

Student Enrollment Requirements

- Birth Certificate
- Family Information Form
- Emergency Contact Form
- Student Health Information Form
- Medication Permission Form (if applicable)
- School, Social Media and News Opt-Out Form

- **Current immunization Records**

*In accordance with Arizona State Law, students must have proof of all required immunizations, or a valid exemption, in order to attend school. The immunization record must include the child's name, date of birth, and each vaccine dose must include the date and the name of the physician or health agency who administered the vaccine.

**Enrollment is not complete until all forms are received, and the \$100 non-refundable new student registration fee has been received.*

Student Name: _____

Date: _____

Family Information

Name: _____ Phone: _____

Last

First

MI

Date of Birth: _____ Age: _____ Gender Male Female

Current Grade: _____ Entering Grade: _____

Address: _____

Street

City

Zip Code

Parent/Guardian Name: _____

Address: _____

Street

City

Zip Code

Email Address: _____

Phone: _____

Home Phone

Work Phone

Cell Phone

Emergency Contact: _____

Name

Home Number

Cell Phone

Parent/Guardian Name: _____

Address: _____

Street

City

Zip Code

Email Address: _____

Phone: _____

Home Phone

Work Phone

Cell Phone

Emergency Contact: _____

Name

Home Number

Cell Phone

Family Information Continued

Special Needs:

**If you answer "YES" to any of the questions below, please explain below attach a written description of the special needs.*

Does the student have any health conditions that may affect educational needs?

Explain: _____

Yes

No

Does the student have a disability that may affect educational needs?

Explain: _____

Yes

No

Does the student have any mobility impairments?

Explain: _____

Yes

No

Parent/Guardian Signature: _____

Date: _____

Emergency Card

Student Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip code: _____ Phone Number: _____

Parent/Guardian Information

Mother's Name: _____ **Primary Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Work Number:** _____

Father's Name: _____ **Primary Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Work Number:** _____

In the event of serious illness or injury occurring within the jurisdiction of AZ Aspire Academy, the school will first attempt to reach you and/or your physician.

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person(s) listed below to **ACT ON MY BEHALF** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

IN THE EVENT OF AN EMERGENCY WHEN PARENT/GUARDIAN IS NOT AVAILABLE, PLEASE CONTACT:

Name: _____ Relationship: _____

Contact Number: _____

Name: _____ Relationship: _____

Contact Number: _____

Name: _____ Relationship: _____

Contact Number: _____

By signing this form, ALL people listed above will also have permission to pick up my child from school (photo ID required)

Parent/Guardian Signature

Date

Student Name: _____

Date: _____

Student Health Information

Student Name: _____ Age: _____

Date of Birth: _____

In Case of emergency, AZ Aspire Academy will attempt to contact a parent/guardian before calling the student's primary health care provider. Your child will be transported by ambulance to an emergency care facility if necessary.

Physician: _____ Phone: _____

Address: _____

Please check all that apply to your child:

Heart Condition Diabetes Asthma Migraines Seizure Disorder

Other: _____

**Please complete medication form if any treatment is required for any of the above conditions*

Allergies:

Food:

Environmental:

Medication:

Insects:

**Please complete medication form if any treatment is required for any allergies*

Hearing impairments/limitations: _____

Vision impairments/limitations: _____

Parent/Guardian Signature: _____

Date: _____

Permission for Prescribed Medication

Student Name: _____

Student Age: _____

Date of Birth: _____

Date form received: (To be completed by school personnel): _____

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PROVIDER

Name of medication: _____

Reason for medication: _____

Form of medication/treatment: Tablet/capsule Liquid Inhaler Injection Nebulizer

Other: _____

Instructions (Schedule and dose to be given at school): _____

Special Storage Requirements: None Refrigerate Locked Cabinet Other: _____

Physician: _____

Phone: _____

Address: _____

Physician's Signature

Date

Student Name: _____

Date: _____

FOR SELF-ADMINISTRATION ONLY

This student has been instructed on self-administration of this medication: for asthmatic, diabetic or severe allergic reaction(anaphylaxis) ONLY.

No

Supervision required

Supervision not required

Signature: _____

Date: _____

Physician or Authorized Provider

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for (name of child) _____ to receive the above stated medication at school according to standard school policy. I release AZ Aspire Academy and its employees from any claims or liability connected with its reliance on this permission.

(Parent/guardians to bring the medication in its original container)

Name: _____ Date: _____

Relationship: _____

Phone: _____

Home Phone

Work Phone

Cell Phone

Parent/Guardian Signature: _____

Date: _____

Social Media and News Opt-Out Form

Part of the communication efforts of AZ Aspire Academy is to let the general public know about the educational activities occurring within the walls of our schools. As part of that effort, we also occasionally invite reporters to the schools to cover educational activities and events. The main focus of education, of course, is students, and during the vast majority of time, we and the media will want to focus on students as the subject of stories. For that reason, we are seeking your permission ahead of time for your student(s) to be interviewed, photographed or videotaped in the event such an opportunity surfaces during the school year. This will include the use of that material on the school website and social media managed by AZ Aspire Academy. Please note, AZ Aspire Academy policy prevents use of a child's full name in association with their photo or video in any form of use.

If you **DO NOT** want your student to be involved in one or all of these instances, please fill out this form and return it to the school. Please note, your permission will be assumed if the school does not receive this form. Please indicate which instances you would like to opt out of:

____ My child may NOT be photographed or videotaped, for use by AZ Aspire Academy.

____ My child may NOT be photographed, videotaped and interviewed by an outside entity.

Student Name: _____

Parent(s) Name: _____

Parent/Guardian Signature: _____

Date: _____



Student Name: _____
 Date: _____

AZ Aspire
RELEASE OF EDUCATION RECORDS
AUTHORIZATION FOR USE AND/OR DISCLOSURE OF EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below. Completion also authorizes you to discuss this information with representatives of the organization named below entitled to receive said information.

STUDENT INFORMATION:

Student Name: _____ Date of Birth: _____

Grade: _____

School: _____

Parent/Legal Guardian Name: _____

Relationship to Student: _____

USE AND DISCLOSURE INFORMATION:

I, the undersigned, do hereby authorize _____

(Name of agency or educational institution maintaining records)

to disclose and deliver the complete education records maintained under the above student's name including but not limited to the following:

- * **Grades and transcripts** * Psychological & Educational testing * Verbal Information
- * School health records * Special education records * Discipline

***Please list any records you do not wish to be disclosed:* _____

The education records described above shall be delivered to:

Name _____ Organization: **Az Aspire Academy**

Address: _____

City/State/Zip Code: _____ Telephone Number: _____

Email: _____

This information is to be disclosed and used for the purpose of:

- Special Education Evaluation & Planning § 504 Evaluation & Planning
- Provision of Special Education Services Information for School Nursing
- Other **Transcript Evaluation** _____ *(please provide explanation).*

AUTHORIZATION FOR REDISCLOSURE:

Under federal law, the requestor (Az Aspire may not redisclose the information identified above to any other party without your prior consent. If you wish to authorize the School District to redisclose the information identified above please mark the box below:

I authorize the School District to redisclose the education information described above and I understand that if the information is redisclosed it may not be protected by federal privileges, privacy laws or regulations.

APPROVAL:

My authorization for the use, disclosure and/or redisclosure of the information identified above is voluntary. I understand that the information to be disclosed or redisclosed may include individually identifiable health information. I understand that, upon my request, I am entitled to a signed copy of this authorization form and the records to be disclosed. Unless sooner terminated in writing, this release shall remain effective for **1 year** from the date signed below. A copy of this release shall be as sufficient to authorize release of information identified above as the original signed by me.

 Signature of Student's Parent or
 Student's Legal Guardian

Date: _____

Relationship: _____



Student Name: _____
Date: _____

Parent Funding Options

Empowerment Scholarship Accounts

An Empowerment Scholarship Account (ESA) is an account established through the Arizona Department of Education to provide a private school education for *qualified students*. Please go to the following website for further details and information:

<http://www.azed.gov/esa>

School Tuition Organization

A School tuition organization (STO) is one that is tax exempt under Section 501(c)(3) of the Internal Revenue Code and allocates at least 90% of its annual revenue to scholarships or grants and makes its scholarships/grants available to students of more than one qualified school.

****Please contact us for further details and information regarding scholarship and funding opportunities****