



**2017-2018 School Year**  
**Enrollment Packet**

FOR OFFICE USE ONLY
Grade: _____
Student Enter Date: _____
Student Enter Code: _____
SIS Entry Date: _____
Withdrawal Date: _____
Withdrawal Code: _____
Entered by: _____

**Student Name:** \_\_\_\_\_

**Parents have exactly 2 weeks to submit all paperwork after the date the completed enrollment packet is submitted to Empower College Prep. A student is only FULLY enrolled when the parent has completed ALL paperwork and submitted the following documents (see below).**

*Date packet was given* \_\_\_\_\_ *Date packet is due* \_\_\_\_\_

**FOR STAFF- Please check off as these are handed in:**

**FROM PARENTS**

- Complete registration packet with all signatures (check thoroughly)
- Original Birth Certificate
- Original Immunization Records
- Proof of Residency
- Free/Reduced Meal Application
- Copy of Custody Paper (if applicable)
- Copy of Current IEP (if applicable)
- Withdrawal Slip from previous school
- Report card
- Attendance History from previous school
- Academic Records from previous school



## Empower College Prep 2017-2018 Registration Form

Student Information			
First Name	Middle Name	Last Name	SAIS ID #:
Date of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN:
Address:			Grade level for 2017-2018 school year:  3   4   5   6   7
City:	State:	ZIP Code:	
Birth City:	Birth State:		

Student Demographic (must select one)
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian
Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Somali <input type="checkbox"/> Other: _____

Parent/Guardian Contact Information					
<b>Parent/ Guardian (Primary)</b>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
	Name:	Home Phone <input type="checkbox"/> Check if Primary (   )	Cell Phone <input type="checkbox"/> Check if Primary (   )		
	Address:		City	State	Zip Code
	Email:				
<b>Parent/ Guardian (Secondary)</b>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
	Name:	Home Phone <input type="checkbox"/> Check if Primary (   )	Cell Phone <input type="checkbox"/> Check if Primary (   )		
	Address:		City	State	Zip Code
	Email:				

Are you a single parent? YES NO

Who has legal custody? (check all that apply)

- Mother  Father  Step-Mother  Step-Father  Aunt/Uncle  Grandparents  
 Legal Guardian  Other: \_\_\_\_\_

Does the other parent have visitation rights?  Yes  No

(Please note: You are responsible for providing Empower College Prep with the necessary legal custody papers)

Please specify who the student lives with: (check all that apply)

- Mother  Father  Step-Mother  Step-Father  Aunt/Uncle  Grandparents  
 Legal Guardian  Other: \_\_\_\_\_

Did child's mother graduate from high school? Yes No

Did child's mother graduate from college? Yes No

Did child's father graduate from high school? Yes No

Did child's father graduate from college? Yes No

#### Siblings in Home

Sibling Name	School Name & Grade Level	Birthdate	Age

#### Student Primary Method of Transportation

Please tell us the primary method your child will get to and from school each day:

- Car  
 Walking (with someone over the age of 18)  
 Empower College Prep School Bus (must sign permission slip)  
 Other (please describe) \_\_\_\_\_

#### Uniform Size

What size polo does your child wear?

- X- small  
 Small  
 Medium  
 Large  
 X-Large

#### How did you hear about Empower College Prep?

- Family member  Enrollment Event  Teacher  
 Friend  Flyer  Other: \_\_\_\_\_

**Record of Special Education School Programs**

My child **HAS NOT** participated in any special education programs.

My child **HAS** participated in SPECIAL EDUCATION

- |  |  |
|--|--|
| <input type="checkbox"/> Adaptive Physical Education         | <input type="checkbox"/> Occupational Therapy          |
| <input type="checkbox"/> Speech/Language Therapy             | <input type="checkbox"/> Speech Class (Self-contained) |
| <input type="checkbox"/> Resource                            | <input type="checkbox"/> Vision                        |
| <input type="checkbox"/> Physical Therapy                    | <input type="checkbox"/> Hearing                       |
| <input type="checkbox"/> Transportation as "related service" | <input type="checkbox"/> Assistive Technology          |
| <input type="checkbox"/> Special Education Preschool         |  |

**Does your child have an Individualized Education Plan (IEP)?**     Yes     No

*Please note: If yes, you are responsible for providing the school with a current copy of the IEP and MET (Multidisciplinary Evaluation Team) evaluation. Registration will not be considered complete until Empower College Prep receives these documents.*

My child **HAS** participated in the following special programs (will need to provide records/scores from previous placement):

- Gifted Education
- Section 504 (need to provide a current Accommodation Plan)
- English Language Learner for the purpose of acquiring English

Does your child have any medical, learning, physical or other special needs of which we should be aware:

\_\_\_\_\_

\_\_\_\_\_

Is there any additional information that you think we should know about your child:

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Statement**

I hereby acknowledge that I have thoroughly read and understand this 2017-2018 Registration Form in its entirety. I certify that the information above is true and understand that false statements may be grounds for dismissal of my child from Empower College Prep. I understand that by submitting this information I am officially attempting to enroll in Empower College Prep and therefore will be held accountable for all policies that are put in place to confirm enrollment. Although this form serves as my official attempt to enroll, I understand that the completion of this document does not guarantee my enrollment. I must complete all other forms requested, submit all supporting documentation, and meet the deadline for submission. I will inform Empower College Prep administrators of changes to the information listed above.

Child Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact Form

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of birth

Male  Female

### Emergency Contact #1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

### Emergency Contact #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

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## Authorized Contacts

*I/we hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school.*

### Authorized Contact #1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

### Authorized Contact #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

*The following person/s may **NOT** pick my child up:* \_\_\_\_\_

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**I acknowledge that any changes/additions to the Emergency Contacts or Authorized Contacts must be received in writing.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Medical Emergency Permission for Treatment

Please be aware that should a medical emergency occur and your son/daughter needs to be transported for treatment of injuries sustained, a copy of this Medical Emergency Permission for Treatment form will be sent with the transport team. This sheet is to act as the student's medical emergency form for Empower College Prep.

### Student Health Information

My child has the following conditions. Please check all that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD              | <input type="checkbox"/> Cystic Fibrosis        | <input type="checkbox"/> Migraines                |
| <input type="checkbox"/> Anemia                | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Rheumatic Fever          |
| <input type="checkbox"/> Arthritis             | <input type="checkbox"/> Eating Problems        | <input type="checkbox"/> Scoliosis                |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Emotional Problems     | <input type="checkbox"/> Seizures/Epilepsy        |
| <input type="checkbox"/> Behavior Problems     | <input type="checkbox"/> Encephalitis           | <input type="checkbox"/> Skin Conditions          |
| <input type="checkbox"/> Cancer                | <input type="checkbox"/> Eye Problems Headaches | <input type="checkbox"/> Sickle Cell              |
| <input type="checkbox"/> Chicken Pox           | <input type="checkbox"/> Heart Disease          | <input type="checkbox"/> Tics/Twitches            |
| <input type="checkbox"/> Chronic Constipation  | <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Toothaches               |
| <input type="checkbox"/> Chronic Diarrhea      | <input type="checkbox"/> Kidney Disease         | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Chronic Ear Infection | <input type="checkbox"/> Meningitis             | <input type="checkbox"/> Other: _____             |

Explain items checked above:

\_\_\_\_\_

### MEDICATIONS/ CONDITIONS

Please list any medications your child is currently taking:

\_\_\_\_\_

Please list any medical conditions your child currently has:

\_\_\_\_\_

Please list any injuries your child has had:

\_\_\_\_\_

### ALLERGIES

Please list and describe any allergies and/or reactions:

Medication/Drug Allergy: \_\_\_\_\_

Reactions/Symptoms: \_\_\_\_\_

Food Allergy: \_\_\_\_\_

Reactions/Symptoms: \_\_\_\_\_

Plant/Animal Allergy: \_\_\_\_\_

Reactions/Symptoms: \_\_\_\_\_

Recommended treatment if allergy is severe: \_\_\_\_\_

**INJURIES, ILLNESSES & HOSPITALIZATIONS/SURGERIES**

Age	Illness	Injuries	Hospitalization?	If hospitalized, please explain.

**PHYSICAL HANDICAPS**

Does your child have any physical handicaps?    Yes    No

If yes, please explain: \_\_\_\_\_

**SPEECH AND HEARING**

Has your child ever received speech therapy?    Yes    No

If yes, when? \_\_\_\_\_

Has your family ever noticed a reduction of hearing?    Yes    No

If yes, when? \_\_\_\_\_

Has your child had treatment for an ear condition?    Yes    No

If yes, when? \_\_\_\_\_

Has your child ever worn a hearing aid?    Yes    No

If yes, when? \_\_\_\_\_

Has your child ever had P.E. tubes?    Yes    No

If yes, when? \_\_\_\_\_

**EYES/VISION**

Does your child wear glasses or contacts?    Yes    No

Has your child had eye surgery?    Yes    No

If yes, when and why? \_\_\_\_\_

I hereby give permission for this information to be shared with school personnel as needed for the benefit of my child's health or educational needs.

Child Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENT CONSENT FOR GIVING OVER-THE-COUNTER MEDICATION AT SCHOOL

Dear Parent,

Occasionally your child may unexpectedly need medication during a school day. For these occasions we must have written parental permission. Each school maintains a limited supply of over-the-counter medications for student use, however, parents are requested to supply over-the-counter medications for their child if the medication needs to be used for an extended time or for a chronic condition. The medication must be in the original container with all warnings and directions clearly visible. The school operations associate will attempt alternate methods of care or treatment before using over-the-counter medications.

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

My child may receive the medication (checked below):

MEDICATION	YES	NO
Acetaminophen (Tylenol) (generic may be used) <i>Dosage (per day):</i> <input type="checkbox"/> 200mg <input type="checkbox"/> 400mg <input type="checkbox"/> 500mg	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen (Advil) (generic may be used) <i>Dosage (per day):</i> <input type="checkbox"/> 200mg <input type="checkbox"/> 400mg <input type="checkbox"/> 500mg	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Antibiotic Ointment(generic may be used)	<input type="checkbox"/>	<input type="checkbox"/>
Orajel (Toothache) (generic may be used)	<input type="checkbox"/>	<input type="checkbox"/>
Tums (Upset Stomach) (generic may be used) <i>Dosage: 2 tablets as symptoms occur</i>	<input type="checkbox"/>	<input type="checkbox"/>
Pepto-Bismol (generic may be used) <i>Dosage: <input type="checkbox"/>15ML or 1 Tbsp every ½ to 1 hour as needed</i> <i><input type="checkbox"/>30ML or 2 Tbsp every ½ to 1 hour as needed</i>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocortisone Cream (Skin Itching) (generic may be used)	<input type="checkbox"/>	<input type="checkbox"/>
Eye Drops (generic may be used)	<input type="checkbox"/>	<input type="checkbox"/>

Please list all known medication allergies for the student. If none, please write, "No known medication allergies" and initial after it.

\_\_\_\_\_

**I authorize the operations associate or designee to be my agent to give the medication(s) checked above to my child.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

## Empower College Prep Internet Use Form

**Acceptable Use:** The Internet is a global network linking computers around the world. Internet use provides valuable opportunities for research, curriculum support, and career development. Empower College Prep offers Internet access to students and staff. The primary purpose of providing access to the Internet is to support the educational mission of the school. The school expects that students and staff will use this access in a manner consistent with this purpose.

While the Internet is a tremendous resource for electronic information, it has the potential for abuse. The school makes no guarantees, implied or otherwise, regarding the factual reliability of data available over the Internet. Users of the school's Internet service assume full responsibility for any costs, liabilities, or damages arising from the way they choose to use their access to the Internet. Technology resources covered by this policy include commercial, governmental, and private telecommunications-accessible networks (such as the Internet), local networks, databases, and any computer-accessible source of communication or information, whether from or to file servers, hard drives, tapes, compact disks, floppy disks, or other electronic storage or retrieval means.

**Unacceptable Use:** The following is a list of prohibited behaviors. The list is not exhaustive but illustrates unacceptable uses of the school's Internet service:

- Disclosing, using or disseminating personal identification information about self or others;
- Accessing, sending or forwarding materials or communications that are defamatory, pornographic, obscene, sexually explicit, threatening, harassing, or illegal;
- Using the Internet service for any illegal activities such as gaining unauthorized access to other systems, arranging for the sale or purchase of drugs or alcohol, participating in criminal gang activity, threatening others, transferring obscene material, or attempting to do any of the above;
- Using the Internet service to receive or send information relating to dangerous instruments such as bombs or other explosive devices, automatic weapons or other firearms, or other weaponry;
- Vandalizing school computers by causing physical damage, reconfiguring the computer system, attempting to disrupt the computer system, or destroying data by spreading computer viruses or by any other means;
- Copying or downloading of copyrighted material without authorization from the copyright holder, unless the copies are used for teaching (including multiple copies for classroom use), scholarship, or research. Users shall not copy and forward or copy and upload any copyrighted material without prior approval of the Executive Director;
- Plagiarizing material obtained from the Internet. Any material obtained from the Internet and included in one's own work must be cited and credited by name or by electronic address or path on the Internet. Information obtained through E-mail or news sources must also be credited as to sources;
- Using the Internet service for commercial purposes;
- Downloading or installing any commercial software, shareware, freeware or similar types of material onto network drives or disks without prior permission of the Computer Teacher; and
- Overriding the Internet filtering software.

**Safety Issues:** Use of the Internet has potential dangers. The following are basic safety rules pertaining to all types of Internet applications.

- Never reveal any identifying information such as last names, ages, addresses, phone numbers, parents' names, parents' employers or work addresses, or photographs.
- Use the "back" key whenever you encounter a site that you believe is inappropriate or makes you feel uncomfortable.
- Immediately tell a teacher if you receive a message that you believe is inappropriate or makes you feel uncomfortable.
- Never share your password or use another person's password. Internet passwords are provided for each user's personal use only. If you suspect that someone has discovered your password, you should change it immediately and notify a teacher.

**Privacy:** Users should not have an expectation of privacy or confidentiality in the content of electronic communications or other computer files sent and received on the school computer network or stored in the user's directory or on a disk drive. The school reserves the right to examine all data stored on any medium involved in the user's use of the school's Internet service. Internet messages are public communication and are not private. All communications including text and images may be disclosed to law enforcement or other third parties without prior consent of the sender or the receiver. Network administrators may review communications to maintain integrity system-wide and ensure that users are using the system responsibly.

**Violations:** Access to the school's Internet service is a privilege not a right. The school reserves the right to deny, revoke, or suspend specific user privileges and/or to take other disciplinary action, up to and including suspension, expulsion (students), or dismissal (staff) for violations of this policy. The school will advise appropriate law enforcement agencies of illegal activities conducted through the school's Internet service. The school also will cooperate fully with local, state, and/or federal officials in any investigation related to any illegal activities conducted through the service.

I understand that Internet access is designed for educational purposes only. In addition, I have discussed appropriate and inappropriate use of the computer network with my son/daughter. I understand that there are text and graphic files available on the Internet which are inappropriate for minors and that the network administrators cannot monitor all use. While the schools will monitor students' usage of the network, the school will not be held responsible for materials which my son/daughter might access.

Child Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Bus Rider Information and Application

Student behavior on the bus plays a major role in determining just how safe the bus ride will be. Students who violate any of the bus behavioral codes may lose their bus privileges.

### Safety and Behavior Code for Bus Riders

1. Be on time at bus stop and avoid running to catch the bus. The bus cannot wait for those who are not on time. While waiting for bus, stay clear of road.
2. Wait for the bus to come to a complete stop before trying to board. Always cross at least ten feet in front of the bus.
3. Any damage to the bus caused by a student must be paid for before the student can ride the bus again.
4. Students must keep personal item out of the aisle at all times.
5. Students will be given a choice to either sleep or do homework while they ride, but must remain completely silent unless an emergency occurs.
6. Students must remain completely seated at all times. At no point, may a child throw anything, eat or get out of their seat.
7. Drivers have the authority, to enforce all rules for the safety and welfare of all bus riders.
8. Students and parents have the responsibility to inform the bus driver about any problems that occur on the bus.
9. Riding the bus is a privilege, not a right; therefore, students should be aware that privileges may be lost if they are abused.
10. Students who ride the bus must ride the bus *every day*; no exceptions.

**I have read and understand the regulations and responsibilities of students riding Empower College Prep buses and agree to assume full responsibility for my child's conduct on buses.**

The nearest cross streets for my house are: \_\_\_\_\_ AND \_\_\_\_\_.

I understand that bus stops will not be directly in front of my house, but will be at cross streets near it.

Child Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## EMPOWER FAMILIES PTO RELEASE FORM

The Empower Families PTO has permission to include my child's information in the Empower Families' student directory. The following information will be included: student name, grade, parent name, and phone number.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT PHOTO RELEASE FORM

Empower College Prep occasionally publishes pictures and videos of students involved in school activities. Publications may include class newsletters, school newsletters, brochures, flyers, newspaper ads, television appearances, the Empower College Prep website, Empower College Prep Facebook page, Twitter account, fundraising documents, etc.

Please note:

Any picture or video of a student posted to the website or Facebook page, whether individual, group or team will not include personal information (i.e. name, grade, etc.). Some of these pictures or videos may be action or candid shots taken during participation in an event. Other pictures or videos may be staged for specific purposes. Group shots such as class or team pictures may be posted to the website and may be identified by team or class name, but no individual names will be included.

- YES, I hereby consent to authorize Empower College Prep to use and produce photos or videos taken of this student for Empower College Prep publications without compensation to me. ALL COPIES will be Empower College Prep's property solely and completely.
- NO, I withhold permission for Empower College Prep to use my student's pictures or videos for any publications as noted above.

Student Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PHYSICAL ACTIVITY CONSENT

Your son or daughter (the "Participant") may participate in Physical Activities associated with Empower College Prep. Physical activities require each Participant's parent/guardian to sign this Acknowledgement and Assumption of Risk and Release. Physical Activities may include, but are not limited to: using the Empower College Prep playground equipment, participating in all recess activities, and participating in any field sports that Empower College Prep may bring to the campus. By signing this document you:

1. Acknowledge that injury may result from the Participant's participation in the physical activity;
2. Represent to Empower College Prep and their affiliates, that the Participant has no injury, illness, or other medical condition that would prevent him/her from participating in the physical activity, or that would make it dangerous, harmful, or inadvisable for him/her to do so;
3. Assume the risk of and release of, and hold Empower College Prep harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during, or as a consequence of participating in, physical activity; and
4. Agree that neither Empower College Prep nor the facility at which any game, practice, or other physical activity is held, nor any other person involved in organizing or conducting the physical activity (including coaches, referees, and Empower College Prep) shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors, and assigns.

Child Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



State of Arizona

Office of English Language Acquisition Services

**Parent Request for Student Withdrawal from an English Language Learner Program**

Student Name \_\_\_\_\_ SAIS ID \_\_\_\_\_  
Last Name First Name M.I.

Student ID \_\_\_\_\_ Current School \_\_\_\_\_ Grade \_\_\_\_\_

As the parent or legal guardian of the above named student, I am exercising my right to request that my student be removed from his/her designated English Language Learner program (Structured English Immersion or Bilingual Education). I have discussed any alternative educational options with my student's teacher and/or principal and I am requesting that the student be placed in a mainstream, non-English Language Learner classroom. It is my belief that this course of instruction is better suited for my student's needs and therefore, I consent to a mainstream classroom placement. While I have withdrawn my child from English language services, I understand that his/her progress in English language acquisition will continue to be monitored and assessed with the language assessment (AZELLA) until he/she scores proficient.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Current *Arizona English Language Learner Assessment* Proficiency Levels:

Reading \_\_\_\_\_ Writing \_\_\_\_\_ Total Combined \_\_\_\_\_

By signing, I acknowledge that I have discussed the alternative educational options with the parent/legal guardian and I agree to place the student according to the parent/legal guardian's wishes.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

As provided by the No Child Left Behind Act [P.L. 107-110, Title III, Sec. 3302, (8) (A) (i and ii)].

(Revised: May 2013)



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 \_\_\_\_\_

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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.



# EMPOWER

## McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. The answers to this residency information will help determine eligibility for McKinney-Vento services. Please see the back of this form for a description of the McKinney-Vento Act.

Student Information			
Student First Name:	Middle Name:	Last	Social Security #:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	SAIS ID:	
<p>A. Is your current address a temporary living arrangement?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>B. Is your temporary address due to loss of housing or economic hardship?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If you answered "YES" to the above questions, please complete the remainder of this form. If you answered "NO" to both of these questions you may stop here.</p>			
<p><i>Responses to the rest of this page are voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to both questions above, please fill out the remainder of this form so that we may contact you to verify whether or not you qualify for McKinney-Vento services.</i></p>			
<p>C. Where is the student presently living? (<i>Check one box.</i>)</p> <p><input type="checkbox"/> Sheltered (includes group homes, domestic violence shelters, homeless shelters)</p> <p><input type="checkbox"/> Doubled up with more than one family (must be <i>temporary</i>, due to loss of home)</p> <p><input type="checkbox"/> In a place not considered traditional "housing" (campground, car, public place, etc.)</p> <p><input type="checkbox"/> Hotel/motel</p> <p><input type="checkbox"/> Other _____</p>			
<p>D. Are you a high school student who is currently living on your own?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>Unaccompanied youth also qualify for services under this law.</i></p>			
Name of Parent(s)/Legal Guardian(s): _____			
Present Address: _____		Phone: _____	
Signature: _____		Date: _____	
FOR OFFICE USE ONLY			
I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.			
Director of Students and Operations Signature:		Date: _____	
_____		_____	

## McKinney-Vento Regulations

If your living arrangement is both temporary and the result of economic hardship, you may qualify for services under the McKinney-Vento Act. The purpose of this law is to provide academic stability for students of families in transition.

You may want to talk with the **Director of Students and Operations** if your family's temporary living arrangement is one of the following:

- You are temporarily living with friends or relatives, or moving from place to place, because you cannot currently afford your own housing.
- You are living in a shelter.
- You are living in a motel or hotel.
- You are living in a place not considered traditional “housing”, like a car or a campground.

A student may also qualify as an “unaccompanied youth” if he or she is living with someone who is not a parent or guardian, or if he or she is moving from place to place without a parent or guardian.

Children who qualify under McKinney-Vento have the right to:

- Attend the school they were attending when their family was forced to move to a temporary address because of economic hardship, even if that school is in another school district. The choice must be a reasonable one that is in the best interest of the children involved. Check with the **Director of Students and Operations** if you are not sure.
- Attend the school closest to where they are being sheltered.
- Stay in this school for the duration of the school year if their family is forced to move to another temporary address because of economic hardship.
- Receive assistance with transportation to attend school while they are being temporarily housed.
- Start school immediately while school staff assists in obtaining school, immunization records, or other documents necessary for enrollment.
- Enroll in school without having a permanent address.
- Participate in the same programs and services that other students participate in.
- Receive Title 1 services, including free breakfast and lunch.

*If you have questions, please contact the school's office at 602-283-5720.*





**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_\_\_ Bank or credit card statement
- \_\_\_\_\_ W-2 wage statement
- \_\_\_\_\_ Payroll stub
- \_\_\_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

\_\_\_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.



**State of Arizona  
Affidavit of Shared Residence**

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

\_\_\_\_\_  
\_\_\_\_\_

Location of my residence:

\_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**Acknowledgement**

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_



**EMPOWER**  
COLLEGE PREP

**AUTHORIZATION FOR RELEASE OF AND REQUEST FOR STUDENT RECORDS**

**Attn: Records Clerk**

<b>Student Name:</b> _____	<b>Previous school name:</b> _____
<b>Date of birth:</b> _____	<b>Address:</b> _____
<b>Last grade attended:</b> _____	<b>Number:</b> _____
<b>Parent/Guardian signature:</b> _____	<b>Fax:</b> _____

Please send the records requested to Empower College Prep by: \_\_\_\_\_

**Records Requested:**

- ✓ All Transcripts and Withdrawal Form
- ✓ Health and Immunization Records
- ✓ Attendance and Discipline Records
- ✓ Report Card and Test Scores
- ✓ Special Education Records (Evaluations, Speech and IEP)
- ✓ Proof of Birth and Residency
- ✓ AZELLA Scores
- ✓ Section 504 Records
- ✓ All Other Records

**Empower College Prep Contact Information**

**Fax:** 602-535-5409

**Phone:** 602-283-5720, ext. 1005

**Email:** [carmen.garcia@empowercollegeprep.org](mailto:carmen.garcia@empowercollegeprep.org)

**Address:** Empower College Prep-High School  
2411 W. Colter St.  
Phoenix, AZ 85015

**FOR EMPOWER COLLEGE PREP  
OFFICE USE ONLY**

- Request 1
- Request 2
- Request 3
- Referred to ADE