



Enrollment Application

2017 - 2018

Dear Parents and Guardians,

Thank you for your interest in enrolling your child(ren) at the Arizona Academy of Science for the 2017-2018 school year. We welcome you and your family in joining our educational team here at the Arizona Academy of Science. Since 1998, we have had the pleasure of educating students across metropolitan Phoenix in a warm, welcoming, and academically inspiring environment.

Welcome to the 2017-2018 school year!

AZAOS Team

- (1) An Enrollment Application must be completely filled out before it will be processed.
- (2) An Enrollment Application will be processed for enrollment consideration once all pages of the Enrollment Application are completely filled out and we have received the following documents:

- BIRTH CERTIFICATE OR PASSPORT _____
- CURRENT IMMUNIZATION CARD OR RECORDS _____
(If Exception Form Not Submitted)
- ARIZONA RESIDENCY DOCUMENTATION _____
- GUARDIANSHIP / CUSTODY DOCUMENTATION _____
- Student's 2016-2017 School Report Card – Ending Grades _____
- Student's 2016-2017 School Attendance Report _____
- Student's AzMERIT/AIMS Standardized Scores _____
- Student's 2016-2017 School Discipline Report _____
- Student's 2016-2017 IEP or 504 Plan, if applicable _____

**The Arizona Academy of Science abides by the McKinney-Vento Act of 1987 and shall utilize such legislation in exempting applicable applicants from the above enrollment requirements.*

(3) Submitting a completed Enrollment Application with all required supporting documentation does **NOT** guarantee enrollment of your student at the Arizona Academy of Science. Official enrollment occurs only after an official welcome letter from school administration has been sent to the parent or guardian of the enrolling student. In the instance that roster availability does not exist, students will be placed on a waiting list.

(4) Kindergarten Enrollment: A kindergarten student must turn five (5) years of age by October 1, 2017. Where a student turns five (5) after October 1, 2017, but before January 1, 2018, and the student passes an AZAOS kindergarten readiness test and interview, the student will be considered for entry into kindergarten.

(5) 1st Grade Enrollment: A first grade student must turn six (6) years of age by October 1, 2017. Where a student turns six (6) after October 1, 2017, but before January 1, 2018, and the student provides evidence of successful passage of a kindergarten program along with an AZAOS kindergarten test and interview, the student will be considered for entry into first grade.

(6) For questions pertaining to enrollment at the Arizona Academy of Science, please visit or call the school office at (602) 253-1199. Thank you.



Official Use Only

Date Received by AZAOS: _____
 Date Enrolled: _____
 Start Date: _____

Student Enrollment Application
 2017 - 2018

Student's Legal Last Name	First Name	Middle Name	Other Name Student Goes By / Nickname	Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> Male <input type="radio"/> Female
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City of Birth	State of Birth	Ethnicity (check applicable box) <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race (check all that apply) <input type="radio"/> American Indian / Alaskan Native Tribe: _____ <input type="radio"/> African American / Black Middle East	<input type="radio"/> Asian or Indian Subcontinent <input type="radio"/> Native Hawaiian / Other Pacific Islander <input type="radio"/> White: European, North African, Middle East
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Student Language Survey

(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? _____

Previous Education Enrollment History

Last School Attended: _____ School's Address: _____

Date Enrolled: _____ Date Withdrawn: _____ Grade Enrolled: _____ Last Grade Completed: _____

How did you come to enroll in Arizona Academy of Science? _____ Referred By: _____

Is your child currently suspended or expelled or has your child ever been suspended or expelled from school: NO YES

IF YES, please state the offence:

Student Home Address (Physical – Street Address)	Unit / Apt #
City: _____ State _____ Zip Code _____	
Home Telephone () _____	

Student Mailing Address (If Different from Physical)	PO Box #
City _____ State _____ Zip Code _____	

PARENT / GUARDIAN INFORMATION*

PLEASE NOTE: Having sole custody of your child does NOT prevent Arizona Academy of Science, by law, from sharing your child's information with his/her other parent. Any parent wishing to invoke exclusive rights to child's information must remit a valid court document explicitly stating that the other parent is NOT entitled to receive any information regarding this child (ref: A.R.S. §25-402 (k); 25-403.6).

First and Last Name Relationship to Student	Home Address (If different from Student)	Phone Numbers and Email Address	Employer Address & Phone Number	Check Applicable Boxes
		Home: Cell: Work: Email:		<input type="checkbox"/> Lives With <input type="checkbox"/> Has Custody <input type="checkbox"/> Educational Rights <input type="checkbox"/> Mailings Allowed
		Home: Cell: Work: Email:		<input type="checkbox"/> Lives With <input type="checkbox"/> Has Custody <input type="checkbox"/> Educational Rights <input type="checkbox"/> Mailings Allowed
		Home: Cell: Work: Email:		<input type="checkbox"/> Lives With <input type="checkbox"/> Has Custody <input type="checkbox"/> Educational Rights <input type="checkbox"/> Mailings Allowed

EMERGENCY CONTACTS

Last Name	First Name	Home Phone	Cell Phone	Relationship

I, the undersigned Parent/Guardian of the student named herein, do hereby certify that all information in this enrollment packet is true and accurate. Further, I understand that by providing false information, my student's enrollment may be denied or determined to be administratively incomplete. Additionally, I hereby agree that the Arizona Academy of Science and related parties thereof, may utilize all of the contact information as I have provided herein for the purposes of communicating with me or parties which I named and have permission to name as related to or in the furtherance of my student's education or any school related matter pertaining to the Arizona Academy of Science.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____



EMERGENCY MEDICAL FORM 2017 – 2018

Student Name: _____

Street Address: _____

City, State, & Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Insurance Carrier: _____

Policy Holder: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Student Allergies	
Student Food-Specific Allergies	
Student Medications	

Important: *If your child needs to take prescription or over-the-counter medication at school, the parent/guardian must provide such medication in the original prescription bottle or container with the child's name on it. All medication will be secured and maintained in the school office.*

Parent/Guardian must also complete a Medication Administration Form in the school office prior to the receipt and administration of any student medication. Please also note that Arizona Academy of Science will not supply or administer any medication, prescription or over-the-counter (OTC) without adhering to the above protocol. Please request a Medication Administration Form from school administration should you require it. Thank you.

Students cannot be treated in case of emergency without explicit parent/guardian permission.

I understand that in case of emergency my child will be taken to Good Samaritan Hospital or St. Joseph's Hospital, as designated my EMT/medical personnel. The school will make every attempt to contact the emergency contact individuals listed in this enrollment application.

Parent/Legal Guardian: _____

Date: _____



STUDENT SIGN-OUT AUTHORIZATION 2017 – 2018

STUDENT NAME: _____

I hereby grant permission to the following individuals to sign my child out of school:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PLEASE NOTE:

(1) No one under the age of 18 years of age may legally sign a student out from school.

(2) Parent/Guardian is responsible for completing a new Student Sign-Out Authorization where authorization needs change. Parent/Guardian hereby understands and agrees that the most recent, completed, signed, and dated Authorization form will be the prevailing authorization, independent of and superseding any verbal request or written document from the Parent/Guardian.

(3) Any individual authorized as named herein WILL be required to present valid identification in signing my child out of school.

The following individuals are NOT granted permission to sign my child out of school:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

(1) A parent or guardian wishing to either limit or preclude access of an adult to the student named herein, who otherwise has legal standing with said student, must provide the school with court ordered documentation or legal instrument(s) that expressly limits or denies such access or standing.

Signed: _____ Date: _____
(Parent or Legal Guardian)



State of Arizona
Department of Education
Office of English Language Acquisition Services

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: _____

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



STUDENT NEEDS SURVEY 2017 – 2018

Student Name: _____

Please indicate your answer to the questions by circling the response:

Has your child had difficulties in reading? YES NO

Has your child had difficulties in math? YES NO

Has your child ever been diagnosed with ADD? YES NO

Has your child ever been diagnosed with ADHD? YES NO

Has your child ever been diagnosed with depression,
or other mental health issues? YES NO

Is your child now or ever been in a drug rehabilitation
program? YES NO

Is your child on any prescription medication? If so, list the name of the medication and explain why the
medication is necessary?

Has your child ever skipped a grade? YES NO

If so, what grade? _____

Has your child ever had an IEP or 504 Plan and/or
received Special Education / Exceptional Student Services? YES NO

If so, what grade? _____

Does your child have a current or recently expired IEP and/or
is your child currently receiving Special Education / Exceptional
Student Services? YES NO

Does your child have a current 504 Accommodation Plan? YES NO

If so, in what area(s) were those services? (Learning disability, behavior disorder, developmental or
physical disability, gifted program, speech, etc.):



STUDENT IMAGE PERMISSION FORM 2017 – 2018

Dear Parent /Guardian:

During the 2017-2018 academic year, your child's image/photograph or work may be included in classroom or school projects that could be used in one of the following ways:

- *Used as a demonstration project/activity in education workshops, classes, or conferences;
- *Used as a sample project/activity on CDs created by Arizona Academy of Science for use in education workshops and student classrooms;
- *Posted on the school's website and/or Facebook page;
- *Posted in brochures or other literature advertising the Arizona Academy of Science or its programs;
- *Submitted as contest entries for school, community, or corporate academic competitions;
- *Appear on videotape made during a student presentation of their project, or in broadcasts or videotapes demonstrating computer multimedia;
- *Videotaped to appear in a school-related program or news broadcast to be used by a local television station or school, county, state, or federal project; and
- *Used in printed publication such as a newspaper, magazine, and school year book.

Your child's name or address **WILL NOT** be included with your child's picture if publishing on the school's website (www.arizonaacademyofscience.org and/or www.azaos.org) or on the school's social media pages.

Although there is no monetary compensation for the use of the work, the Arizona Academy of Science, our teachers, and students will have the opportunity to utilize student images in a manner that maximizes recognition of student and school achievement in a variety of media formats and outlets. Your permission grants us approval to publicize without prior notification and remain in full effect until revoked. School administration will maintain a file for student images utilized during the academic year. Please complete and sign the below release form.

RELEASE FORM

_____ I/We **DO** give permission for _____'s image / photograph, or school work to be used as described above. I/We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

_____ I/We **DO NOT** give permission for _____'s image, photograph, or school work to be used as described above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

City, State, and Zip Code: _____

Phone Number: _____