



SAN TAN CHARTER SCHOOL
2015-16 STUDENT APPLICATION

Grade Entering _____ ☐ Returning Student ☐ New Student ☐ Mainstream ☐ Gifted*
Kindergarten ☐ Half Day ☐ Full Day

San Tan Charter School does not discriminate regarding color, race, religion, national and ethnic origin, special needs, or language proficiency of students regarding policies, admission and school-administered programs.

Student First Name _____ Last Name _____ Name Used _____

Address (Street) _____ City _____ Zip _____

Home Phone (_____) _____ Birthdate ____/____/____ ☐ Male ☐ Female

☐ Caucasian ☐ African American ☐ Asian ☐ Am. Indian/Alaskan Native ☐ Hawaiian/Pacific Islander ☐ Hispanic

Place of Birth City _____ State _____

Mother's Name _____ Cell Phone _____

Mother's Email Address _____

Father's Name _____ Cell Phone _____

Father's Email Address _____

Student lives with (check all that apply) ☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other _____

Are you living in temporary housing? (circle) Yes No If so, is this due to hardship? (circle) Yes No

Does your child currently have a 504 or IEP plan? (circle) Yes No

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

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

1. What is the primary language used in the home regardless of the language spoken by the student?

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Previous School _____ State _____

I, the parent of _____, agree to (please read and check each):

- ☐ Provide a lunch daily for my child.
- ☐ Provide transportation to and from school every day.
- ☐ Provide prompt and timely drop-off and pick-up of my child daily.
- ☐ Provide student pick-up within 30 minutes of illness or severe behavior notification.
- ☐ Give my permission to have photographs of my child published in articles and media viewed by the general public.

Mother's Signature Father's Signature Date

Applications for STCS's Gifted School must include a copy of the child's most recent gifted testing scores.

For Office Use Only: ☐ FRONT OFFICE ☐ ACCOUNTING ☐ REGISTRAR Teacher _____

Date App. Received _____ Start Date _____ Year Entering _____

Date Deposit Paid _____ Amount \$ _____ ☐ Cash ☐ Check # _____ ☐ Credit Card



**PARENT AUTHORIZATION FOR RELEASE/
REQUEST OF STUDENT RECORDS**

In accordance with the Family Educational Rights and Privacy Act of 1974 and AZ State Law, I hereby authorize the school named below to release the following student records:

Previous School Name _____

Address _____

Telephone Number _____ Fax Number _____

Please send the following:

- Withdrawal Form
- Withdrawal Grades
- Transcript of Grades
- Attendance Records
- Achievement Test Scores
- Results of CogAt (or other gifted testing)
- Discipline Records (suspension/expulsion)
- SPED Records (IEP, 504, MET & Psych Reports)
- Psychological Records
- Health Records (Birth Certificate, Immunization Records, 45 Day Screening, Hearing & Vision Screening)

I understand that I have the right to inspect, copy or to challenge the contents of the records prior to the records being forwarded.

Name of Child	1.	_____	D.O.B.	_____	Grade	_____
	2.	_____	D.O.B.	_____	Grade	_____
	3.	_____	D.O.B.	_____	Grade	_____
	4.	_____	D.O.B.	_____	Grade	_____
	5.	_____	D.O.B.	_____	Grade	_____

Date

Parent Signature

Please send records to:

San Tan Charter School
3959 E. Elliot Road, Gilbert, AZ 85234
Office 480-222-0811 • Fax 480-471-5990

1st request _____ 2nd request _____ 3rd request _____



San Tan Charter School Student Registration Packet Instructions

Student Name _____

Registration for 2015-2016 school year

Thank you for your interest in San Tan Charter School. As we begin to prepare for the next school year, this form will guide you through the important steps and dates to ensure that your child will be able to successfully register and attend San Tan Charter School.

Please return this entire packet with all supporting information to the front office by **4:00 p.m. on January 30, 2015** in order to guarantee your child's spot for next year. Any packet received after this date will be placed into the open enrollment lottery. Please be sure that the following items are filled out completely and returned to the front office along with the \$50.00 book deposit for grades K-5 and/or the \$200.00 book deposit for grades 6-8.

Books will be issued to each student for use during the academic year, but they remain the property of the school. Book deposits can be refunded when the student graduates or withdraws from the school as long as the textbooks have been returned in good condition each year. If a student misplaces a book, he or she will be charged for the full replacement cost of the book, which is significantly more than the deposit amount.

- ☐ Student Application Form
- ☐ Student/Parent Handbook Compact
- ☐ Updated Emergency Card* _____ Health Alert - Allergies
- ☐ Updated Immunization Record – or an updated Exemption form
- ☐ Varicella (Chickenpox) Form
- ☐ Residency Documentation
- ☐ Updated Credit Card Authorization Form (optional)
- ☐ ESEA Eligibility Status
- ☐ Directory Form
- ☐ Birth Certificate
- ☐ \$50.00 Half Day Kindergarten and Grades 1-5 Book Deposit:
 - ☐ Cash ☐ Check # _____ ☐ Credit Card
- ☐ \$200.00 Full Day Kindergarten Registration:
 - ☐ Cash ☐ Check # _____ ☐ Credit Card
- ☐ \$200.00 Grades 6-8 Book Deposit: ☐ Cash ☐ Check # _____ ☐ Credit Card

*ALL previous Emergency contacts will be deleted, please provide complete list of current contacts with phone numbers for your child.

AWARENESS CONTRACT AND RECEIPT OF STUDENT HANDBOOK THAT OUTLINES STUDENT CONDUCT POLICIES AT SAN TAN CHARTER SCHOOL

This information is presented in order to ensure the safety and well-being of all students at San Tan Charter School. It is also meant to ensure that all students and parents/guardians have received this communication regarding the Governing Board's special policies dealing with drug/alcohol abuse, dangerous items/deadly weapons, the attendance policy, and the Electronic Information Services (EIS) Student Acceptance Use Policy.

The signatures below indicate acknowledgement of communication regarding the following Governing Board policies found on the school's website:

- ❖ Policy regarding harassment (e.g., sexual, race, color, national origin, religion, or disability).
- ❖ Policy regarding Student Conduct.
- ❖ Policy regarding drug/alcohol abuse. We understand that drug/alcohol abuse includes illegal drugs, alcohol, prescription drugs and other mind-altering substances. Abuse includes the possession, use, distribution, sale, or purchase of any of the above.
- ❖ Policy regarding dangerous instruments and deadly weapons in school.
- ❖ Policy regarding negative student group or gang affiliation.
- ❖ Electronic Information Services Student Acceptable Use Policy.
- ❖ A student must be in attendance at least 94% OF THE TIME. Excessive absences may result in a truancy referral and/or retention, and possible placement in a Diversion Program. Excessive absences include excused *and* unexcused absences.
- ❖ Family Handbook that outlines other student conduct policies such as fighting, assaults, threats, bullying, inappropriate language, smoking attendance, tardiness, dress code, insubordination, etc., can be accessed on the school's website.

If the student is found in violation of these policies and agreements, he/she may be suspended or expelled from school. By signing this document, we are indicating that we are aware of these policies and that our signatures will be in force for the 2015-2016 school year. We understand that at any time, if further clarification is needed, we will contact the school principal.

Student's Printed Name _____ Grade _____

Parent's Printed Name _____ Date _____

Parent's Signature _____

Administrator's Signature _____



CDC/SGH# or name: _____

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

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

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

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

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

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

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

Name(s):

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

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

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

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

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

Medical Information

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

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

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name _____ Date of Birth _____

School Name _____ Grade _____

Has your child ever had chickenpox? (please circle one answer)

Yes (go to #1)	No (go to #2)	Don't Recall (go to #1)
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1. Please answer the following questions (please circle one answer):

- | | | | |
|---|----------------------------------|-----------|---------------------|
| a. Was your child in "face to face" contact with other children who had chickenpox? | Yes | No | Don't Recall |
| b. Did your child have a rash on his/her body? | Yes | No | Don't Recall |
| c. Did the rash "itch?" | Yes | No | Don't Recall |
| d. Were there blisters present? | Yes | No | Don't Recall |
| e. Did "scabs" appear toward the end of the rash? | Yes | No | Don't Recall |
| f. When did your child have chickenpox?
(approximate date) | _____/_____
Month Year | | |

- | | | | |
|---|------------|-----------|---------------------|
| 2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot?
(please circle one answer) | Yes | No | Don't Recall |
|---|------------|-----------|---------------------|

If you circled **YES**, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.

If you circled **No or Don't Recall**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Address _____

Daytime Telephone Number _____



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

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

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

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid U.S. passport
- ___ 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

ESEA Eligibility Guidelines

Effective from July 1, 2014 to June 30, 2015

	Indicator 1 – Free					Indicator 2 – Reduced				
Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$15,171	\$1,265	\$633	\$584	\$292	\$21,590	\$1,800	\$900	\$831	\$416
2	\$20,449	\$1,705	\$853	\$787	\$394	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$25,727	\$2,144	\$1,072	\$990	\$495	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$31,005	\$2,584	\$1,292	\$1,193	\$597	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$36,283	\$3,024	\$1,512	\$1,396	\$698	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$41,561	\$3,464	\$1,732	\$1,599	\$800	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$46,839	\$3,904	\$1,952	\$1,802	\$901	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$52,117	\$4,344	\$2,172	\$2,005	\$1,003	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
For each additional household member, add:	+\$5,278	+\$440	+\$220	+\$203	+\$102	+\$7,511	+\$626	+\$313	+\$289	+\$145

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2015 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act, ESEA.

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1 ☐

Indicator 2 ☐

NO ☐

Definition of Income: All items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent Signature: _____

Date: _____

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.



Payment by Credit Card Agreement



The following credit card is authorized to be on file at San Tan Montessori Preschool & San Tan Charter School. Automatic payment can be revoked at any time by notifying the finance department at 480-222-0811 ext 7.

The credit card on file will be used for all charges, including:

- Kindergarten & Preschool Tuition payments ran on the 11th of the month
- Extended care, ran on 11th of the month (always billed the month after service)
- Extra Lunches from the prior month (always billed the month after service)
- Any misc. invoices billed throughout the school year directly from the Finance Department.

The credit card on file is only on file at the finance office, and cannot be accessed from the front office for random purchases such as t-shirts, field trips or book deposits.

All invoices are billed out at least 10 days before a credit card on file is ran, and emailed to the card holder, giving the card holder the opportunity to cancel an automatic payment run and come in and pay by a different payment method. This form will remain on file until cancelled by you or expired.

Child's Name: _____ Grade: _____
Child's Name: _____ Grade: _____
Child's Name: _____ Grade: _____
Child's Name: _____ Grade: _____
Child's Name: _____ Grade: _____

VISA OR MASTERCARD ONLY

Credit Card # _____ - _____ - _____ - _____ Exp. Date _____

3 digit code on back of card _____ Daytime Phone _____

Card Holder Name (Printed) _____

Billing Address _____ Zip _____

I hereby authorize collection of payment for all charges as indicated above. I certify that I am the authorized holder and signer of the credit card reference above. I also certify that all information above is complete and accurate, and understand that it is my responsibility to update any new card information when received. If a credit card declines and is not updated, I understand that not updating information can result in a late payment fee.

Cardholder Signature _____ Date _____

San Tan Charter School
2015-2016 Student Directory Form

San Tan Charter School is publishing a Student Directory the 2015-2016 school year. Please complete and return this form with your Registration Packet indicating your desire to be included in the directory or not.

- ☐ Yes! We want to be part of the San Tan Charter School 2015-2016 Student Directory.
- ☐ No, do not include our information in the San Tan Charter School 2015-2016 Student Directory.

Please fill out (print clearly) the areas you would like included in our directory:

Student Name _____ Grade Level _____

Address _____

Phone Number _____ Email address _____

Parent Name _____ Date _____

(Print)

Would you like to advertise in the new STCS School Directory?

Want to get the word out about your business? Looking for new clients? If you are interested in advertising your business in your STCS School Directory and would like more information, please include your contact information in the below gray box to receive more information.

- ☐ Yes! I'm interested in advertising in the directory. Please contact me.
- ☐ No, I'm not interested in advertising in the directory.

Business Name _____

Contact Name _____

Phone Number _____

Email Address _____