



Student Registration Checklist

In Order for your child to be registered for school, you must submit the following:

- ❖ All Registration packet forms completely filled out, signed and dated by parent or legal guardian and returned to the school office.
- ❖ Arizona Residency Documentation - a copy of an acceptable document proving residency.
 - See Arizona Residency Documentation Form for list of acceptable documents.
- ❖ Copy of student's **CERTIFIED** birth certificate or other reliable proof of student's age and identity.
 - The most common proof of identity is a certified copy of a birth certificate, which is a photocopy that has been signed and attested to by a public official as a reproduction of the original document. We also accept the child's baptismal certificate, an application for a social security number or original school registration records when accompanied by an affidavit explaining the inability to provide a certified copy of the birth certificate. *We will also accept a letter from an authorized representative of an agency having custody of the pupil pursuant to title 8 chapter 2 certifying that the pupil has been placed in custody of the agency as prescribed by law.

The following must be submitted after your student withdraws from their prior school, and before student will be able to attend class at LFPA:

- ❖ Withdrawal form from prior school.
- ❖ Immunizations (Please submit **one** of the following options prior to attendance.)
 - A copy of student's immunization record
 - A signed immunization exemption form
 - A written certification signed by the parent or guardian **and** by a physician or registered nurse practitioner that states that one or more of the required immunizations may be detrimental to the student's health and indicates the specific nature and probable duration of the medical condition or circumstance that precludes immunization.
 - A signed statement from the parent or guardian of the student stating that the parent or guardian has received information about immunizations provided by the department of health services and understands the risks and benefits of immunization and the potential risks of non-immunization and that due to personal beliefs, the parent or guardian does not consent to the immunization of the student.
 - Homeless students have until the 5th calendar day after enrollment to provide immunizations.

KINDERGARTEN & 1st GRADE

Kindergarten students must be 5 years old before September 1, 2021 to enroll.
First Grade students must be 6 years old before September 1, 2021 to enroll.





K-12th grade - Arizona School Immunization Requirements:

Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at: <http://azdhs.gov/shots4schoolaz>.

Homeless students are allowed a 5 day grace period to submit proof of immunization records. The immunization record for each vaccine dose must include the complete date and the doctor or clinic name.

The statutes and rules governing school immunization requirements are:
Arizona Revised Statutes §15-871-874; and Arizona Administrative Code R9-6-701-708

- **DTaP, DTP, DT, Tdap or Td**
 - Under age 7 (Kindergarten and above)
 - 4-6* doses
 - At least 1 dose at 4 years of age or older is required.
 - *A 6th dose is required if 5 doses have been given before 4 years of age.
 - 7 –10 years (Kindergarten-5th grade)
 - 3 DTaP DTP, DT, Tdap or Td doses are required if all doses were given after 12 months of age with at least one dose containing tetanus-diphtheria.
 - **Or** 4 DTaP DTP, DT Tdap or Td doses are required if any doses were received before 12 months of age with at least one dose containing tetanus-diphtheria.
 - (Tdap is not required for 11 year olds until they enter 6th grade.)
 - 11 years and older (6th through 12th grade)
 - 1 Tdap dose is required for students 11 years and older.
 - Students who completed the primary series of tetanus/diphtheria doses must receive a Tdap when 5 years have passed since the student's last tetanus/diphtheria dose.
 - Students who did not complete the primary series of tetanus/diphtheria doses before age 11 are required to receive a total of 3 doses, including 1 Tdap and 2 Td doses.
 - Tdap doses given prior to age 11 meet the requirement. A Td booster is required 10 years after the Tdap dose.
- **Polio** (3-4 doses, not required for students 18+ years of age.)
 - 4 doses meet the requirement.
 - 3 doses meet requirements if dose #3 was given at 4+ years of age and at least 6 months after second dose, otherwise 4 doses are required.
- **MMR**
 - 2 doses
 - A 3rd dose will be required if dose #1 was given more than 4 days before the 1st birthday.
- **Hepatitis B**
 - 3 doses
 - A 4th dose will be required if the third dose was given before 24 weeks of age.
- **Varicella** (Chickenpox)
 - 1 dose is required if the 1st dose was given before 13 years of age.
 - 2 doses are required if the 1st dose was given at 13 years of age or later.
*Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chickenpox disease are allowed to continue attendance with parental recall of disease. Students enrolling for the first time after 09/01/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs. Parental recall of disease will not be accepted.
- **Meningococcal Vaccine** (MenACWY)
 - 1 dose (A dose administered at 10 years of age will meet the requirement)

If you have specific questions regarding immunizations please consult your family physician.



STUDENT REGISTRATION FORM – Page 1

****FORM MUST BE ENTIRELY FILLED OUT, SIGNED AND DATED TO BE VALID****

STUDENT INFORMATION	Students Legal Name (Must match birth certificate) <small>First:</small> _____ <small>Middle:</small> _____ <small>Last:</small> _____
	Nickname or prefers to go by: _____ <small>Grade (21-22):</small> _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	What is the primary language used in the home regardless of the language spoken by the student?
	What is the language most often spoken by the student?
	What is the language that the student first acquired?
	Preferred language for messages and mailings sent home?
	Birthdate: ____/____/____ Birthplace: (City, State & Country)
	Ethnicity: (Check One) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
	Race: (Check One or More) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian
	Physical Address:
	City: _____ State: _____ Zip Code: _____
	Mailing Address (Only if different from physical address):
	City: _____ State: _____ Zip Code: _____
Student Primarily Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Split between Mother/Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	
Student will enroll as: <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Also Attending: _____	
Previous School: _____ City/State/Country: _____	
Type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Alternative <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Other: _____ Date Withdrawn: ____/____/____	
Has this student ever attended a Learning Foundation School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, grade(s), and year(s): _____ If yes, which campus? _____	
Has this student ever been expelled or is in the process of being expelled from any educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency	If my child is being sent home or must leave school and I am unavailable , I authorize the following persons to take temporary custody of and responsibility for my child. For any non-emergency circumstance, including appointments during the school day, I understand it is my responsibility to notify the school in advance when my child will leave school and to indicate who will pick my child up and take responsibility.
	Primary Emergency Contact Name: _____ Relationship to Student: _____
	Phone: _____ Extension: _____
	Alternate Phone: _____ Extension: _____

Sibling Information	Please list ALL brothers and sisters of school age and younger (oldest first):			
	NAME (First and Last)	AGE	SCHOOL (If Attending)	GRADE

SPED	SPECIAL CLASSES & ACCOMMODATIONS
	Did student receive Special Education Services at his/her previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Was student evaluated for Special Education Services and waiting for determination at his/her previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have an: <input type="checkbox"/> IEP <input type="checkbox"/> 504 if yes, please provide a copy.	

Legal Documents	*NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION	
	Please mark any items that apply to this student, and provide copies of related court documents.	
	<input type="checkbox"/> Custody/parenting time agreement <input type="checkbox"/> Letter of guardianship for court-appointed guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Student is not living with his/her biological parents	<input type="checkbox"/> Student has an injunction against harassment <input type="checkbox"/> Student has an order of protection <input type="checkbox"/> Student is covered by a court order regarding school <input type="checkbox"/> Other: _____

OFFICE USE ONLY	
STUDENT ID#: _____ AzEDS#: _____	Address: <input type="checkbox"/> Same <input type="checkbox"/> Change
<input type="checkbox"/> Birth Cert <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Immunizations <input type="checkbox"/> Legal Documents <input type="checkbox"/> 45 Day <input type="checkbox"/> IEP/504 <input type="checkbox"/> W/D Slip	
RECORDS REQ DATE: ____/____/____	RCVD DATE: ____/____/____
ENTER GRADE: _____	ENTER DATE: ____/____/____ RE-ENTER DATE: ____/____/____
ENTER CODE: E1 E2 E3 E4 E5 E6 _____	RE-ENTER CODE: R1 R2 R3 R4 R5 R6 _____
WITHDRAWAL DATE: ____/____/____	CODE: W1 W2 W3 W4 W5 W7 W9 W11 W21 _____



STUDENT REGISTRATION FORM – Page 2 ****FORM MUST BE ENTIRELY FILLED OUT, SIGNED AND DATED TO BE VALID****

FAMILY CONTACT INFORMATION (Must list at least 1 contact)	Contact this Person: <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH
	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____
	Name (First, MI, Last): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Primary :(____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home Secondary Phone :(____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
	Address: <input type="checkbox"/> Same As Student or Other: _____
	Email Address: _____ <input type="checkbox"/> please use this email for communication <small>(may select up to 2 email preferences)</small>
	Check ALL that Apply: <input type="checkbox"/> Student Lives with <input type="checkbox"/> Student Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed
	Check ALL that Apply: <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release Student to <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Deceased
	Contact this Person: <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH
	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____
	Name (First, MI, Last): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Primary :(____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home Secondary Phone :(____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Address: <input type="checkbox"/> Same As Student or Other: _____	
Email Address: _____ <input type="checkbox"/> please use this email for communication <small>(may select up to 2 email preferences)</small>	
Check ALL that Apply: <input type="checkbox"/> Student Lives with <input type="checkbox"/> Student Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed	
Check ALL that Apply: <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release Student to <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Deceased	
Contact this Person: <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____	
Name (First, MI, Last): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary :(____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home Secondary Phone :(____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Address: <input type="checkbox"/> Same As Student or Other: _____	
Email Address: _____ <input type="checkbox"/> please use this email for communication <small>(may select up to 2 email preferences)</small>	
Check ALL that Apply: <input type="checkbox"/> Student Lives with <input type="checkbox"/> Student Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed	
Check ALL that Apply: <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release Student to <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Deceased	
Contact this Person: <input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____	
Name (First, MI, Last): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary :(____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home Secondary Phone :(____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Address: <input type="checkbox"/> Same As Student or Other: _____	
Email Address: _____ <input type="checkbox"/> please use this email for communication <small>(may select up to 2 email preferences)</small>	
Check ALL that Apply: <input type="checkbox"/> Student Lives with <input type="checkbox"/> Student Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed	
Check ALL that Apply: <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release Student to <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Deceased	

***In order for your child to be registered for school, you must attach the following EVERY year:**

- Completely filled out, signed and dated Enrollment Packet
- Proof of Residency - One document listed on the Proof of Residency form showing name, address and must be dated within last 30 days
- Copy of student's **STATE CERTIFIED** birth certificate or baptismal certificate (unless we already have on file)
- Copy of **REQUIRED updated** immunizations (or signed exemption form)

Military Questionnaire: Is the student a dependent of a member of:

- Active Duty Forces of Army, Navy, Air Force, Marine Corps, or Coast Guard
- The National Guard (Army, Air Guard or State Guard) or Reserve Forces of Army, Navy, Air Force, Marine Corps, or Coast Guard
- Unknown or Decline to Answer
- Not Military Connected

****By signing below, you agree that you have attached the required documents and filled out this form entirely.**

Signature of Enrolling Parent: _____ Date: _____



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



**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
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ 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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



Student Residency Questionnaire

Name of School: _____ Learning Foundation and Performing Arts – Alta Mesa _____

Name of Student (print): _____

Phone: _____ Birth Date: _____ Grade: _____ Male ___ Female ___

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to the questions on this form will help determine if your student is eligible to receive McKinney-Vento services. Eligibility must be re-evaluated every year.

Housing Status: Is this student living in a housing situation that is...

Fixed- one that is stationary, permanent and not subject to change. Yes () No ()

Regular- one that is used on a regular nightly basis. Yes () No ()

If you answered **No** to any of the above questions, please complete the boxes below, sign and date the bottom line of this form and return the form to the school office.

If you answered **Yes** to any of the above questions, please sign and date the bottom line of this form and return the form to the school office.

Temporary Housing: Is this student living in any of the following situations?

() Motel

() Shelter or transitional housing

() Doubled up with another family due to lack of alternatives

() In a place not designed for ordinary night time residence such as a car, park, campsite

() In a form of foster care that is not currently considered fixed, regular or adequate

Unaccompanied Youth:

Are you a student living outside the care of a parent or legal guardian Yes () No ()

Please provide the name and contact information of the person that is maintaining your care.

Name _____ Phone _____ Friend ___ Relative ___

School Personnel: If box 2 or 3 has been filled out please fax this form to the homeless liaison at (480) 807-1100

Liaison: I certify that this student () is () is not qualified for McKinney-Vento services

Date _____ Liaison Signature _____

Parent/Guardian Signature _____ **Date** _____



EMERGENCY MEDICAL REFERRAL FORM

Student's Name (First, MI & Last):		Student's Date of Birth:		Student's Grade:	
Student's Physical Address:			City, State, & Zip:		
Mother's or Legal Guardian's Name (First, MI & Last):		Primary Phone:		Secondary Phone:	
Mother's or Legal Guardian's Address: <input type="checkbox"/> Same As Student or Other:					
Mother's Employer:				Work Phone:	
Mother's Employer Address or Cross Streets:					
Father's or Legal Guardian's Name (First, MI & Last):		Primary Phone:		Secondary Phone:	
Father's or Legal Guardian's Address: <input type="checkbox"/> Same As Student or Other:					
Father's Employer:				Work Phone:	
Father's Employer Address or Cross Streets:					

IN CASE OF EMERGENCY (Name of persons who could assume temporary responsibility of student if parent can't be contacted)

Local Friend or Relative's Name (First, Last & MI):		Primary Phone:		Secondary Phone:	
Local Friend or Relative's Name (First, Last & MI):		Primary Phone:		Secondary Phone:	
Local Doctor Name:			Primary Daytime Phone:		
Food Allergies:			Medication Allergies:		
Is your child on daily medication Yes or No (Circle One) Specify:					
Recent surgery, accident or illness (past year):					
Health problems or limitations:					

I, the undersigned parent/guardian, hereby give my consent for the above named child to be released to the friend or relative I have designated and/or to be taken to the nearest hospital in case of emergency.

Parent/Guardian Signature _____ Date _____

**TREATMENT IN THE EMERGENCY ROOM WILL REQUIRE PRESENCE OF LEGAL PARENT/GUARDIAN*

MEDICAL HISTORY and DATES - Give further information if needed on back of form.

Measles	Chicken Pox	Phys. Handicap	PE Restrictions	Physical Impairments
Mumps	Convulsive Disorder	Heart Cond	Allergy	Special Conditions
Hearing Loss	Recent Ear Infection	Glasses	Asthma	Other
Diabetes	TB or contact with	Operation (s)	Scoliosis	Other

Please list **ALL SIBLINGS** attending Learning Foundation and Performing Arts School, starting from the oldest.

Name	Age	Grade	Name	Age	Grade

More siblings may be listed on back of this form.

LEARNING FOUNDATION HEALTH SERVICES PARENT'S CONSENT FOR GIVING MEDICATION AT SCHOOL

I hereby request and give my consent for the school nurse, health assistant, site director or person designated by the administrator to see that my child receives the prescription or over the counter medication as instructed below. I understand that the medication is to be furnished by me in the original container and is to be labeled with and given in the following manner. (Ask your pharmacist to provide a prescription labeled container for school.)

Name and reason for the medication:	
Name of physician (must be on label):	Phone:
Pharmacy and prescription number:	
Directions for administration (by mouth, etc.):	
The amount and time of day to be given:	
For the period from (date):	to (date):

I hereby give my consent to administer the following over the counter medication to my child when needed:

Ibuprofen (Advil) <input type="checkbox"/> YES <input type="checkbox"/> NO	First Aide Ointment <input type="checkbox"/> YES <input type="checkbox"/> NO	Saline Eye Drops <input type="checkbox"/> YES <input type="checkbox"/> NO
Acetaminophen (Tylenol) <input type="checkbox"/> YES <input type="checkbox"/> NO	Throat lozenges/Spray <input type="checkbox"/> YES <input type="checkbox"/> NO	Benadryl <input type="checkbox"/> YES <input type="checkbox"/> NO
Antacid (Tums) <input type="checkbox"/> YES <input type="checkbox"/> NO	Antiseptic Spray <input type="checkbox"/> YES <input type="checkbox"/> NO	

Parent/Guardian Signature _____ Date _____



Student's Name (please print) _____ Grade _____

Food Allergy Policy

**Copies of the Food Allergy Policy are available in the front office, on our website and in your child's Student Handbook, which are given out at the beginning of the school year.*

ACKNOWLEDGEMENT:

I am fully aware of the extent to which the school is committed to student safety and fully aware that the school cannot guarantee that my child will never experience an allergy-related event at school or on a school sponsored trip or event.

WAIVER:

Complete and sign this area only if you are giving permission for your child to eat food provided by the contracted catering service that provides student lunches for LFPA schools.

I give permission for my child to eat lunches provided by the schools contracted food service company despite known food allergies. I accept total responsibility for any health and medical problems that may occur from my child eating school lunches at LFPA.

Parent's Name (please print) _____

Parent's Signature _____ Date _____

Please list student's allergies below:

Allergy	Life Threatening	Epi-pen on campus

Fieldtrip Transportation Release

I give permission for my child to ride with a parent or school staff member to attend all field trips. All drivers will be required to provide proof of current driver's license and vehicle insurance. **A specific field trip permission form will be sent home before each individual field trip.*

- No, I will supply transportation for my child to attend all field trips.
- Yes, my child may attend field trips for which the school provides a bus to transport students but may not ride with other parents or school staff.
- Yes, my child may attend field trips and be transported by a parent, school staff or bus provided by the school.

Photo & Video Release

- Yes**, I Hereby grant permission for my child to be photographed, audio taped or videotaped for any school related activity, article, brochure, video production, website, social media or any other school performance or publication.
- No**, I do not want my child to be in performances that are taped or photographed or to be used in any school related activity, article, brochure, video production, website, social media or any other school performance or publication.

If there is a custody or personal reason your child's privacy should need to be protected, you must provide the information in writing along with a copy of any court ordered documents or restraining order for the school to legally provide protection for your child.

Parent Signature _____ **Date** _____



Student's Special Education Information

Has your child ever been evaluated for special educational services? Yes No

Did your child's prior school provide any special education services in which he/she has a current IEP, 504 plan, or received Speech, LD, Occupational or Physical Therapy from their previous school? Yes No

If No, please sign at the bottom and return. If Yes, Please complete information below, sign and return.

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

1. What is the category of the Individualized Education Plan (IEP)?

- SLD OHI SLI ED Autism Vision Hearing MIID MOID SID OT
 Other: _____

2. What does the Individualized Education Plan specify?

- Reading Writing Math Speech Behavior Physical Therapy Occupational Therapy
 Other _____

3. Does your child have a current **MET** report? Yes No

4. Does your child currently have a **504** Accommodation Plan? Yes No

5. What is the medical or other condition that constitutes the 504 plan? _____

Name of school where student records are currently located _____

Address: _____ Phone: _____

(Please check one)

I give permission for **ALL SPECIAL EDUCATION DOCUMENTS** regarding my student to be released to Learning Foundation and Performing Arts School.

Determination of Special Education Services is pending from previous school, however, I give permission for **ALL DOCUMENTS** regarding my student to be released to Learning Foundation and Performing Arts School.

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

Student Name _____ **Date of Birth** ____/____/____

Parent/Guardian Signature _____ **Date** _____



Programs and Policies Acknowledgement Form

STUDENT NAME: (print)	DATE:	
PARENT NAME: (print)		

The following policies/guidelines will be provided to you and your child. Please initial to acknowledge your understanding of this information. Student and Parent acknowledgement is required.

	Student Initials	Parent Initials
1. Student Handbook Acknowledgement		
The LFAPA Student/Parent Handbook will be provided to my child at the beginning of the school year to take home for my reference. I will read the handbook, sign and return the signature page to my child's teacher. I understand that my child is expected to follow all school policies outlined in the handbook.		
2. Student Computer Use Policy Acknowledgement (Parent)		
As a parent or guardian of this student, I will read the policy provided to my child at the beginning of the school year in the Student/Parent Handbook. I will read the policy, sign and return the signature page to my child's teacher. I acknowledge that, although all Learning Foundation and Performing Arts campuses use internet filters and firewalls to restrict inappropriate material, it is impossible to block access to all controversial materials. I will not hold the district responsible for materials acquired by use of the information services. I also agree to report any misuse of the information services to a school administrator. Misuse may come in many forms but can be viewed as any message sent or intentionally received that indicates or suggests pornography, unethical or illegal solicitations, racism, sexism, inappropriate language, or other issues described in the policy.		Parent Initials
Student Computer Use Policy Acknowledgement (Student)		
I will read and understand the LFAPA Student Computer Use Policy provided in my Student/Parent Handbook, which I will receive at the beginning of the school year. I will not break any of the rules. If I am not sure whether it is okay to do something on the computer, I will ask the teacher, Principal or other LFAPA staff. I understand that if I don't follow these rules, I may not be allowed to use the computer while at school, and/or I may be disciplined according to school policy.		Student Initials
3. FERPA Acknowledgement / Directory Information		
I understand that LFAPA adheres to the Family Educational Rights and Privacy Act (FERPA), which governs the types of student information that can be released without prior written consent from parents (directory information), including: student's name, photograph, grade level, honors and awards, and participation in school activities and sports. I can access the current FERPA Notification of Rights and Notice for Directory Information on the LFAPA website and in the Student/Parent Handbook, or I may obtain a hard copy of the notifications at the school administrative office. I understand that if I do not want LFAPA to disclose part or all of the directory information for my child I must notify the District in writing, on a separate letter, within two weeks of registration.*		Parent Initials
*(Office Use) Parent FERPA Letter Attached: ____ YES ____ NO		
4. Enrollment		
LFAPA offers enrollment depending on the capacity limit established for the school and/or its grade levels. The parent affirms that the student will abide by the rules, standards, and policies of the school and the district if enrolled. Failure to abide by the rules, standards and policies of the school and the district may result in a parent meeting with the Administration to review these standards and sign an applicable behavior contract. The student's failure to abide by the behavior contract may result in long-term suspension or expulsion.		Parent Initials

STUDENT SIGNATURE:	
PARENT SIGNATURE:	
PARENT CONTACT NUMBER:	



Dress Code Rules

Parent/Guardian & Student Agreement – School Copy

**Parent and student copies are available in the front office, on our website and in your child’s Student Handbook. Handbooks are given out at the beginning of the school year.*

It is the parents’ responsibility to send their children to school in dress code, clean and well groomed. Students having three or more dress code violations are subject to disciplinary action. **Resolution to any question or inconsistency regarding dress code rules is up to the discretion of the principal/site director.**

Parents will be notified if a student is out of dress code or inappropriately dressed and may be required to come to the school to pick up the student or bring in appropriate change of clothing before he/she may attend class.

ACCEPTABLE ATTIRE:

- Students are required to wear a Learning Foundation and Performing Arts LOGO SHIRT in kelly green, gray, white or black. All tops should cover midriff to below the waistline of the pants, even when students raise their arms.
- Students are required to wear slacks, capris, skorts, skirts or shorts of “fingertip length” in **colors of solid black, navy blue, or tan only.** (Jumpers must have sewn on school logo if they cover the school shirt logo.)
- Denim jeans within dress code may be worn.
- Solid colored zip or button front sweatshirts only may be worn inside the school building.
- Only **closed toe** and **closed heel** shoes may be worn.
- Only two earrings in each ear may be worn. Only two bracelets per arm.
- Hair may be dyed natural, solid colors of auburn, black, blonde or brown.

UNACCEPTABLE ATTIRE:

- No running pants or shorts, sweat pants, pajama pants, etc. may be worn.
- No, leggings or jeggings may be worn.
- No overly baggy, sagging pants, or dragging pant legs. Pants must fit appropriately at the waist.
- Underclothing must never show.
- No torn (including torn look), cut off, ripped or clothing with holes may ever be worn.
- No zippered pockets.
- No sweatshirts, jackets, hoodies, pullovers, or shirts of any kind that display inappropriate language/ graphics or advertise drugs, alcohol or tobacco related items may be worn on campus at any time.
- **No hats, hoods or bandanas** may be worn in the school building.
- No extreme hairstyles may be worn, including Mohawks, spiked hair or unnatural hair color. *** Any hairstyle or color that disrupts the learning environment will not be permitted. Final approval regarding any discrepancies on hairstyles and / or colors will be up to the sole discretion of administration.**
- No body piercing or ear gauging. Tattoos must be covered by acceptable dress code attire at all times during the school day and at all school events.
- No extreme jewelry styles. No ball necklaces, dog collars, drug or inappropriate symbols. No safety pin jewelry, body chains or chains over ¼” thick.
- No gang paraphernalia (bandanas, jewelry or clothing). No Gothic clothing.
- No tube tops, spaghetti strap or sleeveless tops may be worn.

Special dress down days: Students may wear short sleeve T-shirts and jeans that are not torn, cut off or sagging. No leggings or jeggings may be worn.

All attire worn by a student attending any school event on or off campus including a dress down or dress up day at school is subject to dress code.

NOTE: 3 dress code violations = 1 day suspension

I have read and agree to abide by the above Dress Code Rules.

Parent Signature _____ Date _____

Student’s Signature _____ Date _____



CAFA, Inc. dba Learning Foundation and Performing Arts
Consent and Release from Liability Form

*This completed form must be kept in the student’s permanent file

Learning Foundation and Performing Arts (LFPA) requires that parents/guardians and students sign this consent and release of liability form in advance of attending all on campus and off campus school related activities and in advance of participation in curricular courses and/or extra-curricular activities. The health and welfare of students are primary concerns and LFPA takes reasonable precautions in every class or activity to minimize any risk to students. We are protective of all of our students and surveys verify our school as a safe campus, however, certain risks are associated with attending any school and participating in daily activities.

Part 1. Student Acknowledgment and Release (to be signed by student)

I know there can be risks involved in participation in some curriculum courses and activities. I understand that serious injury can be possible in such participation and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while attending Learning Foundation and Performing Arts School. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless the school, the school’s staff, and the school district of any and all responsibility and liability for any injury or claim resulting from daily participation and agree to take no legal action against LFPA because of any accident or mishap. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that I may opt out of participating in any class or activity that I feel is a personal risk to me.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE FROM LIABILITY.

_____ / _____ / _____
 Print Name of Student Signature of Student Date

Part 2. Parental/Guardian Consent, Acknowledgment and Release (to be signed by parent/guardian)

(To be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for our child/ward to participate in Learning Foundation and Performing Arts curriculum courses and/or activities.

B. I/we know and acknowledge that my child/ward knows of the risks involved in daily participation in the LFPA curriculum courses and/or activities and understand that serious injury can be possible in such daily participation. I/we choose to accept any and all responsibility for his/her safety and welfare while participating. With full understanding of the risks involved, I/we release and hold harmless my child’s/ward’s school, its staff, the school district and governing board of any and all responsibility and liability for any injury or claim resulting from participation and agree to take no legal action against LFPA school, staff, district or governing board because of any accident or mishap involving the participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further hereby authorize the use or disclosure of my child’s/ward’s individually identifiable health information should treatment for illness or injury become necessary. I/we consent to the disclosure by my child’s/ward’s school, upon its request, of all records relevant to his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness.

C. I understand that my child/ward may opt out at any time, of participating in any class or activity that I, or my child/ward, feel is a personal risk to them. (I will notify the school office in writing of any future changes.)

D. My child/ward may participate in the following checked courses or activities both on campus and off campus when they are available: (check all that apply.) Classroom Activities Recess/Playground Field Trips PE Martial Arts Basketball Frisbee Dance, Music & Theater Ceramics Team Sports Computer lab Art & Science labs Lunchroom Busing or Transportation Performances

E. Please check the appropriate box:

My/our child/ward is covered under a health insurance plan and I accept all responsibility for his/her emergency expenses. Insurance Company: _____ Policy Number: _____

My/our child/ward is not covered by health insurance and I accept all responsibility for his/her emergency expenses.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE FROM LIABILITY.

_____ / _____ / _____
 Print Name of Parent/Guardian Signature of Parent/Guardian Date

_____ / _____ / _____
 Print Name of Parent/Guardian Signature of Parent/Guardian Date



Transportation Request

Learning Foundation has limited student transportation available to and from school.

The following questionnaire will help us establish the need for transportation and possible routes. If you are in need of transportation please fill out the information below and our transportation department will contact you before school starts to inform you of your pick up time and location.

We do not transport students living less than 1.5 miles from school.

The following information is used to establish the number of buses needed to transport students to and from school and on field trips or school events.

I request transportation to and from school for my child. YES NO

Please Initial: _____ I am aware that there may be a fee for transportation.

_____ I am aware that it is my responsibility to contact the school office should my children’s assigned bus route change. I MUST contact the office 1 month prior to moving.

Please complete the information below:

Parent/guardian Name:		
Major Cross Streets (EW):	and (NS):	
Address:	City:	Zip Code:
Email Address:		
Primary Contact Name: <small>Person who will receive bus alerts via text message.</small>	Contact #: <small>Must be a number that can receive text messages.</small>	
Emergency Contact Name: <small>If primary contact is unreachable.</small>	Contact #:	
Student Name:	Grade (2021-2022):	
Student Name:	Grade (2021-2022):	
Student Name:	Grade (2021-2022):	
Students will need transportation (check one) <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM & PM		
May your child wait/walk home from the bus? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Parent/Guardian Signature: _____ Date: _____

For office use only:

Start Date: _____	Bus Route: _____
Bus Color: _____	



Attn: Registrar/Records

**Official Authorization For
RELEASE OF STUDENT RECORDS**

1st Request date: ____/____/____ By: Fax ____ Mail ____ Initials ____
2nd Request date: ____/____/____ By: Fax ____ Mail ____ Initials ____

**Mail Records to: 5761 E. Brown Road, Mesa, AZ 85205
Or FAX Records to: (480) 807-1190 Phone: (480) 807-1100**

Student's Name _____ Student's Date of Birth _____

School Last Attended _____ Grade Last Attended _____

Date of Entry _____ Date of Withdrawal _____

School's Address _____

City _____ State _____ Zip _____

Last School Phone Number _____ School Fax Number _____

****** SCHOOL OFFICE USE ONLY ******

Please send all of the following records to the above address or fax number

- * Transcripts of Grades
- * Birth Certificate
- * Immunization Records
- * Official Transcript if applicable
- * Health Information
- * Withdrawal form with SAIS ID and grade
- * Social History
- * Achievement & State Test Scores
- * Attendance Records
- * Disciplinary Records
- * Hearing and Vision Screening results
- * Medical Evaluations, 504 Plan
- * Reports
- * Other _____

SPECIAL EDUCATION RECORDS: Please send this request to your Special Education Department or, notify us at 480-807-1100 of your SPED Dept. FAX and Phone number.

I hereby request and authorize the school to release, as indicated above, any medical information, educational records, special education placement and developmental history, psychological reports or other pertinent data you and the school may have, or may receive, that would aid in providing appropriate educational services for this child. Pursuant to the Family Educational Rights and Privacy Act of 1974, all psychological and confidential data will be maintained. Notwithstanding any financial debt owed by the pupil, **any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request** unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

Parent signature is not required to release information and transfer records to a school

Parent Signature _____ Date _____

School Official Signature _____ Date _____