

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:

Check one that best applies.

Asian/Asian-American Black/African-American

Hispanic/Latino White/Caucasian

Native American/Alaskan Tribe(s): _____

Guardianship:

Check the one that most closely represents the student's living arrangements.

both parents together in the same home

Alternate between mother and father equally

Mother only

Mother and step-father/partner

Father only

Father and step-mother/partner

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

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: _____

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

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

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 PTO 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