

FOUNTAIN HILLS CHARTER SCHOOL: ENROLLMENT FORM

2018 -2019 SCHOOL YEAR

STUDENT INFORMATION	STUDENT'S LEGAL FIRST NAME:		STUDENT'S LEGAL LAST NAME:		MIDDLE NAME:	NAME USED (IF DIFFERENT):	GRADE:		
	ADDRESS:			CITY:	STATE:	ZIP CODE:	GENDER:		
	MAILING ADDRESS IF DIFFERENT FROM ABOVE:			CITY:	STATE:	ZIP CODE:	LAST SCHOOL DISTRICT		
	BIRTHDATE:	BIRTHPLACE (CITY,STATE)			CUSTODY ISSUES: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ----- PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE.				
	NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF ED. ETHNICITY: (CHECK ONE) <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO RACE: (CHECK ONE OR MORE, REGRADLESS OF ETHNICITY) <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE				WHAT IS THE PRIMARY LANGUAGE USED IN THE HOME REGARDLESS OF THE LANGUAGE SPOKEN BY THE STUDENTS? _____ WHAT IS THE LANGUAGE MOST OFTEN SPOKEN BY THE STUDENT? _____ WHAT IS THE LANGUAGE THAT THE STUDENT FIRST ACQUIRED? _____				
PARENT INFORMATION	PARENT	CONTACT THIS PERSON <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
		ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:				
		PARENT	CONTACT THIS PERSON <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
			ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:			
	PARENT		CONTACT THIS PERSON <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
			ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:			
		PARENT	CONTACT THIS PERSON <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
			ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:			
	EMERGENCY CONTACTS		If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to take responsibility for my child.						
			LOCAL FRIEND OR RELATIVE		RELATIONSHIP TO STUDENT		PHONE		ALTERNATE PHONE
						<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
						<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
				<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK			
PHYSICIAN				PHONE:		HOSPITAL PREFERENCE			
STUDENT HEALTH CONDITIONS	<input type="checkbox"/> Heart <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing <input type="checkbox"/> Allergies			* I understand I am financially responsible for any medical, dental, ambulance, or other health care expenses, which might occur as a result of such illness or injury. * I understand if my child needs medication or other health services at school. I must make arrangements with school office.					
	Specify health problems or any severe allergies:								
	Is your on daily medication? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Specify: Recent surgery, accident or serious illness (past year):								
I affirm all Registration & Emergency Information on this form is accurate, I understand it is my responsibility to notify the school in writing of any changes, and I have read and understand the information provided to me in this registration form.									
Signature of Enrolling Parent: _____				Date: _____					
As the Parent/Legal Guardian, I affirm that I am an Arizona resident: <input type="checkbox"/> Yes <input type="checkbox"/> No									

Fountain Hills Charter School

Phone: (480) 837-0046

Fax: (480) 837-0024

Special Classes & Accommodations

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



Fountain Hills Charter School

A Tuition-free School

REQUEST FOR STUDENT RECORDS

RECORDS TO BE RELEASED FROM:

Former School Name _____

Street Address _____

City, State and Zip Code _____

Phone Number _____ Fax Number _____

I hereby request and authorize you to release any medical information, educational records, psychological reports and/or other pertinent data you may have or receive, that would aid in providing appropriate educational services for my child.

Student _____ Birth Date _____

Student _____ Birth Date _____

Student _____ Birth Date _____

Please forward all pertinent information to:

Fountain Hills Charter School
PO Box 18419
Fountain Hills, AZ 85269
Phone: (480) 837-0046
Fax: (480) 837-0024

All psychological and/or confidential data will be maintained as such. It will not be transferred to any person/agency without parental permission. Parents will have access to all student records.

Parent Signature _____ Date _____