

Ahwatukee Foothills Prep K-8 Enrollment

10210 S. 50th Place, Phoenix, AZ 85044

P: 480-7635101 F: 480-763-5107 Email: info@afprep.org

Kindergarten students must be five (5) years old prior to September 1, 2010.
If receiving this packet electronically, please make copies of these forms if you are enrolling more than one child. Retain a copy of the completed forms for your records.

In order to continue the enrollment process, you will need to provide the following documents for EACH child enrolling in grades K-8 for the school year beginning on August 2, 2010:

Items included in this packet to be submitted:

- Registration Form
- Emergency/Medical Information
- Language Questionnaire
- Photograph/Videotape Permission (Media Form)
- Parent Request for Release of Student Records
- McKinney-Vento Survey
- Volunteer Form
- Uniform Policy

Other essential documents that must be submitted to be copied:

- Original Birth Certificate
- Current Immunization Record
- Proof of Varicella/Chicken Pox (if not vaccinated) (*please request*)
- Withdrawal form from previous school

Additional documents to be submitted ONLY if they apply to your child:

- IEP (*if applicable*)
- AZELLA scores/ ELL letter (*English Language Learner if applicable*)
- Food Allergy Form (*please request*)
- Permission to Give Daily Medication Form (*please request*)

Enrollment document that is NOT NEEDED AT THIS TIME, but will be required before the first day the student attends classes.

- Signed copy of the receipt of the Code of Civility
- Application for Free and Reduced Lunch

Failure to complete and return enrollment forms as soon as possible may cause your student to lose his or her enrollment position in the class!

If you have any questions regarding this procedure or need assistance completing the forms, please contact info@afprep.org

Sincerely,

Howard Brown
Chief Administrative Officer

AHWATUKEE FOOTHILLS PREP

10210 South 50th Place
Phoenix, AZ 85044

Emergency Contact/Medical Information

I understand that providing current emergency contact information is critical to the safety and well being of my child. My signature on this form certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself and my emergency contacts, within 24 hours of any change, to the school administrative assistant/receptionist and my child's classroom teacher(s).

PLEASE PRINT

_____, _____, _____
 Last Name First Name Middle Name
 _____ / _____ / _____
 Date of Birth (mm/dd/yyyy) Age (on 8/3/09) Gender
 Male or Female

 Mailing Address City State ZIP Home Phone Number

Mother Stepmother Guardian _____
 Last Name First Name
 Cell Phone Number: _____ - _____ - _____ Best Daytime Phone Number: _____ - _____ - _____

Father Stepfather Guardian _____
 Last Name First Name
 Cell Phone Number: _____ - _____ - _____ Best Daytime Phone Number: _____ - _____ - _____

Stepfather Stepmother _____
 Last Name First Name
 Cell Phone Number: _____ - _____ - _____ Best Daytime Phone Number: _____ - _____ - _____

At the Health Aide's discretion, the child may take/ be treated with (.....):

- Yes No Topical Ointment
- Yes No Acetaminophen (.....)
- Yes No Ibuprofen (.....)
- Yes No Eye drops
- Yes No Cough Drops
- Yes No Chloraseptic spray
- Yes No Vicks (.....)

Is the child allergic to any medications, including over the counter ointments? No Yes
List: _____

Does the child have any allergies (food, latex, other)? No Yes List: _____

Does the child have any other medical conditions or restrictions? No Yes List: _____

Does the child require daily medicine or other health maintenance while at school? No Yes

- Inhaler
- Breathing treatment
- Blood glucose check
- Other (describe): _____

Emergency Contact:

Please include at least two people besides parents who have different phone numbers than the parents. Allowed to pick up student? (must be at least 18 yrs. old)

Name of Authorized Person	Relationship	Home Phone	Cell Phone	Work Phone
	Mother			
	Father			

Student Last Name _____

Student First Name _____

Middle Name _____

Medical history:

Has your child ever been diagnosed with: (check if YES)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Eating/Weight Disorder | <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Speech Disorder |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing/Ear Disorder | <input type="checkbox"/> Vision/Eye Disorder | <input type="checkbox"/> Hearing aids |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Glasses/contacts | <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Frequent ear aches/infections | <input type="checkbox"/> Serious Injury/Accident | <input type="checkbox"/> Neuro Disorder (includes migraines) | |

Has the child been/Is the child presently under treatment of a physician, counselor, and/or psychologist?

- No Yes

If yes, please state: Name of Provider: _____ Date last seen:

_____/_____/_____

Reason for treatment: _____

To the best of my knowledge, this student does not have any health problems that would be harmful to him/her while participating in Physical Education or which would require a physical exam. I hereby give permission for the exchange of information regarding the child's medication and medical issues.

Be it known that I, the undersigned parent or legal guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as in the judgment of said authority should the student be injured or stricken ill.

In the event emergency medical treatment is required, I give consent for my child(ren) to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. Ahwatukee Foothills Prep will NOT transport my child(ren) to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that Ahwatukee Foothills Prep will telephone 911 for emergency medical assistance.

It is further understood that any expenses incurred will be paid by insurance or the parent of the student. Payment of the expense is not a school responsibility.

Parent's Printed Name

_____/_____/_____
Date (mm/dd/yyyy)

Parent's Signature

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Phoenix, AZ 85044

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: _____

For Office Use Only

Student
ID: _____

SAIS
ID: _____

Office of English Language Acquisition Services (OELAS) – Arizona Department of Education 1535 West Jefferson Street – Phoenix, Arizona - 85007 (Office) 602-542-0753 (Fax) 602-542-3050

Ahwatukee Foothills Prep

10210 South 50th Place
Phoenix, AZ 85044

Media Form

Over the course of the year, many opportunities arise to photograph/videotape students actively engaged in fun and learning while at school. These pictures may be used for a variety of reasons relating to informing the public of programs provided by the school, training staff, and creating memories for students. On occasion photograph and/or videotapes may be used for advertising purposes to promote enrollment at Ahwatukee Foothills Prep or as a backdrop to employment recruitment efforts.

If for any reason you object to your child being photographed while he/she is participating in school activities, please mark "No Media" below. Please indicate your consent to have your student photographed for publicity purposes below.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and /or video image of you child is used either internally or externally as explained in the examples above.

_____ No Media, I do not wish for my child to appear in any media.

_____ Yes, my child may be photographed for publicity purposes.

Student Name

Parent's Printed Name:

Parent's Signature

/ /
Date

AHWATUKEE FOOTHILLS PREP

Release of Student Records Form

Today's Date: ____ / ____ / ____

Child's Full Name (please print) _____

*First Name
Appendage (i.e. Jr.)*

Middle Name

LastName

Print Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Address

City

Zip

Resident School District Name

Whereas my child is currently enrolled in Ahwatukee Foothills Prep for the 2009-2010 academic year, I give my permission to release my child's academic records to Ahwatukee Foothills Prep. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions. Under the provisions of section 99.30 of the **Family Education Rights and Privacy Act**, this listed document authorizes the release of all school and health records of the student listed above. State Law 815-828 Paragraph F states that no school shall withhold records due to financial debts. New Federal Law 99.31 states that no parent or signature is required for educational records to be sent to another educational agency.

School most recently attended by student)

Contact Person

Address

City

Zip

Phone

Fax

Please send the information to:

Ahwatukee Foothills Prep
Records Department
10210 S. 50th Place, Phoenix, AZ 85044
P: 480-763-5101 F: 480-763-5107

AHWATUKEE FOOTHILLS PREP

10210 South 50th Place

Phoenix, AZ 85044

McKinney-Vento Eligibility Questionnaire

Name of student: _____ [] male [] female
Last First

Birth Date: ____/____/____ Age: ____ Student ID #: _____
month day year

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

Where is the student presently living? (Check one box).

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations (ex. car, park, campsite)

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

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

Please return this copy to Howard Brown at Ahwatukee Foothills Prep.

For School Use Only:

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

Date

McKinney-Vento Liaison Signature

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Volunteer Form

Volunteers may be involved in monitoring the playground, student drop-off and pick-up, crosswalk, and assisting with school events. In addition, parents are encouraged to contribute their time and talent to organizing extracurricular activities and community outreach projects. All parents/guardians are required to volunteer 2 hours each month per parent/guardian in the household. Any family member – parent, sibling, grandparent, or family friend – may complete the hours for the family. Hours may be “banked” by serving several hours at once. A number of volunteer options are available both in the school and from home or work. Volunteer hours are logged and records are kept on file. Contact the school administrative team for volunteer suggestions. Also, refer to the school newsletter throughout the year for ways to be of service. The following is a partial list of ways to fulfill the volunteer commitment.

Mother:	Father:
Name: _____	Name: _____
Email: _____	Email: _____
Full Address: _____ _____	Full Address: _____ _____
Telephone: _____	Telephone: _____
Student:	Student:
Name: _____	Name: _____
Grade: _____	Grade: _____
Birth date: _____	Birth date: _____

Can the Booster club contact you by email?

Yes No

Would you like to be listed in the school directory? No information will be sold. An electronic & printed version will be available. The directory will be by grade level and alphabetically.

Yes No

Do you want to volunteer during:

A.M. P.M.

Do you prefer to help in school or working from home?

In School From home

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Phoenix, AZ 85044

STUDENT DRESS CODE

BOTTOMS: Beige or khaki (K-8th) long or short pants. Girls may wear long pants, knee-length skirts, skorts, capris, or jumpers. Skirts, shorts, and dresses must pass the finger length test. Standing with your hands at your side, the item must be longer than the student's fingertips. Floor-length skirts and baggy or wide-legged pants are not permitted. Denim is not permitted. Belts are optional, but pants may not sag below the waistline.

TOPS: Boys and girls must wear NAVY BLUE polo shirts (K-5)
Boys and girls must wear RED polo shirts (6th-8th)

Shirts should be tucked in.

- **Undershirts or long sleeve shirts underneath the Polo shirt must be white.**
- **Navy Blue (K-5), Red (6th-8th Grade) sweatshirts or sweaters may be worn on cool days. No hoods. Jackets may not be worn in the classroom.**

SHOES: Students may only wear closed-toed shoes. High heeled shoes, sandals, boots, or flip-flops are **NOT** permitted. Socks must be worn. Athletic shoes are required for participation in physical education. Shoes and socks with coloring, designs or logos that are deemed disruptive to the learning environment are not permitted. Shoes that light up, make noise, or have wheels (Healys) are not permitted. **SOCKS MUST BE WORN AT ALL TIMES.**

HAIR: Students must keep their hair, clean, neat, and away from their eyes. Unnatural hair color or style is not permitted.

Jewelry: Necklaces must be worn inside the shirt. Only studded earrings or small hoop earrings that do not dangle below the ear lobe are permitted. Only one ring and bracelet or watch per hand is allowed. Make-up is not permitted. Jewelry that is disruptive to the learning environment will be removed.

Student Name

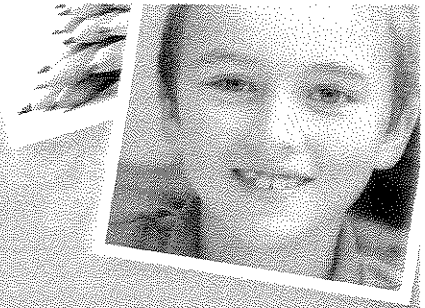
Parent Signature

Date

Ahwatukee Foothills PREP



10210 S. 40th Place
Phoenix, AZ 85043-5219
480-723-9101 | www.afprep.org



School Bus Registration Form

I, _____ give permission for _____
 Parent / Guardian Name Student's Name

to ride the Ahwatukee Foothills Prep school bus.

Please note days and times your child will ride the bus (check all that apply):

<input type="checkbox"/> Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	[Hatched Area]		

Parent/Guardian Contact Information in the case we need to reach you regarding a transportation issue:

_____ (primary) _____ (secondary)

Individuals, other than parent, authorized to pick up child:

1. Name: _____ Phone Number: _____

Relationship: _____

2. Name: _____ Phone Number: _____

Relationship: _____

Students will NOT be released from the bus unless a parent/guardian or authorized individual is at the stop to meet the student unless specified below.

My child, _____, is in the Third Grade or above and may be released from the bus without a parent/guardian or authorized individual at the stop.

Parent/Guardian signature _____

Parent Signature: _____ Date: ____ / ____ / ____

Please note any change to the above bus schedule must be made in writing and delivered to the front office staff.

BUS STOP PICK-UP LOCATION

BUS STOP DROP-OFF LOCATION