

## Student Registration Checklist

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

- ❖ Registration packet
- ❖ 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 5<sup>th</sup> calendar day after enrollment to provide immunizations.

### KINDERGARTEN & 1st GRADE

Kindergarten students must be 5 years old before September 1, 2025, to enroll.  
First Grade students must be 6 years old before September 1, 2025, to enroll.



STUDENT REGISTRATION FORM – Page 1

STUDENT INFORMATION	Students Legal Name (Must match birth certificate) <small>First:</small> _____ <small>Middle:</small> _____ <small>Last:</small> _____		
	Nickname or prefers to go by: _____		<b>Grade (25-26):</b> _____ <b>Gender:</b> <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: ____/____/____ <b>Birthplace</b> (City, State & Country): _____		
	<b>Ethnicity: (Check One)</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		
	<b>Race: (Check One or More)</b> <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian		
	Physical Address:		
	City: _____	State: _____	Zip Code: _____

Mailing Address (Only if different from physical address):		
City: _____	State: _____	Zip Code: _____

<b>Student Primarily Lives With:</b> <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		
<b>Student will enroll as:</b> <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time		<b>Also Attending:</b> _____
<b>Previous School:</b> _____		<b>City/State/Country:</b> _____
<b>Type:</b> <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: _____		<b>Date Withdrawn:</b> ____/____/____

<b>Has this student ever attended a Learning Foundation School?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, grade(s), and year(s):</b> _____ <b>If yes, which campus?</b> _____		
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 <b>I am unavailable</b> , 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	<b>SPECIAL CLASSES &amp; ACCOMMODATIONS</b>	
	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:** IEP 504 **If yes, please provide a copy.**

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

<b>OFFICE USE ONLY</b>	
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: ____/____/____	RE-ENTER CODE: R1 R2 R3 R4 R5 R6 _____
WITHDRAWAL DATE: ____/____/____	CODE: W1 W2 W3 W4 W5 W7 W9 W11 W21 _____

<b>How did you hear about us?</b>	
<input type="checkbox"/> Social Media	<input type="checkbox"/> Flyer <input type="checkbox"/> Search Engine
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Referred by:	_____



STUDENT REGISTRATION FORM – Page 2

FAMILY CONTACT INFORMATION  (Must list at least 1 contact)	Contact this Person: <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 4 <sup>TH</sup> Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <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 <b>ALL</b> 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 <b>ALL</b> 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 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 4 <sup>TH</sup> Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <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 <b>ALL</b> 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 <b>ALL</b> that Apply: <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release Student to <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Deceased
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**\*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 the 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.**



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



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

Student \_\_\_\_\_

School LFPA Warner

School District or Charter Holder CAFA, Inc. dba Learning Foundation and Performing Arts

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 **ONE** of the following documents 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)
- \_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- \_\_\_\_\_ 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. #2803440





## **The Educational Rights of Homeless Children and Youths**

**The LEA/Charter District** shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

### **McKinney-Vento Definition of Homeless:**

***The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [\[42 U.S.C. § 11434a\(2\)\]](#).***

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.



To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Act mandates the following: **Immediate Enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

**School Selection and Maintained Enrollment:** McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [42 U.S.C. §11432(g)(3)(A), 42 U.S.C. §11432(g)(3)(B) and 42 U.S.C. §11432(g)(3)(I) (i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

**Transportation Services:** McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

**Participation in Programs:** McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §11432(g)(4) & (6)(iii)].


**Unaccompanied Youth Experiencing Homelessness:** McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

**Access to Extracurricular Activities:** Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

**Dispute Resolution:** If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. §11432(g)(3)(E)].

**Appointment of a Local Homeless Liaison:** The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §11432(g)(1)(J)(ii) and U.S.C. §11432(g)(6)(A)].

For more information, refer to [Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, and the AZ State ESSA Plan](#). You may also contact:

<p><b>LEA Homeless Liaison</b>            Learning Foundation and Performing Arts Warner            3939 E Warner Rd            Gilbert AZ, 85296            (480) 248-8025  <a href="mailto:jhoughton@lfapa.org">jhoughton@lfapa.org</a></p>	<p><b>State Homeless Education Program Coordinator</b>            Arizona Department of            Education 1535 W. Jefferson            Street Phoenix, AZ 85007            (602) 542-4963  <a href="mailto:Homeless@azed.gov">Homeless@azed.gov</a></p> 
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## Arizona Student Residency Questionnaire

**Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.**

### Section A

Today's date: \_\_\_\_\_

Name of individual completing this form: \_\_\_\_\_

Your telephone number: \_\_\_\_\_ Your email address: \_\_\_\_\_

Student name: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Current grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Do you have additional children attending school in our district? Yes  No

Do you have children of the preschool age? Yes  No

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: \_\_\_\_\_

Is this address based on a temporary living arrangement due to the loss of housing? Yes  No

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

**NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.**



**Section B**

Name of the parent/guardian/adult caring for the student: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes  No

**Please place an "X" in each box that best describes where the student sleeps at night.**

- In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reason  
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)  
What date did you begin staying here? \_\_\_\_\_
- In a shelter/transitional housing program (name of agency): \_\_\_\_\_  
What date did you begin staying here? \_\_\_\_\_
- In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)  
Provide the main cross streets of this unsheltered location: \_\_\_\_\_
- In a hotel/motel (name of hotel/motel & address) \_\_\_\_\_  
What date did you begin staying here? \_\_\_\_\_
- With an adult that is not a parent or court appointed legal guardian
- Alone, not in the care of a parent or court appointed legal guardian
- None of the above (Please explain): \_\_\_\_\_

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

\_\_\_\_\_  
Signature of Person Providing Information  
Parent/Legal guardian/Caregiver/Student

\_\_\_\_\_  
Date

**For School Use Only**

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: \_\_\_\_\_

Please check the housing types that apply:

Sheltered  Doubled-up  Unsheltered/FEMA/Substandard  Hotel/Motel

Unaccompanied youth: Yes  No  Transportation to school of origin needed: Yes  No

Date received by Homeless Liaison  _____
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## 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)



## 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.*

**Please list student's allergies below:**

Allergy	Life Threatening	Epi-pen on campus

**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 permission 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/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **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/Guardian 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

<b>STUDENT NAME: (print)</b>	<b>DATE:</b>	
<b>PARENT NAME: (print)</b>		

**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
<b>1. Student Handbook Acknowledgement</b>		
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.		
<b>2. Student Computer Use Policy Acknowledgement (Parent)</b>		<b>Parent Initials</b>
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.		
<b>Student Computer Use Policy Acknowledgement (Student)</b>		<b>Student Initials</b>
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.		
<b>3. FERPA Acknowledgement / Directory Information</b>		<b>Parent Initials</b>
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.*		
*(Office Use) Parent FERPA Letter Attached: ____ YES ____ NO		
<b>4. Enrollment</b>		<b>Parent Initials</b>
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.		

<b>STUDENT SIGNATURE:</b>	X
<b>PARENT SIGNATURE:</b>	X
<b>PARENT CONTACT NUMBER:</b>	



**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.**

\_\_\_\_\_ X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 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  Clubs  Basketball  Cheer  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.**

\_\_\_\_\_ X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Print Name of Parent/Guardian Signature of Parent/Guardian Date

\_\_\_\_\_ X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Print Name of Parent/Guardian Signature of Parent/Guardian Date





Attn: Registrar/Records

### Official Authorization For RELEASE OF STUDENT RECORDS

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

**Mail records to: 3939 E. Warner Road, Gilbert AZ 85296**  
**FAX records to: (480) 248-9429**  
**Email records to: wregistrar@lfapa.org**

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

**SPECIAL EDUCATION RECORDS: Please send this request to your Special Education Department or, notify us at 480-248-8025 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_