

Imagine Elementary at Avondale

Enrollment Packet 2010-2011



Student's First Name _____ Student's Last Name _____

Grade Level Interest

- 1/2 Day Kindergarten
- All Day Kindergarten (\$200 monthly enrichment fee)
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade

****Please complete this packet in black or blue ink****



950 N. Eliseo C. Felix Jr. Way • Avondale, AZ 85323

www.ImagineAvondale.com

623-344-1730

Registration Checklist

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323



Please be sure this packet is filled out completely, in pen.

Every line must have something on it, if it doesn't pertain to you, please mark N/A.

Please see specific instructions under each form name to the right for details.

Student Enrollment Form

Original Birth Certificate

PHLOTE _____ *Eng only* _____ *Other than Eng*

Special Education Form _____ *IEP* _____ *504* _____ *No IEP*

Please attach a copy of the I.E.P or 504 Accommodation

Request for Student Records

Please complete school information for all previous schools

Parent Survey

Standard of Dress Form

Medical Information Form

A doctor and hospital must be listed

First Aid Release

Up to Date Immunization Record

Emergency Information and Immunization Record Card (EIIR)

Each line must be completed. You must list at least 2 emergency contacts. You must list a doctor and hospital.

Media Release

Permission to Walk Home

Please fill out form – even if your child is not walking – there is an option to mark no

McKinney Vento Questionnaire

Internet Agreement Form

This enrollment packet is not considered complete until an original birth certificate and up to date immunization record have been submitted.

Student Enrollment Form

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323

STUDENT INFORMATION

Name (Last, First MI)			Social Security Number		
Home Address			Date of Birth	Place of Birth	
City	State	Zip Code	Last School Attended		Home schooled <input type="checkbox"/>
Home Phone ()			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Grade Entering		
Student Lives With (Check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parents					
<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other (Please Specify) _____					
Ethnicity: Hispanic or Latino (please circle) Yes or No If no, please pick one or more of the following:					
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native					
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander					

FAMILY INFORMATION

Name: Mother/Guardian			Name: Father/Guardian		
Home Address			Home Address		
City	State	Zip Code	City	State	Zip Code
Home Phone ()			Home Phone ()		
Mobile/Pager ()			Mobile/Pager ()		
Social Security Number			Social Security Number		
Employer			Employer		
Employer Address			Employer Address		
Business Phone ()			Business Phone ()		
Email Address			Email Address		
Hobbies or talents you are willing to share with our students			Hobbies or talents you are willing to share with our students		

OTHER CHILDREN LIVING IN THE HOME

Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____
Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____

EMERGENCY CONTACT INFORMATION

In case of an emergency or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name _____	Relationship _____	Address _____
Home/Cell Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home/Cell Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home/Cell Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home/Cell Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____

I hereby permit the school to release my child to the above name person(s) upon my written or telephoned request.

Parent/Guardian Signature  _____ Date _____

The following person(s) may **NOT** remove my child from the school.

Name _____	Custody Papers on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____			
Name _____			

HOW DID YOU HEAR ABOUT THE SCHOOL

Direct Mail Newspaper Flyer Internet Passing By
 Magazine Word of Mouth Yellow Pages Other (Please Specify) _____



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

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

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?”

Language: _____

Student Name: _____

Date of Birth: _____

Parent/ Guardian Signature: _____ **Date:** _____

.....
(For Office Use Only)

Student ID: _____

SAIS ID:

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**Instructions for Administering the
Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

1. The parent(s) and/or guardian(s) of newly-enrolled students must be asked the question: “**What is the primary language of the student?**”
2. If the response to this question is ANY language other than English, then the student must be assessed with the Arizona English Language Learner Assessment (AZELLA).
3. The “PHLOTE-Home Language Survey” shall be revised as of July 1, 2009.
 - This official Arizona Department of Education (ADE) form is the only verification for language that is to be in every school’s registration packet.
 - There is no need to have this language verification information duplicated on the school enrollment form.
4. A copy of the completed “PHLOTE-Home Language Survey” shall be included in the student’s Cumulative (CUM) file.
5. This official Arizona Department of Education (ADE) form cannot be modified or changed in any way.
6. If the Local Educational Agency (LEA) [district or charter school] has any additional information that must be captured, the LEA may create its own additional form.
 - This LEA-created form (in whole or in part) **may not be used** in the eligibility determination process of assessing a student for English language proficiency.
7. A new “PHLOTE-Home Language Survey” does not have to be completed annually.

As noted on the document front, any language (**other than English**) entered on this form, is the language that should be accurately entered into the “Student Accountability Information System” (SAIS) via an LEA’s *Student Management System*.

Special Education Form

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323

In order to provide continuity in the educational environment, it is important that Imagine Schools be informed of any special educational services received by your child in the past.

Student _____ Date of Birth _____

Last School Attended _____ Grade Entering _____

Was your child ever enrolled in any Special Education Programs?

Yes No If yes, please check all that apply.

Speech Learning Disability (LD) If yes, in what areas? _____

Occupational Therapy Physical Therapy Other (Please Specify) _____

Has your child been tested or evaluated for Special Educational Services?

Yes No

***The Evaluations must be attached to the enrollment packet.**

Does your child currently have an Individualized Education Plan (IEP)?

Yes No Effective Date: _____

*** The current I.E.P. must be attached to the enrollment packet.**

Does your child currently have a 504 Accommodation Plan?

Yes No Effective Date: _____

*** The current 504 Accommodation Plan must be attached to the enrollment packet.**

I hereby certify that the above information is true and correct.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

Request for Student Records

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323

Student	Grade Entering
Address	Date of Birth
City State Zip Code	Home Phone
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Parent/Guardian

Requested From (in order from most recent school attended)

1. Last School Attended	Grade	2. Last School Attended	Grade
Address City State Zip Code		Address City State Zip Code	
Phone Fax		Phone Fax	
3. Last School Attended	Grade	4. Last School Attended	Grade
Address City State Zip Code		Address City State Zip Code	
Phone Fax		Phone Fax	

Information requested consists of:

- Withdrawal Form (SAIS # and school CTDS # should be included if last school attended is in Arizona)
- Official transcript
- Immunization Record
- Birth Certificate
- Withdrawal Grades and Date of Withdrawal
- Testing Data and Results
- Legal Guardianship or Custody Papers
- Current IEP and Psych Evaluation
- EII Testing and Results

The Federal Law 99.31 allows for educational records to be sent to other educational agencies without the parent's signature.

Send Records To:

Imagine Elementary at Avondale

950 N. Eliseo C. Felix Jr. Way

Avondale, AZ 85323

Phone (623) 344-1730 Fax (623) 344-1740

<input type="checkbox"/> First Request	<input type="checkbox"/> Second Request	<input type="checkbox"/> Third Request
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Parent Survey

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323

Please answer the following questions with as much information as possible.

Student _____ Date of Birth _____

Last School Attended _____ Grade Entering _____

How did you learn about Imagine Schools?

Has your child ever repeated a grade or been retained by another district?

Yes No

Has your child ever been suspended from school?

Yes No

From what school _____ Date(s) of Suspension _____

Comments

Has your child ever been expelled from school?

Yes No

From what school _____ Date(s) of Expulsion _____

Comments

How does your child relate to authority/adults?

How does your child get along with other children?

Has your child participated in any extra-curricular activities? If yes, please list below.


Yes No

Please describe any special needs your child might have.

I hereby certify that the above information is true and correct. I understand that misinformation may result in dis-enrollment. Imagine Schools does not accept students who have been expelled from other schools.

Official enrollment begins on the first day of school.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

Standard of Dress

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323

All students are expected to adhere to the following standard of dress guidelines while on campus or while attending an off campus school sponsored activity. All final decisions regarding appropriateness of the uniform, headwear, shoes, hair style, or appearance in general, is left to the discretion of the principal.

You may select from the following choices.

GIRLS

Polo Shirts (long or short sleeve) *Hunter Green or Navy Blue*

Skorts, Skirts, or Shorts (no more than 3 inches above the knee) *Navy or Khaki*

Pants (all pants with belt loops require a belt) *Navy or Khaki*

BOYS

Polo Shirts (long or short sleeve) *Hunter Green or Navy Blue*

Shorts (length not to be below the knee) *Navy or Khaki*

Pants (all pants with belt loops require a belt) *Navy or Khaki*

OUTERWEAR

Sweatshirts *Hunter Green or Navy Blue*

Cardigan Sweaters *Hunter Green or Navy Blue*

Any school appropriate sweatshirt/sweater/jacket may be worn to and from school and during recess.

THE FOLLOWING WILL NOT BE ACCEPTED

Hats or bandanas (The Principal will make exceptions on outdoors sports days or excessive weather)

Shoes with heels over 1 inch or sandals without back support strap

Tattoos or facial piercings

Baggie pants or pants with hems dragging on the ground

Oversized shirts or shirts that are "long hanging"

Unnatural hair color or hair styles

Beepers, cell phones, hand held games, or portable CD/MP3/tape players

Gum

*Imagine Schools at Avondale is not liable for any lost, stolen or damaged items.

I agree to support the Imagine Schools Standard of Dress. I understand that violations of the above dress code as perceived by the administration, may result in disciplinary action.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____

_____ Date

Medical Information Form

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323

Medical History (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies (food or otherwise) | |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> TB | |

Doctor's Name _____ Phone _____

Hospital Preference _____ Phone _____

Is your Child Taking Any Medication? Yes No If yes, name the medication(s) and for what condition(s).

**Medication may not be administered without prescription release form, available in the school office.*

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Is your child presently under treatment for any physical problem? If yes, please explain.

Is your child allergic to any foods or other substances? If yes, name foods or substances to be avoided.
Please explain procedure if reaction occurs.

Is your child subject to convulsions, and what should be our procedure if one occurs?

Is your child usually susceptible to infections and if so, what precautions need to be taken?

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

Additional Comments/Other Special Instructions

The above emergency and medical information is provided by:

Parent/Guardian Signature _____ Date _____

First Aid Release

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323

I hereby give consent for my child to receive the following from the Imagine School's Staff.

Imagine School Staff will administer first aid, only as needed.

Bandages

Ice Packs

Student's Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

Student Media Release

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323

I hereby agree and give my permission for Imagine Schools, Inc. and/or Imagine Elementary at Avondale (the "School") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by Imagine Schools, Inc. and/or the School, including, without limitation, for posting on the Imagine Schools, Inc. and/or School's website and/or for distribution in print or broadcast media. I hereby further agree that Imagine Schools, Inc. is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as Imagine Schools, Inc. and/or the School shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Imagine Schools, Inc. and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for Imagine Schools, Inc. and/or the School, including without limitation Imagine Schools, Inc. and/or the School, in all manner and media, as Imagine Schools, Inc. and/or the School determines in their sole discretion. I also understand that Imagine Schools, Inc. and School shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Imagine Schools, Inc. and the School shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing Imagine Schools, Inc. and the School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Student Name _____

Grade Entering _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____

Date _____

*If you want to decline, please write decline across the form, sign and date. Please note, if declined your child(children)'s picture will not be published in any material, including the yearbook.

Permission To Walk Home

Imagine Elementary at Avondale
950 N. Eliseo C. Felix Jr. Way
Avondale, AZ 85323

The safety of your child(ren) is a high priority for us at Avondale. Because of this, we need to know if your child will be walking to and/or from school. Please complete the permission slip below.

Student Name _____ Today's Date _____

Grade Entering _____ Phone Number _____

Address _____ Alternate Phone Number _____

I give permission for my student to walk to and from school at Imagine Elementary at Avondale (950 N. Eliseo C. Felix Jr. Way)

Yes No

I hereby certify that the above information is true and correct.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

OFFICE USE ONLY

Teacher _____

Room Number _____



Imagine Schools Internet Use Agreement

As the parent or guardian of this student, I understand that Internet access at Imagine Schools is designed to be curriculum driven and for educational purposes only. Precautions have been taken to eliminate access to inappropriate sites and controversial materials, however, I also recognize it is impossible to restrict all controversial materials and I will not hold the school or teacher responsible for materials acquired on the network.

I hereby give permission to allow access to the Internet for my child. I may withdraw my permission at any time and the student's access will be denied immediately. Any Imagine Schools staff member may also cancel your student's access at any time for any reason.

This permission will remain active in the student's school file unless the parent requests withdrawal of access privileges.

Parent(s) or Guardian(s) Name _____

Please Print

Signature(s) _____ Date: ____/____/____

.....

As a teacher, I agree to instruct the student on the acceptable use of the Internet. Use of the Internet in my classroom will be curriculum driven.

Teacher's Name _____

Please Print

Signature _____ Date: ____/____/____

.....

As a student, I agree to abide by the rules set by Imagine Schools for the use of the Internet. I understand that permission to use the Internet may be withdrawn at any time by my parents or any staff member for any reason.

Student's Name _____

Please Print

Signature _____ Date: ____/____/____