



STUDENT REGISTRATION CHECKLIST

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

- Registration Form completely filled out, signed and dated by parent or legal guardian and returned to the school office.
- 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 **STATE CERTIFIED** birth certificate or baptismal certificate
 - Hospital record, uncertified certificate or passport are not acceptable per Arizona law.
 - ❖ Copy of **REQUIRED** immunization record **or signed exemption form** (See back of page for requirements)

The following must be submitted after student withdraws from prior school and must be on file before student is admitted to class at LFPA.

- ❖ Withdrawal form from prior school with AZ Dept. of Education ID number.
- ❖ Report card or transcript, withdrawal grades, and withdrawal date from prior school.
- ❖ Special Education Records. (If Applicable)
- ❖ English Language Learner (ELL) Records. (If applicable)

KINDERGARTEN & 1st GRADE

Kindergarten students must be 5 years old before September 1, 2018 to enroll.
First Grade students must be 6 years old before September 1, 2018 to enroll.



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://www.azdhs.gov/phs/immun/back2school.htm>.

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, Td, Tdap** (Proof of DTP or DT counts toward DTaP requirement)
 - Under age 7 (Kindergarten and above)
 - 4-5* 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 and/or Td doses are required if all doses were given after 12 months of age.
 - **Or** 4 DTaP and/or Td doses are required if any of the doses were received before 12 months of age.
 - (Tdap may be counted to meet the requirements above. 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.
- **MMR**
 - 2 doses
 - A 3rd dose will be required if dose #1 was given before 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**
 - 7 –10 years (Kindergarten-5th grade)
 - Not required but may be counted as valid when given at this age.
 - 11 years and older (6th through 12th grade)
 - 1 dose is required.

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) Last: _____ First: _____ Middle: _____		
	Nickname or prefers to go by: _____		Grade (18-19): _____
	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): _____			
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#: _____
 Birth Cert Proof of Residency Immunizations Legal Documents 45 Day IEP/504 W/D Slip
 RECORDS REQ DATE: ____/____/____ RCVD DATE: ____/____/____
 ENTER GRADE: _____ ENTER DATE: ____/____/____
 ENTER CODE: E1 E2 E3 E4 E5 E6 _____
 WITHDRAWAL DATE: ____/____/____ CODE: W1 W2 W3 W4 W5 _____



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: _____
		Preferred Email Address: _____
		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: _____		
Preferred Email Address: _____		
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: _____		
Preferred Email Address: _____		
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 Registration Form.
- Proof of Residency Form
- One document listed on the Proof of Residency form **showing name, address and must be dated within last 30 days.**
- Emergency Medical Form
- Transportation Information Form
- Copy of student's STATE CERTIFIED birth certificate or baptismal certificate
- Copy of REQUIRED immunization (or signed exemption form)

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

Signature of Enrolling Parent: _____ Date: _____



EMERGENCY MEDICAL REFERRAL FORM

Student's Name (First, Last & MI):	Student's Date of Birth:	Student's Grade:
Student's Physical Address:	City, State, & Zip:	
Mother's or Legal Guardian's Name (First, Last & MI):	Primary Phone:	Secondary Phone:
Employer:		
Mother's or Legal Guardian's Physical Address:	City, State, & Zip:	
Father's or Legal Guardian's Name (First, Last & MI):	Primary Phone:	Secondary Phone:
Employer:		
Father's or Legal Guardian's - Physical Address:	City, State, & Zip:	

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	Convulsive Disorder	Glasses	Scoliosis
Mumps	Recent Ear Infection	Operation(s)	Daily Medication
Hearing Loss	TB or Contact With	PE Restrictions	Other
Diabetes	Phys. Handicap	Allergy	
Chickenpox	Heart Condition	Asthma	

Please list any physical impairments or special conditions _____

Please list **ALL SIBLINGS** attending Learning Foundation, 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 prescription labeled container for school.)

The 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 _____



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

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

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).
 (Effective as of April 4, 2011)

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

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?

Student Name _____ Date of Birth ____/____/____

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 Other: _____

2. What does the Individualized Education Plan specify?

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

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

4. 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 _____



FOOD ALLERGY POLICY

PROCEDURES:

1. Information pertaining to a student's allergies will be shared with faculty and staff who have contact with the student, but otherwise will be kept as confidential.
2. In the case of a student with multiple, unusual, or life-threatening allergies, LFPA will require the student/family to provide lunch and snacks to ensure the student's safety. Written signed permission from the family submitted to the Site Director/Principal in regards to purchasing food at school will be considered on a case-by case basis.
3. The catering company that provides school lunches for Learning Foundation and Performing Arts schools guarantees LFPA they do not use peanuts, tree nuts, or shellfish ingredients in preparation of school lunches. However, the catering company cannot guarantee that products purchased to prepare school lunches have not been in areas where these products are present.
4. The school and district cannot guarantee that products with peanuts, tree nuts, shellfish or other food allergens will never be present on campus or at school events. Likewise, LFPA cannot monitor products sold at athletic events or special student sales, products brought for parties or celebrations, products brought on campus by non-school groups, or products served on off campus trips. Therefore, persons with severe food allergies must carefully monitor their food in these situations.
5. LFPA requires parents or guardians of a child with life-threatening allergies to acknowledge that they are fully aware of the extent to which the school is committed to student safety and fully aware that LFPA cannot guarantee that a student will never experience an allergy-related event at school or at a school sponsored event.

PARENT/STUDENT RESPONSIBILITY:

6. Parents of students with life-threatening allergies must provide the teacher and school office with emergency medications and a written medical treatment protocol for their student addressing allergy related events. The protocol and medication must be provided prior to the beginning of the school year or at any time during the year when the child is diagnosed with severe allergies. All medications must be in original containers whether prescription or over-the-counter.
7. The school office will maintain the medication and information according to the current emergency medical treatment policy. In all cases, it is the parent's responsibility to be sure that medication is accessible during school hours. Medications must be within the expiration date and in original containers whether prescription or over-the counter.
8. Parents are responsible for educating their child about managing his/her allergy at school, including identifying "safe foods" by reviewing the lunch menu together, contacting the food service director for ingredient listings and reinforcing that the student should ask for help if he is unsure about choosing foods in the lunchroom or classrooms.
9. Parents who are uncertain about possible exposure to allergy-causing foods should provide meals or treats for their child at school.
10. Parents of students with severe, multiple or unusual food allergies may be required to provide meals or snacks for their children. Written signed permission from the parents or guardians submitted to the Site Director in regards to purchasing food at school will be considered on a case-by-case basis.
11. Parents of preschool to grade 5 students may provide their child's teacher with a supply of safe snacks to reduce the likelihood of accidental exposure.
12. LFPA School cannot guarantee that a student will never experience an allergy-related event while at school. LFPA and the District are committed to student safety and created this policy to reduce the risk that children with allergies will have an allergy-related event.



FOOD ALLERGY POLICY

ACKNOWLEDGEMENT:

I acknowledge that I have read the Food Allergy Policy of Learning Foundation and Performing Arts School.

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.

Student's Name (please print) _____

Parent's Name (please print) _____

Parent's Signature _____ Date _____

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,
 Print Parent Name

_____, to eat lunches provided by the school's
 Print Student Name

contracted food service 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 Signature _____ Date _____

Please list student's allergies below:

Allergy	Life Threatening	Epi-pen on campus



Learning Foundation and Performing Arts, Parent and Student Copy

Annual Notification to Parents Regarding Confidentiality of Student Education Records

Family Educational Rights and Privacy Act (FERPA)

Family Policy Compliance Office (FPCO) Home

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record.
- However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions
- (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them.

Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339.

Or you may contact us at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920



Dress Code Rules Parent/Guardian & Student Agreement - School Copy

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.**

1. Students are required to wear a Learning Foundation "Back to Basics" logo shirt in the colors required by the school: Red, Navy Blue, or White.
2. Parents will be notified if a student is out of dress code or inappropriately dressed and will 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.
3. Students are required to wear slacks, capri's, skorts, jumpers, or "fingertip length" walking shorts in **colors of solid black, navy blue, or tan, only.** **Jackets must be in colors of only solid red or solid blue.**
 - No running pants or shorts, sweat pants, pajama pants, etc. may be worn. No hats may be worn in the school building.
 - No denim or Levis. Leggings or Jeggings may only be worn under dress code bottoms.
 - 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) or cut off clothing may ever be worn.
 - No zippered pockets.
4. Zip or button front sweatshirts **in solid colors of red or blue** may be worn that DO NOT contain inappropriate language/ graphics or that advertises drugs, alcohol or tobacco related items. Sweatshirt hoods may not cover heads in the building. No pullover sweatshirts are allowed.
5. Only closed toe and closed heel shoes may be worn. No sandals, flip flops, or skate shoes (shoes with retractable rollers in the sole) may be worn.
6. No extreme hairstyles may be worn, including Mohawks or spiked hair. No unnatural hair color.
7. No body piercing or ear gauging. Appropriate clothing must cover tattoos.
8. No extreme jewelry styles. Only two earrings in each ear may be worn. Only two bracelets per arm. No ball necklaces, dog collars, drug or inappropriate symbols. No safety pin jewelry, body chains or chains over 1/4" thick.
9. No gang paraphernalia (bandanas, jewelry or clothing). No Gothic clothing.
 1. No clothing shall be worn that contains inappropriate language/graphics or that advertises drugs, alcohol or tobacco related items.
 2. Tops should cover the midriff to below the waist line of the pants, even when students raise their arms.
 3. No tube tops, spaghetti strap or sleeveless tops may be worn.

Occasionally Learning Foundation will have a dress down day and students may wear short sleeve T-shirts and jeans that are not torn, cut off or sagging. **No leggings or jeggings may be worn unless under dress code bottoms.**

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 _____



Dress Code Rules Parent/Guardian & Student Agreement – Parent & Student Copy

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.**

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 - No running pants or shorts, sweat pants, pajama pants, etc. may be worn. No hats may be worn in the school building.
 - No denim or Levis. Leggings or Jeggings may only be worn under dress code bottoms.
 - 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) or cut off clothing may ever be worn.
 - No zippered pockets.
4. Zip or button front sweatshirts **in solid colors of red or blue** may be worn that DO NOT contain inappropriate language/ graphics or that advertises drugs, alcohol or tobacco related items. Sweatshirt hoods may not cover heads in the building. No pullover sweatshirts are allowed.
5. Only closed toe and closed heel shoes may be worn. No sandals, flip flops, or skate shoes (shoes with retractable rollers in the sole) may be worn.
6. No extreme hairstyles may be worn, including Mohawks or spiked hair. No unnatural hair color.
7. No body piercing or ear gauging. Appropriate clothing must cover tattoos.
8. No extreme jewelry styles. Only two earrings in each ear may be worn. Only two bracelets per arm. No ball necklaces, dog collars, drug or inappropriate symbols. No safety pin jewelry, body chains or chains over ¼" thick.
9. No gang paraphernalia (bandanas, jewelry or clothing). No Gothic clothing.
 - No clothing shall be worn that contains inappropriate language/graphics or that advertises drugs, alcohol or tobacco related items.
 - Tops should cover the midriff to below the waist line of the pants, even when students raise their arms.
 - No tube tops, spaghetti strap or sleeveless tops may be worn.

Occasionally Learning Foundation will have a dress down day and students may wear short sleeve T-shirts and jeans that are not torn, cut off or sagging. **No leggings or jeggings may be worn unless under dress code bottoms.**

NOTE: 3 dress code violations = 1 day suspension



FIELD TRIP TRANSPORTATION RELEASE

I give permission for _____ 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.

- 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.

◆ A specific field trip permission form will be sent home before each individual field trip.

TRANSPORTATION PICK UP/DROP OFF RELEASE

I understand Learning Foundation and Performing Arts requires the parent or guardian to provide **IN WRITING** the names of all people who may be responsible for their child. The following additional people not listed on the emergency medical form may pick up or drop off my child at school each day.

Name		Relationship
Home Phone	Work Phone	Cell Phone
Name		Relationship
Home Phone	Work Phone	Cell Phone
Name		Relationship
Home Phone	Work Phone	Cell Phone
Name		Relationship
Home Phone	Work Phone	Cell Phone

◆ For the security of your child we cannot accept changes by phone. You may add additional names to the back of this form.

PERFORMING ARTS & 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 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 articles or brochures for 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** _____



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: 851 N. Stapley Drive, bld. 6, Mesa, AZ 85203
 or FAX Records to: 480-834-3991 Phone: 480-834-6202**

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

- | | |
|---|--|
| <ul style="list-style-type: none"> * Transcripts of Grades * Birth Certificate * Immunization Records * Official Transcript if applicable * Health Information * Withdrawal form with SAIS ID and grade * Social History | <ul style="list-style-type: none"> * 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 480-834-6202 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 _____



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

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

Learning Foundation 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 Learning Foundation 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 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 Learning Foundation 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 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 Learning Foundation 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 Learning Foundation 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.

Please complete the information below:

Parent/guardian Name:		
Address (your student(s) will be transported to/from):	City:	Zip Code:
Major Cross Streets (EW):	and (NS):	
Contact Name:	Contact #:	
Alt Contact Name:	Contact#:	
Emergency Contact Name:	Contact #:	
Student Name:	Grade (2018-19):	
Student Name:	Grade (2018-19):	
Student Name:	Grade (2018-19):	
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: _____
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Arizona Department of Education Arizona Residency Documentation Form

Student _____

School Learning Foundation

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

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 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. #2803440





Student Residency Questionnaire

Name of School: _____ Learning Foundation – "Back to Basics" _____

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) 834-3991

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

Date _____ Liaison Signature _____

Parent/Guardian Signature _____ Date _____