

# F.H.C.S. Public Montessori Schools

## *Enrollment 2016-2017*

Attached please find an enrollment form for the 2016-2017 school year.

The Fountain Hills Charter School, “a tuition free Montessori school” enrolls students for the next school year in the following order and within the following dates:

February 18 <sup>th</sup>	Kindergarten Open Enrollment 8:00 a.m. – 7:00 p.m.
February 19 <sup>th</sup>	Kindergarten Open Enrollment 8:00 a.m. – 4:00 p.m.
March 1 – March 11	Re-Enrollment and Sibling Enrollment. All enrollments received after March 16th is subject to lottery.
March 21 – March 31	Open Enrollment (All Grade Levels)
April 18	Open Enrollment Placement Notification
April 22	All open enrollment documentation due (birth certificate, immunizations, activity fee, etc.) for secure placement.

Open enrollment will be filled by lottery based on space available. Students are accepted without regard to ethnicity, national origin, creed, or disability. Parents of children who are not placed during this time will be notified and will have the option to remain in a lottery should a space become available.

FHCS has a commitment to all our students. Much thought and collaboration goes into classroom placements. It is important to understand our schools multiage philosophy and its benefits to both the older and younger students in each classroom when enrolling both new and current students. All classrooms are filled and balanced according to age levels, ability levels, learning styles and gender.

### **Community Tour**

We will be hosting an open house on Tuesday, January 26<sup>th</sup>. You may stop by anytime between 5:00pm and 7:00pm to see our learning environments and visit with teachers, administrators and parents.

As always, you may schedule an appointment for a tour with our principal at your convenience.

### **Fees**

**Activity Fee** – A \$100 non-refundable fee per student is due upon registration and will be used to sustain programs such as band, orchestra, choir, clubs, science laboratory, art and reading. The fee will not be processed if there is not a space for your child. If a space becomes available, your fee will not be processed until you have accepted the space.

Additional enrollment forms for siblings may be picked up in the office or found on our website at [www.fhcspto.org](http://www.fhcspto.org). Please call the administrative office for questions or to schedule a tour of the facility at (480) 837-0046.

**Fountain Hills Charter School  
Public Montessori Schools**

Administrative Office: L.E.A. District 101  
16751 E. Glenbrook Blvd., Fountain Hills, AZ 85268  
Phone: (480) 837-0046 Fax: (480) 837-0024  
Email: admin@fhcspto.org Web: www.fhcspto.org.com

**2016 – 2017 Enrollment Form**

Please Print

Student's Legal First Name	Student's Legal Last Name	Name Used (if different)		Sex	Grade 2016-2017
Social Security	Birth Place	Birth Date	Last School District Attended		
Mother's Full Name	Home Phone ( )	Cell Phone ( )	E-mail address		
Mother's Physical Address	City		State	Zip	
Mother's Mailing Address (if different)	City		State	Zip	
Father's Full Name	Home Phone ( )	Cell Phone ( )	E-mail address		
Father's Physical Address <input type="checkbox"/> (Check if same as mother's)	City		State	Zip	
Father's Mailing Address (if different) <input type="checkbox"/> (Check if same as mother's)	City		State	Zip	
Are parents divorced or separated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide custody papers.					

Full Name	Last	First	Student Lives With	Has Legal Custody	Place of Employment	Business Phone
Father						
Mother						
Stepfather						
Stepmother						
Legal Guardian						
Foster						
Emergency Contact Person (other than parent): _____ Address: _____					Relationship to child:	Phone #:

**Race/Ethnic Background:**

American Indian/Alaska Native  Black  Caucasian (White)  Hispanic or Latino  Pacific Islander/Asian

**Mark if applicable:**

Gifted Program  Special Placement in \_\_\_\_\_  Needs help in \_\_\_\_\_  
 Learning Disabled  Chronic Illness  Physically Handicapped  
 Multiple Handicapped  Hearing Handicapped  Moderately Mentally Retarded  
 Visually Handicapped  Speech Handicapped  Mildly Mentally Retarded  
 Emotionally Disabled  Other

**Medical History: Give Dates/Information**

Measles \_\_\_\_\_  Mumps \_\_\_\_\_  
 Allergy \_\_\_\_\_  Hearing Loss \_\_\_\_\_  Convulsive Disorder \_\_\_\_\_  
 Asthma \_\_\_\_\_  Diabetes \_\_\_\_\_  Recent Ear Infection \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_  Scoliosis \_\_\_\_\_  Heart Condition \_\_\_\_\_  
 Glasses \_\_\_\_\_  Operations \_\_\_\_\_  T.B. or Contact \_\_\_\_\_  
 Physical Handicap \_\_\_\_\_  P.E. Restrictions \_\_\_\_\_  Daily Medication \_\_\_\_\_

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona.  YES  NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY		Grade	Code	Date	School
Date Records Requested: _____ Date Records Received: _____					
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Other				
<input type="checkbox"/> Medical Alert	<input type="checkbox"/> Legal Alert				
	<input type="checkbox"/> Immunization Complete				
	<input type="checkbox"/> Custody Papers on file				

F.H.C.S. Public Montessori Schools  
Phone: (480) 837-0046  
Fax: (480) 837-0024

## Special Needs Survey

Parent/Guardians:

Please indicate if your child has previously been placed in any of the following programs:

- Special Education
- Resource Classes
- Speech or Language Therapy
- Occupational Therapy
- Remedial Reading
- 504 plan
- In-school counseling
- Title 1
- Chapter 1
- Behavior Intervention Plan
- Other (specify) \_\_\_\_\_

If your child does have specials needs, please be aware that we will do a temporary placement until official documentation is obtained from your child's prior school.

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Student name/grade and Parent signature/date are required for all students, even if these programs do not apply to your child.

*I have read and understand the placement procedure of the F.H.C.S. Public Montessori Schools.*

Student's name: \_\_\_\_\_

Student's grade: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_



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

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**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 \_\_\_\_\_

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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.



**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 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)

\_\_\_\_\_ 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