



SAN TAN CHARTER SCHOOL
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 BIOGRAPHICAL INFORMATION

Student First Name _____ Last Name _____ Name Used _____

Address (Street) _____ City _____ Zip _____

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

Ethnicity Asian African American Hispanic Indian Caucasian Other _____

Place of Birth City _____ State _____

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 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 _____
Paid \$ _____ Cash Check # _____ Credit Card



San Tan Charter School Student Registration Packet Instructions

Student Name _____

Registration for 2014-2015 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 31, 2014** 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 consumables donations for grades K-5 and/or the \$200.00 consumables donation 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 Charter School thus considers paperbacks to be "consumables" and asks families to acquire these materials. If the cost of the paperbacks is a hardship for a family, and they would like San Tan Charter School (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
- Student/Parent Handbook Compact
- Updated Emergency Card* _____ Health Alert
- Updated Immunization Record
- Varicella (Chickenpox) Form
- Residency Documentation
- Updated Credit Card Authorization Form (optional)
- Eligibility Status
- Directory Form
- Birth Certificate
- \$50.00 Half Day Kindergarten and Grades 1-5 Consumables Donation:
 - Cash Check # _____ Credit Card
- \$200.00 Full Day Kindergarten Registration:
 - Cash Check # _____ Credit Card
- \$200.00 Grades 6-8 Consumables Donation: 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 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 we have received communication regarding the following Governing Board policies:

- ❖ 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.
- ❖ Receipt of the Family Handbook that outlines other student conduct policies such as fighting, assaults, threats, bullying, inappropriate language, smoking attendance, tardiness, dress code, insubordination, etc.

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 2014-2015 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

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex (male/female)

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

Form with fields: 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:

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for listing individuals.

If Medical care is necessary, call:

Form with fields: Health Care Provider*, Name, Contact Telephone Number

*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:

Form with field: 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

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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** **No** **Don't Recall**
(go to #1) (go to #2) (go to #1)

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?** **Yes** **No** **Don't Recall**
(please circle one answer)

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

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2014 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:

Child's Name	Name of School	Grade

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.

ADE Revised May 1, 2013

ESEA Eligibility Guidelines July 1, 2013 to June 30, 2014

House-hold Size	Indicator 1					Indicator 2				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$14,937	\$1,245	\$623	\$575	\$288	\$21,257	\$1,772	\$886	\$818	\$409
2	\$20,163	\$1,681	\$841	\$776	\$388	\$28,694	\$2,392	\$1,196	\$1,104	\$552
3	\$25,389	\$2,116	\$1,058	\$977	\$489	\$36,131	\$3,011	\$1,506	\$1,390	\$695
4	\$30,615	\$2,552	\$1,276	\$1,178	\$589	\$43,568	\$3,631	\$1,816	\$1,676	\$838
5	\$35,841	\$2,987	\$1,494	\$1,379	\$690	\$51,005	\$4,251	\$2,126	\$1,962	\$981
6	\$41,067	\$3,423	\$1,712	\$1,580	\$790	\$58,442	\$4,871	\$2,436	\$2,248	\$1,124
7	\$46,293	\$3,858	\$1,929	\$1,781	\$891	\$65,879	\$5,490	\$2,745	\$2,534	\$1,267
8	\$51,519	\$4,294	\$2,147	\$1,982	\$991	\$73,316	\$6,110	\$3,055	\$2,820	\$1,410
For Each Add'l Household Member Add	\$5,226	\$436	\$218	\$201	\$101	\$7,437	\$620	\$310	\$287	\$144



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 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: _____

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
2014-2015 Student Directory Form

San Tan Charter School is publishing a Student Directory the 2014-2015 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 2014-2015 Student Directory.
- No, do not include our information in the San Tan Charter School 2014-2015 Student Directory.

Please fill out the areas you would like included in our directory:

Student Name _____ Grade Level _____ Teacher _____

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 _____



Welcome to San Tan Charter School . . . We are so happy you selected our school for your children’s education. The rooms are sparkling, the floors are polished, the outdoor areas are manicured, the teachers and staff are rested and ready to go – now all we need are THE KIDDO’S.

I’m extremely excited to continue working with you as a TEAM (Together Everyone Achieves More), to create a supportive, positive, high energy and learning community.

While you aren’t part of the ‘teaching staff’, you are just as important to your children’s education as the teachers. It’s a parents enthusiasm, support and involvement that inspire children to do their best; and a teacher’s ability to teach what they need to learn. Together we can achieve wonderful things.

Below are some areas that you might consider as a volunteer. Each event is ultimately to help us with fundraising to make sure our teachers and classrooms are the best. In addition, being involved allows you to get to know each other and to feel like a ‘real family member’ of San Tan Charter School.

Please check the event that you would like to help with. It’s always fun and most important; your help makes it possible to make our events unforgettable and memorable. Please check the events that you would like to be involved with and return this form to the front desk.

List of events:

- School Carnival – Saturday, February 22, 2014**
A day filled with bounce houses and slides, carnival-like games, food and specialty vendors. School tours will be available and a day to bring friends and family to help us showcase our campus. Help is needed to secure vendors, set up the area on the day of the carnival, staff the bounce houses, etc.
- Spring Gala (date not confirmed)**
This will be our 2nd Annual Gala, highlighting the school’s accomplishments and awards. Also, acknowledging the “Teacher of the Year Award”, “Volunteer of the Year Award”, “Partner in Education Award”, “Community Liaison Award”, and other special recognitions. Join in on the fun of planning this spectacular event and be a part of our fundraising efforts.
- Music Concert – May 19, 2014**
This program highlights our children and their musical talents and ability to perform on stage. It will be held at the Higley Center for the Performing Arts. We will need help setting up the Lobby and getting cookies for everyone to have at the end of the concert. At our Winter Concert, Art Masterpiece was displayed for all to see and for pictures. We will need help to set this up as well.
- Golf Tournament – November 2014**
This is the largest fundraiser of the year for San Tan Charter School. This event attracts not only our school families but the community as well. If you enjoy contacting individuals and businesses for door prizes and talking about our school, this committee is for you. The committee meets on a monthly basis until a month out and then weekly as needed.
- Charlie Brown Thanksgiving – November 26, 2014 – 11:00 am – 1:00 pm**
What a better way to start the holiday celebrations then with our school families and being thankful for good health, great teachers and education. Our children work hard to prepare something for Mom and Dad to take home for the Thanksgiving table. Enjoy great food, desserts and of course, the Charlie Brown Christmas movie will be playing for everyone’s enjoyment.

Name _____

Phone _____

Email _____

Comments _____



San Tan Charter School
2014-2015 Elementary School
Arizona Tax Credit Program
 (This form is NOT required for enrollment)

By redirecting your tax dollars, you will support special programs at San Tan Charter School such as Music Education, which each student participates in multiple times a week, and Physical Education, in which students participate in daily. Married couples can pledge up to \$400; Singles can pledge up to \$200. Your full pledge is a tax credit matched \$1 for \$1 by the state when you file your taxes. You do not have to have a child at the school to pledge, only must be an AZ State resident paying AZ State taxes. Pass this information to family and friends! Check with your company to see if they have a matching program!

If you choose not to participate, please fill in your name, mark Option #6 below, and return this form to the school. We would like to receive a completed form from every family. If you have any questions about how this program works, please contact the school at 480-222-0811.

Student(s) Name _____ Donor Name(s) _____

Address _____ City _____ Zip _____

Email _____ Donor Signature _____

- _____ Option #1 I agree to contribute to STLC in the amount of \$400 in the month of _____
- _____ Option #2 I agree to contribute to STLC in 2 payments of \$200 in the months of _____ & _____.
- _____ Option #3 I agree to contribute to STLC in the amount of \$100 in 4 payments in the months of _____, _____, _____, & _____
- _____ Option #4 I agree to contribute to STLC in the amount of \$40 per month for 10 months beginning in August 2014 and ending in May 2015. (Tax credit will be given in the calendar year the payment is received.)
- _____ Option #5 I would like to contribute \$ _____ on _____ (date)
- _____ Option #6 I choose to not participate in the Arizona Tax Credit program at STCS.

Please Check One:

- San Tan Charter School may automatically charge my credit/debit card account in the amount indicated with the credit card that is on file with the school. (Please be sure to have your credit card on file with the front office).
Credit card payments on file for the AZ Tax Credit program are run on or around the 15th of the month
- San Tan Charter School may invoice me for the amount indicated above, and I will pay at my own convenience.
- My payment is attached. Cash Check # _____ Credit Card