



## San Tan Learning Center Student Registration Packet Instructions

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

Registration for **2013-2014** school years.

Thank you for your interest in San Tan Learning Center. 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 Learning Center.

First and foremost are the dates. If we do not receive this packet back with all the items identified, your child will not have a guaranteed seat for the upcoming 2013-2014 school year.

The entire packet and all information must be returned to the front office by **4:00 p.m. on January 31, 2013** in order to guarantee your child's seat for next year. Any packet received after this 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 consumables fee for grades K-5 and/or the \$200.00 consumables fee for grades 6-8.

A series of workbooks, materials, and support resources, also known as **consumables**, are available at a cost of \$50.00 for grades K-5 and \$200.00 for grades 6-8. We encourage students to utilize these workbooks, materials, and support resources in class and at home, truly making them their own. San Tan Learning Center thus considers paperbacks to be "consumables" and asks families to acquire these materials. (Students will also be charged a \$5 return fee by the reception desk to return assigned textbooks found by staff on the campus. If the cost of the paperbacks is a hardship for a family, and they would like San Tan Learning Center (as a public school) to provide a similar format at no cost, they may contact the school office at (480) 222-0811.

- ☐ Student Application Form
- ☐ Full Day Kindergarten Tuition Agreement (if applicable)
- ☐ Student/Parent Handbook Compact
- ☐ Residency Verification
- ☐ Emergency Card \_\_\_\_\_ Health Alert
- ☐ Immunization Record
- ☐ Directory Form
- ☐ Birth Certificate (Copy)
- ☐ Varicella (Chickenpox) Form
- ☐ Credit Card Authorization (optional)
- ☐ Release for Student Records (if applicable)
- ☐ \$200.00 Full Day Kindergarten Registration Fee: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card
- ☐ \$50.00 Grades Half Day K-5 Consumables Fee: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card
- ☐ \$200.00 Grades 6-8 Consumables Fee: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card



**SAN TAN LEARNING CENTER**  
**STUDENT APPLICATION**

☐ Returning Student    ☐ New Student

Grade Entering: \_\_\_\_\_ ☐ Mainstream    ☐ Gifted\*

*San Tan Learning Center 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 BIOGRAPHICAL INFORMATION**

Student First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Name Used \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female

Place of Birth: City \_\_\_\_\_, State \_\_\_\_\_

Ethnicity:    ☐ Asian    ☐ African American    ☐ Hispanic    ☐ Indian    ☐ Caucasian    ☐ Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

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? \_\_\_\_\_

I, the parent of \_\_\_\_\_, agree to:

- ☐ 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 STLC's Gifted School must include a copy of the child's most recent gifted testing scores.\***

**For Office Use Only:**    ☐ FRONT OFFICE    ☐ ACCOUNTING    ☐ REGISTRAR

Date App. Rec'd: \_\_\_\_\_ Yr. Entering: \_\_\_\_\_ Teacher: \_\_\_\_\_

Start Date: \_\_\_\_\_

Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card \_\_\_\_\_



## Payment by Credit Card Agreement

**SAN TAN**  
**Montessori**

The following credit card is authorized to be on file at San Tan Montessori Preschool & San Tan Learning Center. 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 11<sup>th</sup> of the month
- Extended care, ran on 11<sup>th</sup> of the month (always billed the month after service)
- Missing or Damaged books from the library or SRC books (billed twice a year)
- 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 consumables.**

*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: \_\_\_\_\_