Ethnicity Identification Form 2016-2017

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



Arizona Residency Documentation Form Arizona Department of Education

Student _____ School Academy with Community Partners

District or Charter Holder: Academy with Community Partners, Inc.

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
- 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

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or legal purposes.

#2803440

McKinney-Vento Eligibility Questionnaire

Name of School: Academy with Community Partners High School

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

Birthdate: _____ Age: _____ S.S. #: _____
Month/Day/Year (or student Identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student living?

- In a motel, hotel, or campground due to lack of alternative adequate accommodations.
- In a shelter
- Sharing the house or apartment of other persons due to loss of housing, economic hardship, or a similar reason.
- With person(s) other than parent/guardian due to the denial of housing by parents or inadequate living conditions.
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations such as car, park, abandoned building, or public space.

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

Address: _____ City: _____ Zip Code: _____ Phone: _____

Signature of Parent/ Legal Guardian: _____ Date: _____

Please send a copy to Teofila Angst Fax: 480.833.8966 at A.C.P. Office.

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison 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 NO, please sign and stop.
If YES, please sign and continue below.**

If yes, is IEP still in effect? Yes No Last IEP Evaluation: _____
Month - Day- Year

If not, date of termination: _____
Month - Day- Year

INFORMACIÓN DE EDUCACIÓN ESPECIAL

Nombre del Estudiante: _____ Fecha de Nacimiento: _____
Apellido, Nombre Primero, inicial del segundo nombre

¿Su hijo ha sido inscrito en el Programa de Educación Especial? Sí No

Firma del padre: _____ Fecha: _____

**Si su respuesta es no, por favor firme su nombre y se detendrá. Si
su respuesta es sí, por favor firme su nombre y seguir adelante.**

En caso sí: ¿todavía en efecto el IEP? Sí No ¿Última evaluación del IEP? _____
Día Mes Año

Si no, la fecha de terminación: _____
Día Mes Año

Signature of School Official: _____ Date : _____
Firma del la Escuela Oficial



STUDENT RECORD TRANSMITTAL REQUEST

Estudiante Solicitud de Registro de Transmisión

Student First, MI, Last Name

Primer nombre, SN, apellido de estudiante

Date of Birth/ Fecha de Nacimiento

Grade/Grado

Name of School Last Attended:

Nombre de la última escuela que asistió:

School Name/ Nombre de la escuela

Mailing Address/Dirección de envío

City/Ciudad State/Estado Zip Code/Código Postal

Phone/ teléfono

Fax/ fax

Information Released To:

**Academy with Community Partners
High School**

433 North Hall
Mesa, Arizona 85203
Phone: 480-833-0068
Fax: 480-833-8966

www.acpathope.org

Other Schools attended from 9th to 12th Grade/Otras escuelas asistió del 9 al 12 grado

School Name/ Nombre de la escuela

School Name/ Nombre de la escuela

School Name/ Nombre de la escuela

City/ Ciudad

State/Estado

City/ Ciudad

State/Estado

City/ Ciudad

State/Estado

I hereby request and authorize you to release all of the following or where indicated:

Official Transcript

Withdrawal Form

SAIS ID # _____

AIMS/Terra Nova Results

Medical/Educational Records

IEP/Special Education Records

Birth Certificate

Shot Records

**State Mandated Discipline and/or
Guidance Records** **If there are no

discipline(s) on file, please send a fax
cover stating "No Discipline"

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.

Toda la información psicológica es confidencial. Los registros no serán transferidos a cualquier persona o agencia sin consentimiento de los padres. Los padres tendrán acceso a todos los expedientes de los estudiantes.

Signature of Parent/Guardian _____

Date/Fecha _____

Firma del padre o Guardián

Name of School Official _____

Title of School Official _____

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