

Fountain Hills Charter School

Enrollment 2018-2019

Attached please find an enrollment form for the 2018-2019 school year.

The Fountain Hills Charter School enrolls students for the next school year in the following order and within the following dates:

- **March 1- March 30– Re-Enrollment & Sibling Enrollment**
All enrollments received after March 30th is subject to lottery.
- **April 2 – Open Enrollment (All Grade Levels)**
Birth certificate and current immunization logs must accompany enrollment forms.

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.

Additional enrollment forms for siblings may be picked up in the office or found on our website at 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
2018 – 2019 Enrollment Form**

Please Print

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

Student's Legal First Name	Student's Legal Last Name	Name Used (if different)	Sex	Grade 2018-2019
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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Gifted Program | <input type="checkbox"/> Special Placement in _____ | <input type="checkbox"/> Needs help in _____ |
| <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Physically Handicapped |
| <input type="checkbox"/> Multiple Handicapped | <input type="checkbox"/> Hearing Handicapped | <input type="checkbox"/> Moderately Mentally Retarded |
| <input type="checkbox"/> Visually Handicapped | <input type="checkbox"/> Speech Handicapped | <input type="checkbox"/> Mildly Mentally Retarded |
| | <input type="checkbox"/> Emotionally Disabled | <input type="checkbox"/> Other |

Medical History: Give Dates/Information

- | | | |
|--|--|---|
| <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Mumps _____ | |
| <input type="checkbox"/> Allergy _____ | <input type="checkbox"/> Hearing Loss _____ | <input type="checkbox"/> Convulsive Disorder _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Recent Ear Infection _____ |
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Scoliosis _____ | <input type="checkbox"/> Heart Condition _____ |
| <input type="checkbox"/> Glasses _____ | <input type="checkbox"/> Operations _____ | <input type="checkbox"/> T.B. or Contact _____ |
| <input type="checkbox"/> Physical Handicap _____ | <input type="checkbox"/> P.E. Restrictions _____ | <input type="checkbox"/> 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"/> Immunization Complete				
<input type="checkbox"/> Medical Alert <input type="checkbox"/> Legal Alert <input type="checkbox"/> Custody Papers on file				

Fountain Hills Charter School

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.

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 Fountain Hills Charter School.

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: Fountain Hills Charter School

School: Fountain Hills 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.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School: Fountain Hills Charter School

School District or Charter Holder: Fountain Hills Charter School

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