



**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 \_\_\_\_\_

Paid \$ \_\_\_\_\_ ☐ Cash ☐ Check # \_\_\_\_\_ ☐ Credit Card



## 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)
- ☐ 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 \_\_\_\_\_



**Arizona Department of Health Services  
Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

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

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

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

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

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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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:**

<b>Name(s):</b>
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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](http://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? <b>If yes</b> , 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? <b>If yes</b> , list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? <b>If yes</b> , 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.)? <b>If yes</b> , 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)

<b>Yes</b> (go to #1)	<b>No</b> (go to #2)	<b>Don't Recall</b> (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? | <b>Yes</b>                       | <b>No</b> | <b>Don't Recall</b> |
| b. Did your child have a rash on his/her body?                                      | <b>Yes</b>                       | <b>No</b> | <b>Don't Recall</b> |
| c. Did the rash "itch?"   | <b>Yes</b>                       | <b>No</b> | <b>Don't Recall</b> |
| d. Were there blisters present?   | <b>Yes</b>                       | <b>No</b> | <b>Don't Recall</b> |
| e. Did "scabs" appear toward the end of the rash?                                   | <b>Yes</b>                       | <b>No</b> | <b>Don't Recall</b> |
| f. When did your child have chickenpox?<br>(approximate date)                       | _____/_____<br><b>Month Year</b> |           |                     |

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

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:

<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.

ADE Revised May 1, 2013

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

	Indicator 1					Indicator 2				
House-hold Size	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 11<sup>th</sup> of the month
- Extended care, ran on 11<sup>th</sup> 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: \_\_\_\_\_  
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 the areas you would like included in our directory:

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Include Teacher Y or N

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.

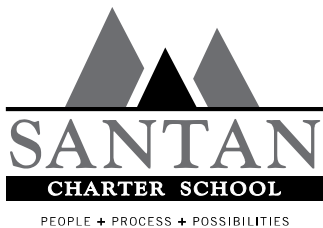
- ☐ Yes! I'm interested in advertising in the directory. Please contact me.
- ☐ No, I'm not interested in advertising in the directory.

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_



**San Tan Charter School**  
**Arizona Tax Credit Program**  
(This form is NOT required for enrollment)

The Arizona Public School Tax Credit is a state program that allows Arizona Tax Payers to contribute to our extra-curricular programs and receive a dollar-for-dollar credit on their state taxes. Married couples can donate up to \$400.00 and single filers can donate up to \$200.00 and receive the full credit from their state tax liability.

Tax Credit contributions support our qualified extra-curricular programs. Community support through successful Tax Credit Drives ensures that we are able to provide a vibrant, competitive extra-curricular program for our students.

Every family can take advantage of the Arizona Public School Tax Credit and support San Tan Charter School. Many families choose to contribute in November and December, but any Tax Credit contribution made in the calendar year will receive the dollar-for-dollar credit. Any Arizona Tax Payer is eligible to take the credit. We ask every family to donate their Tax Credit and invite their extended network of friends and family to do the same.

**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 15<sup>th</sup> 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