



Ahwatukee Foothills Prep
10210 South 50th Place
Phoenix, AZ 85044
Phone: 480-763-5101
Fax: 480-763-5107

Dear Parents,

We have enclosed the re-enrollment forms for next year along with this letter. Please take a few moments to complete the forms so that we can effectively plan for the upcoming school year. Current students must submit a complete registration packet to the school no later than **Friday, February 26, 2010** to ensure a space for the student for the 2010-2011 school year.

A returning student Registration Night has been scheduled for Thursday, February 25, 2010 from 6:00 – 7:00 pm.

Current AFP families who are enrolling new students must complete a new enrollment registration packet no later than Friday, February 26, 2010 to ensure a space for the student. New enrollment registration packets may be downloaded from the website (www.afprep.org) or obtained from the front office.

We know that with all the news about the economy and the budget cuts that have impacted schools across the state and parents are rightfully concerned about the quality and depth of the education each student will receive over the next few years.

We at Ahwatukee Foothills Prep want to assure each of our families that we will continue to provide a high quality, college preparatory education to each and every student. We realize that some of our neighboring districts will be forced to eliminate programs to meet budget requirements. Ahwatukee Foothills Prep is committed to maintaining programs for all students.

We will maintain:

- * A full day kindergarten program
- * Special area classes (PE, Spanish, & Music)
- * Free tutoring for students after school
- * Paragon Nights
- * After school music, arts, sports, and other student activities

In addition to these programs, Ahwatukee Foothills Prep will retain our outstanding reading and math program for all students. We will continue to offer our wonderful Paragon programs for students as well as a strong science program.

We know that these are difficult times for many families. The one thing you will not have to worry about is the education of your child as long as he or she is part of the Ahwatukee Foothills Prep family.

If you have any questions please feel free to contact the school and speak to any member of our administrative team. We will be happy to answer all questions as quickly and completely as possible. We look forward to another outstanding year and thank you for all of your support.

Sincerely,

Howard Brown

Chief Administrative Officer/Principal

Registration Form 2010-2011

All student information is protected by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality.

PLEASE PRINT

Last Name _____ First Name _____ Middle Name _____
 Grade Level _____ Age as of 8/31/2010 _____ Date of Birth (mm/dd/yyyy) _____
 Male or Female _____
 Gender (circle one)

Home Phone Number _____ Street Address _____ City _____ State _____ ZIP _____

Primary Phone Number is a Cell Phone

Mother _____
 Stepmother Last Name _____ First Name _____
 Guardián E-Mail _____ Best Daytime Number _____

 Father _____
 Stepfather Last Name _____ First Name _____
 Guardian E-Mail _____ Best Daytime Number _____

 Stepfather _____
 Stepmother Last Name _____ First Name _____
 E-Mail _____ Best Daytime Number _____

Emergency Contact:

Please include at least two people besides parents who have **different phone numbers** than the parents.

Name of Authorized Person	Relationship	Home Phone	Cell Phone	Work Phone	Allowed to pick up student? (must be at least 18 yrs. old)
	Mother				
	Father				

Dismissal: Parent Pickup Walker
 ONE (1) ONLY Day Care Van -- Company: _____ Phone #: _____
 City Bus Oasis After-School Program (Please request forms.)
 School Bus** Cross Streets: _____ (Check for availability)

** Parents will need to provide transportation between bus stop and home.
 ** Per bus company policy, students in the 3rd grade and up will be dropped off whether a parent is present or not.
 ** Students in Kindergarten - 2nd grade will not be dropped off without someone there to accompany them home.

Has the student ever attended AFP? No Yes Grade Level(s): _____

 Last school attended/ School currently attending Grade Level(s) District Name or Charter Holder (if not in AZ, list state or country)

Was the child receiving ELL Services? No Yes
 Was the child receiving Special Education services? No Yes Speech ED LD Other

If yes, do you have your child's special education records (IEP)? No Yes

Is the child:
 ...expelled from any school or district? No Yes N/A
 ...currently being considered for expulsion/suspension from a school/ district? No Yes N/A
 ...in compliance with conditions imposed by a juvenile court? No Yes N/A
 ...in compliance with conditions of disciplinary action in any school/district? No Yes N/A

Ethnicity: Asian/Asian-American Black/African-American
 Check one that best applies. Hispanic/Latino White/Caucasian
 Native American/Alaskan Tribe(s): _____

Guardianship: both parents together in the same home
 Check the one that Alternate between mother and father equally
 most closely represents Mother only Mother and step-father/partner
 the student's living Father only Father and step-mother/partner
 arrangements. Grandparent(s) Aunt/Uncle
 Brother/Sister Permanent legal guardian
 Other _____

Mailing address same as street address please send mailings to addresses of both parents.

 Mailing Address City State ZIP

 Mailing Address City State ZIP

Siblings attending AFP: (Children living in the same household who share the same guardian.)

Last Name	First Name	Relationship	Grade

 Print Parent/Guardian Name: Parent Signature Date (mm/dd/yyyy)

Office Use Only:
 Student Name: _____ Grade: _____ Teacher: _____
 Request for Records sent: _____ Reg. Ed. Records Rcvd: _____ Sp. Ed. Records Rcvd: _____
 FDA: _____ Entry date: _____ Entry Code: _____ Date entered in PS: _____
 LDA: _____ Exit date: _____ Exit Code: _____ Date w/d from PS: _____

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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) Male or Female
 Gender

_____ 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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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

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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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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