

Ahwatukee Foothills Prep K-8 Enrollment

10210 S. 50th Place, Phoenix, AZ 85044

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

Kindergarten students must be five (5) years old prior to September 1, 2011.

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 1, 2011:

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
- 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 8/1/11) Male or Female
 Gender

_____ - _____ - _____
 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 Eye drops

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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Office of English Language Acquisition Services
Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective April 4, 2011)

This question is in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c) **Identification of English Language Learners** Responses to the following questions will be used to determine whether your student will be assessed for English language proficiency:

1. What is the primary language used in the home regardless of 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 _____ Date of Birth _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Student ID: _____ SAIS ID: _____

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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

AHWATUKEE FOOTHILLS PREP

Release of Student Records Form

Today's Date: ____ / ____ / ____

Child's Full Name (please print) _____
First Name Middle Name LastName Appendage (i.e. Jr.)

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 2011-2012 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

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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 expected 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. 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.

Please check as many boxes that fit your particular interests and availability.

During School Hours Volunteers May . . .

- Assist with small reading groups
- Assist with small math groups
- Share about your work or career
- Help teachers with classroom décor -- posters, boards, hallway art displays
- Organize completed work into Friday Folders
- Photocopy homework or project packets
- Supervise children during/recess lunch
- Work in the media center
- Clean school equipment or school grounds
- Tutor students after school

After School Hours Or From Work Or Home Volunteers May . . .

- Host a talk at work to promote the school
- Organize a family drive to enlist in Target, Office Depot, or Wal-Mart Card Programs that donate to the school
- Provide general grounds maintenance
- Organize Scholastic book orders for teachers
- Search for school supply donations – pencils, pens, paper towels, wet wipes, bleach wipes, Ziploc bags are needed throughout the year

NOTE: Please write in any special interests you may have that you have: _____

NOTE: Please write in any other volunteer activity you feel will contribute to our school community: _____

I understand that Volunteering is expected.

All volunteers must complete a criminal background check questionnaire and may be fingerprinted (if required for federal and state clearance). Volunteers receive and must follow all policies and procedures defined by the school. If activity occurs that is not in keeping with the school policies, the Chief Administrative Officer (CAO) reserves the right to relieve the volunteer of his or her responsibilities.

Parents Name: _____
(print)

Parent Signature: _____

Date: _____

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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