



### Checklist For Completing Enrollment Packet

- Obtain copies or originals of the following:
  - Birth Certificate
  - Copy of Custody Paper (if applicable)
  - Immunization Records
  - Social Security Card (optional)
  - Withdrawal Slip
  - Most Recent Report Card
  - Individual Education Plan (IEP) or 504 Plan (if applicable)
- Read entire packet
- Complete, sign and date Student Enrollment Form
- Complete, sign and date Consent for Medical/Dental Emergency Treatment and Medical Information Form
- Complete, sign, and date Home Language Survey (PHLOTE Form)
- Complete, sign and date Student Agreement/Contract (both student and Parent/guardian signature required)
- Read, sign and date Parent/Student Compact (both student and Parent/Guardian signature required)
- Complete, and date Bus Sheet Form
- Complete, sign and date Permission Form
- Complete, sign, and date Athletics Acknowledgement and Assumption of Risk and Release Form
- Complete, sign and date Internet use Policy
- Complete, sign and date Request for Release of Student Records Form
- Complete, sign, and date Records Request for Special Services Form
- Complete, sign and date Free and Reduced Meals for Family Application
- Complete and sign the student Residency Status Form (McKinney Vento Form)
- Complete the Ad Analysis Form
- Complete Parent Volunteer Form
- Keep the School Calendar for your records



South Pointe Elementary
Enrollment Form 2008-2009

SAIS ID: \_\_\_\_\_

\*For re-enrollment within 2008-2009

Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Gender:  Female  Male Grade: \_\_\_\_\_ Social Security: \_\_\_\_\_

Table with columns for Ethnicity (White, Black, Native American, Hispanic, Asian or Pacific Islander, Other) and Place of Birth (1st Entered US).

Last School Attended: \_\_\_\_\_ Last date of Attendance: \_\_\_\_\_

Has the student ever been identified for and/or placed in a special education program?
If yes, does the student have a current IEP? (Please bring to enrollment interview)

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

What is the language most often spoken by the student?

What is the language that the student first acquired?

Parent/Guardian Information

Primary/mailling contact or student information if not living with parent/guardian

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Lives with Contact? Yes/No Has Legal Custody? Yes/No OK to Pickup? Yes/No Receives Report Cards? Yes/No

Secondary Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Lives with Contact? Yes/No Has Legal Custody? Yes/No OK to Pickup? Yes/No Receives Report Cards? Yes/No

Emergency Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Lives with Contact? Yes/No Has Legal Custody? Yes/No OK to Pickup? Yes/No

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*As I re-enroll my student \_\_\_\_\_ I acknowledge the information above has not changed and is still current.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Empty rectangular box for additional information or signature.

## South Pointe Elementary School

### CONSENT FOR MEDICAL/DENTAL EMERGENCY TREATMENT AND MEDICAL INFORMATION

In the event of a medical emergency, we will attempt to contact the primary guardian first and then the secondary guardian, both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school. Please complete the following emergency medical and insurance information.

Yes, I give permission for my child to receive emergency medical treatment by authorized pre-hospital personnel and members of the hospital staff, as may, in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference			
Medical Insurance Carrier		Policy #	
Family Physician Name		Phone #	
Dental Insurance Carrier		Policy #	
Family Dentist Name		Phone #	
Please use this space to explain any special procedures or requests:			

No, I do not give permission for my child to receive emergency medical treatment.

Please use this space to explain any special procedures or requests:			
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### EMERGENCY CONTACT NAME AND PHONE NUMBER

Emergency Contact Name (other than those listed above). This person will be contacted only if the primary and secondary guardians are unavailable.	
Emergency Contact Phone Number	

### MEDICAL/ALLERGY INFORMATION

Please list any existing medical problems	
Please list any known allergies:	

### CONSENT FOR PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

The office staff has some over-the-counter medication that can be given to students for common ailments. They cannot and will not distribute any more than the recommended dosages listed on the packages.

- Yes, I give permission for my child to receive over the counter pain reliever from the school office staff (i.e. non-aspirin pain reliever, aspirin, anti-acids, cold & flu relief).
- No, I do not give permission for my child to receive over the counter pain reliever.

I understand that if my student needs medication, prescription or anything other than the recommended dosage for over-the-counter medication, the following stipulations must be met:

1. Whether a prescription drug or an over-the-counter drug, the medication must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
2. The parent must provide signed and written directions to the school regarding medication to be administered.
3. All medications shall be kept in the school office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Legal Guardian Signature		Date	
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State of Arizona  
Department of Education  
English Acquisition Services

Tom Horne  
Superintendent of  
Public Instruction

These questions are in compliance with R7-2-306 from the Board Rules.

PHLOTE -Primary Home Language Other Than English  
Home Language Survey

Responses to these statements will be used to determine whether your child 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? \_\_\_\_\_

Student Name \_\_\_\_\_ Student I.D. \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS I.D. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District \_\_\_\_\_ School \_\_\_\_\_

Approximately, what year did the student enter the U.S.? \_\_\_\_\_

Have you been enrolled in a U.S. school for more than 4 years? **Yes** **No**

If no, circle how many years you have attended school in the U.S. **0 1 2 3**

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Please provide a copy of the Home Language Survey to the ELL Coordinator on site.  
In SAIS, please indicate the student's home or primary language.

## South Pointe Elementary School

### STUDENT AGREEMENT/CONTRACT

The following rules and procedures are enforced at **South Pointe Elementary School** for the purpose of maintaining a safe, drug-free learning environment:

1. **Absences:** In order to receive credit for a course, a student must attend class each day and complete all work required at a level that is acceptable by the teacher. Attendance is mandatory! Arizona State law requires attendance 90% of the time to receive credit. If a student is absent on any day of the week, he or she is required to flex the time prior to that week ending. If a student does not flex the time within the same week of the absence, the student is still responsible for flexing the time immediately upon returning to school. An absence not made up is considered a permanent absence. If a student is absent more than 10% of the time (4 or more absences at the end of the block), they will fail their classes. These criteria meet the state requirements for class attendance/earned credit.
2. **Parent Notification – Absences:** All absences will be phoned into the office. If the school does not receive a phone call by the guardian/parent regarding the student's absence, then the school will notify the parent to verify the absence.
3. **Disrespect:** Disrespect to teachers, staff members, as well as fellow students, will not be tolerated. This includes the use of racist, sexist, obscene language or gestures in the classroom, on class work, on campus as well as a disrespectful attitude when addressing staff members or fellow students.
4. **Closed Campus Policy:** **South Pointe Elementary School** operates a closed campus policy and ditching will not be tolerated. Students who become ill or have an emergency must report to the office and sign out before leaving the campus. All Students under the age of 18 must receive parental permission before leaving.
5. **Personal Phone Calls:** Students will not receive telephone calls during school hours. Emergency calls from parents will be taken and students will be informed immediately.
6. **Teacher Availability:** Teachers are available before and after class to communicate with parents. Appointments are preferred.
7. **Telephone Calls:** Payphones are available for student use. Students cannot use school phones unless it's deemed an emergency by staff.
8. **No Gang Activity or Association:** **South Pointe Elementary School** strictly enforces a zero tolerance policy towards any type of gang activity or association on campus. This includes hand gestures/signs, clothing, belt buckles, T-shirts, handkerchiefs, emblems, writing graffiti, etc.

9. **Illegal Possession:** Any actions involving the possession, use, or sale of any type of drug, alcohol, or other controlled substances will result in notification of authorities.
10. **No Weapons:** Weapons, or any dangerous item, are not allowed on campus. This includes look-alikes and replicas.
11. **Fighting:** Fighting on our campus, or school related areas such as bus stops or adjacent businesses will not be tolerated. If a student anticipates a problem of any type, he or she should contact the principal or assistant principal immediately.
12. **Personal Electronic Equipment:** Cell phones should not be used while on campus. Walkmans, CD's, beepers, hand-held computer games and other electronic equipment are allowed, but cannot be used in the building or administrative offices.
13. **Trash/Littering:** Sunflower seeds are not allowed on campus. Students will throw trash in trashcans and assist the Your School staff in keeping the campus litter free.
14. **Gambling:** Gambling in any form is not allowed on campus.
15. **Vandalism:** Vandalism is forbidden. Any destruction of school property by a student is the financial responsibility of the parent/guardian.
16. **Verbal Abuse or Intimidation:** Additional student behaviors that will not be tolerated are verbal abuse, mocking, extortion, threats and intimidation, or any conduct that will endanger the health and safety of fellow students or staff members.
17. **Attire:** Students are expected to dress appropriately. Any attire, which is inappropriate or distracts from the school program will not be tolerated. Hats are not allowed.

I agree that my continued admission will be based on my willingness to follow the above-stated rules and policies of South Pointe Elementary School.

I understand that violation of any of these guidelines or rules can result in my removal from South Pointe Elementary School.

I do hereby agree and acknowledge this Student Agreement/Contract, and put forth my signature below.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Parent/Student Compact South Pointe Elementary School

The following Parent/School Compact, developed through the combined efforts of the parents, students, and staff of South Pointe High School, outlines the goals, expectations, and shared responsibilities for the success of all our students.

### **School Environment**

#### **The School Will:**

- The School will provide a safe, secure environment on a closed campus with adequate security (local law enforcement).
- The School will employ a staff that is well trained and certified in maintaining a safe, educational environment.

#### **The Parents Will:**

- The Parents will contact the school with any concerns over attendance, behavior or academic completion.
- The Parents will contact their individual student, during regular class hours, through the school office only.

#### **The Students Will:**

- Students will accept the responsibility of maintaining a safe, secure learning environment by accepting this code of conduct.
- Students will not use, sell, or participate in any illegal use of drugs, tobacco or alcohol.
- Students will avoid and refrain from all gang related activities: hand signs, clothing, jewelry, graffiti, or any other actions or behavior.
- Students will not gamble in any way shape or form – playing cards, dice, or any other related gambling material.
- Students will not carry weapons or any look-alikes or replicas of weapons.
- Students will have no phones, pagers, Discmans, Walkmans or any similar electronics in any class at any time.
- Students will not fight or participate in any confrontational behavior at any time with anybody.
- Students will attend classes on time and be permitted to leave campus with parent/guardian permission only.

### **Behavior and Participation**

#### **The School Will:**

- The School will maintain a safe climate, with a positive atmosphere suitable for learning for all students.
- The School will provide students with a foundation for continuous learning.

#### **The Parents Will:**

- The Parents will reinforce mutual respect for all teachers, staff and other students.
- The Parents will reinforce appropriate dress for a learning environment (including clothing and jewelry).
- The Parents will monitor their student's attendance ensuring full attendance – 100%.
- The Parents will reinforce positive student behavior and participation involving any and all activities, possessions and actions.

#### **The Students Will:**

- Students will show respect to all teachers, all staff and all students at all times: No racism, foul language, obscene gestures, harassment, poor attitude or inappropriate behavior (see school environment above).
- Students will use appropriate language at all times: No obscenities, threats, harassment, or any other verbal abuses.
- Students will show positive behavior at all times: Attendance, participation, respect, positive attitude, gestures and posture.
- Students will dress appropriately for a learning environment at all times (professional reflecting maturity and modesty).
- Academics and Curriculum – The School Will:
- The School will provide a challenging curriculum that is aligned to the Arizona Academic Standards.
- The School will promote student achievement and success addressing all learning styles and accommodations.
- The School will employ highly trained professionals (teachers, administrators, and staff) who promote the highest quality in education.

#### **The Parents Will:**

- The Parents will support students in their learning and completion of all classes, all assignments and all class activities.
- The Parents will assist their students in seeking and receiving any additional help in order to achieve.
- The Parents will have access to all curricular materials and their student's class work in order to monitor his or her progress.

**The Students Will:**

- Students will put in 100% effort in all class activities and all assignments at all times in order meet the requirements for graduation.
- Students will ask for help on any assignments they do not understand in order to achieve to their best ability.
- Students will attend any extra help or additional classes suggested by their teacher in order to achieve to their vest ability.
- Students will complete all classes and all assignments appropriately to the best of their ability.

**Goals and Achievement**

**The School will:**

- Provide every opportunity for students to achieve academic success.
- Maintain contact with the parents to keep them apprised of the student's progress.

**The Parents Will:**

- The Parents will provide every opportunity for their student to achieve academic success.

**The Students Will:**

- Students will take responsibility: to learn and achieve in every class and every course of study, to monitor their own grades and credits, and positively work toward graduation.

Student: \_\_\_\_\_

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

Parent: \_\_\_\_\_

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

Administrator: \_\_\_\_\_

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



# South Pointe Elementary School



## Bus Information Sheet

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

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Morning Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_

Names and phone numbers of person(s) authorized to drop-off/  
pick-up my student at the bus stop: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DO NOT WRITE BELOW FOR OFFICIAL USE ONLY:

Bus Driver: \_\_\_\_\_

Time of Pick-up: \_\_\_\_\_

Time of Drop-off: \_\_\_\_\_

Drop-off and Pick-up location: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

South Pointe Elementary School  
**PERMISSION FORM**

Please check the boxes of the items you would like to allow your student to participate in and sign below:

Permission to Participate in Off-Campus Activities

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

Permission is granted to arrange for private transportation with an adult driver if chosen by school officials.

Permission is granted if school vehicles are used for transportation.

Permission is granted when students walk from their school to the site of the field trip.

Public transportation

Permission to Release News Information

There may be times during the school year when the school, The Leona Group, news media or others wish to photograph or videotape your child at school for use in print, video, Internet or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums.

Permission to Use Artwork

There may be times during the school year when the school, The Leona Group, news media or others wish to use artwork created by your student at the school for use in print, video, Internet or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of medium

\_\_\_\_\_  
Student's Name (Please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

ATHLETICS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

Participant's Name \_\_\_\_\_

Your son or daughter (the "Participant") would like to participate in Athletics (the "League") as a player. The League requires each Participant's parent or guardian (and if the Participant is 18 years of age, the participant) to sign this Acknowledgment and Assumption of Risk and Release. By signing this document you:

(1) Acknowledge that injury may result from the Participant's participation in the League;

(2) Represent to the League, The Leona Group Arizona, L.L.C., and their affiliates, schools, officers, employees, and members (the "Leona Group") that the Participant has no injury, illness or other medical condition that would prevent him/her from participating in the League or that would make it dangerous, harmful, or inadvisable for him/her to do so;

(3) Assume the risk of and release and hold the Leona Group harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in the League; and

(4) Agree that neither the Leona Group, nor the facility at which any game, practice or other League activity is held, nor any other person involved in organizing or conducting the League (including coaches, referees, and schools) shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns:

Signature of Parent or Guardian \_\_\_\_\_

Signature of Participant (if 18 years of age or older) \_\_\_\_\_

Date \_\_\_\_\_

South Pointe Elementary School  
INTERNET USE POLICY

PRIOR TO RECEIVING AUTHORIZATION TO USE THE INTERNET, STUDENTS AND THEIR PARENTS/GUARDIANS MUST SIGN THE FOLLOWING PERMISSION AND CONTRACT DOCUMENT:

To be completed by all Parents/Guardians:

I give my permission for my son/daughter to participate in the use of the Internet, a worldwide telecommunications network. I realize that s/he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold YOUR SCHOOL accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Use Policy.

Student's Name: (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Name: (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

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

To be completed by all Students:

I will abide by the Internet Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for YOUR SCHOOL to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and appropriate school discipline and/or legal action may be taken.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed: \_\_\_\_\_



South Pointe Elementary School  
 Ms. Tonya Bridges-Brown  
 2033 E. Southern Ave.  
 Phoenix, AZ 85040  
 (602)276-1943

bool\*

**REQUEST FOR RELEASE OF STUDENT RECORDS**  
**SOLICITUD PARA CEDER REGISTROS DEL ESTUDIANTE**

Please forward the transcript(s) of/Por favor ceder los registros de:

(Student Name) (Nombre Del Estudiante) \_\_\_\_\_

Date of Birth/Fecha de nacimiento: \_\_\_\_\_ Who enrolled in grade/Quien se matriculo en el grado: \_\_\_\_\_

At **South Pointe Elementary** on/ En **South Pointe Elementary** el \_\_\_\_\_

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well.

El Padre o guardián que ha firmado, ha sido informado de esta transferencia y otorga el permiso para que la información mencionada sea mandada. Si el estudiante es un estudiante de educación especial, por favor de mandar tales registros.

**Please send the following information:**

- AIMS Student Report Information
- Birth Certificate
- Official Transcript
- Letter of Promotion
- Test Scores (SELP/AZELLA Scores – oral, reading, writing)
- Official Withdrawal Form
- Grades to Date of Withdrawal
- Course Description/Catalog of Courses
- Immunization Records/Health Records
- Hearing and Vision Screening Results
- Discipline and Attendance Records
- Explanation of Grading/Credit System. (Please Indicate symbols designating Accelerated classes.)
- Special Education Records, including IEP's, Psychological Reports, etc.

**Por favor de mandar lo siguiente:**

- Reportes informativos de el examen AIMS
- Acta De Nacimiento
- Boleta oficial de calificaciones
- Carta de Promoción
- Puntuación en los exámenes SELP y AZELLA
- Forma oficial de retiro
- Calificaciones hasta la fecha de retiro
- Descripción de cursos/Catalogo de cursos
- Cartilla de vacunas/registro de salud
- Resultados de el examen de visión y audición
- Registros de asistencia y disciplina
- Explicación de sistema de calificaciones y créditos
- Registros de educación especial, incluyendo IEP's, informes psicológicos.

**Please sign and complete the information below:/Por favor firmar y completar la información de abajo:**

Name and address of last school attended/Nombre y dirección de la ultima escuela asistida:

\_\_\_\_\_  
 School Name/Nombre de la escuela

\_\_\_\_\_  
 Address/Dirección

\_\_\_\_\_  
 City/Cuidad                      State/Estado      Zip/Código Postal

\_\_\_\_\_  
 Telephone Number/Numero de teléfono

\_\_\_\_\_  
 Signature of Parent/Guardian/ Firma del padre o guardian

\_\_\_\_\_  
 Date/Fecha

**\*State Law 15-828 Paragraph F States that NO SCHOOLS SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. \*New Federal Law 99.31- No parent or signature required for educational records to be sent to another educational agency.**

RECORDS REQUEST FOR SPECIAL SERVICES  
Student Services Department

Please forward the following records for \_\_\_\_\_  
(Student Name)

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to The Leona Group Arizona, Student Services Department.

This student enrolled at South Pointe High School in the \_\_\_\_\_ grade

on \_\_\_\_\_ Student ID No. \_\_\_\_\_  
(Last school attended)

List the three schools the student last attended, with the most current school listed first.

I give permission to:

\_\_\_\_\_  
(Name of schools last attended)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

To release the records checked below to The Leona Group Arizona, Student Services.

- |                                                                               |                                                                      |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Psycho-educational Evaluations            | <input checked="" type="checkbox"/> Nurses Report                    |
| <input checked="" type="checkbox"/> Individual Education Plans                | <input checked="" type="checkbox"/> Psychiatric Therapy Evaluations  |
| <input checked="" type="checkbox"/> Eligibility Form                          | <input checked="" type="checkbox"/> Occupational Therapy Evaluations |
| <input checked="" type="checkbox"/> Multidisciplinary Evaluation Team Minutes | <input checked="" type="checkbox"/> Physical Therapy Evaluations     |
| <input checked="" type="checkbox"/> Vision/Hearing Screening Results          | <input checked="" type="checkbox"/> 504 Accommodations Plan          |
| <input checked="" type="checkbox"/> Speech Evaluations                        | <input checked="" type="checkbox"/> Probation Officer's Reports      |
| <input checked="" type="checkbox"/> Behavioral Plans                          | <input checked="" type="checkbox"/> Guardianship Papers              |

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Telephone

The Leona Group LLC.  
7878 N. 16Th St. Ste. #150  
Phoenix, AZ. 85020

Phone: (602) 953-2933 Fax: (602) 279-8068

# 2008-2009 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)			Part 2. Food Stamp/ Cash Assistance/ FDPIR Case Number For EACH Student
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	If your child(ren) have a Case Number please <b>ENTER BELOW</b> for each student. Skip to Part 6.
1.			1.
2.			2.
3.			3.
4.			4.
5.			5.
6.			6.

**Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call (your school, homeless liaison, migrant coordinator at phone #)** Homeless  Migrant  Runaway

**Part 4. Foster Child**  
If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_. Skip to Part 6.

**Part 5. Total Household Gross Income —You must report *HOW MUCH* and *HOW OFTEN***

1. Name (List <b>everyone</b> in household including children in school)	2. Check if <b>NO</b> Income <input type="checkbox"/>	3. GROSS INCOME and HOW OFTEN it was received <i>Example: \$50—monthly \$50—twice a month \$50—every other week \$50—weekly</i>							
		Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income	
		How Much	How Often	How Much	How Often	How Much	How Often	How Much	How Often
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	
	<input type="checkbox"/>	\$		\$		\$		\$	

**Part 6. Signature and Social Security Number (Adult MUST sign)**  
An adult household member must sign the application. If Part 5 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)  
*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Must Sign here:  \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I **do not** have a Social Security Number

Address: \_\_\_\_\_ APT# \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Part 7. Children's racial and ethnic identities (optional)**

Mark one or more racial identities:  Asian  American Indian or Alaska Native  Black or African American  White  Native Hawaiian or Other Pacific Islander  Other

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino

**Don't fill out this part. This is for school use only.**  Error-Prone  Directly Certified – Attach to match result

*Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12*

Total Income: \$ \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Case # Application Eligibility:  Free,  Reduced,  Denied – Reason: \_\_\_\_\_ Date Withdrawn: \_\_\_/\_\_\_/\_\_\_

Temp. Free – Zero Income (45 days)  Temp. Free – homeless/migrant/runaway (30 days) Temporary Free Expires: \_\_\_/\_\_\_/\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Date Notice Sent: \_\_\_/\_\_\_/\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  Selected for Verification (see attachment)

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2008-2009			
Household size	Yearly	Monthly	Weekly
1	\$19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each additional person:	+6,660	+555	+129

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**Privacy Act Statement: This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Cash Assistance (CA) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.



**South Pointe Elementary  
The Leona Group Arizona  
Student Residency Status  
McKinney-Vento Eligibility Questionnaire**

Name of Student \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine services a student may be eligible for. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes\_\_\_\_ No\_\_\_\_
2. Is your temporary address due to loss of housing or economic hardship? Yes\_\_\_\_ No\_\_\_\_

**If you answered "NO" to both of these questions you may stop here. Thank you.**

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home:

Name(s):	Name(s):
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

1. Where is this student presently living? (Check one box.)
  - Doubled up with relatives or friends
  - In a motel
  - In a shelter
  - Moving from place to place
  - In a place not considered traditional "housing" (campground, car, public place, etc.)
2. Do you also have pre-school children at home? Yes \_\_\_\_ No \_\_\_\_
3. Are you a high school student who is currently living on your own? Yes \_\_\_\_ No \_\_\_\_  
Unaccompanied youth also qualify for services under this law.

## RIGHTS OF HOMELESS STUDENTS

This school shall provide an education environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate education opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applied to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building
- In temporary or transitional foster care placement

According to the McKinney-Vento Homeless Act, eligible students have rights to:

Immediate enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school.

School Selection: McKinney Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)
- In Maricopa County, Thomas J. Pappas School

Remain enrolled in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.

Participate in programs in which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.

Transportation Services: A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond quickly and it must be a written response. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making decision, providing notice of any appeal process, and filling out dispute forms. You have the right to appeal a decision to the state level.

For more information, refer to <http://www.ade.az.gov/asd/homeless/> or contact:

Star Robinson Homeless Liaison South Pointe Elementary School 2033 E. Southern Ave. Phoenix, AZ 85040 (602) 276-1943 star.robinson@leonagroup.com	Frank Migali Homeless Education Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ (602) 542-4963 frank.migali@azed.gov
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South Pointe Elementary School  
Advertising Analysis

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

How did you find out about our school?

(Please circle one of the following):

Mailing

Word of Mouth

Movie Screen Ad

Referral from Leona School

Referral from XXXXX District

Referral from XXXXX District

Flyer, Apartment  
Flyer, Car

Newspaper Advertisement  
Flyer, Hand Delivered

Banner

Internet

Other

Referral from XXXXX District

Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Parent Volunteer

**South Pointe High School** is looking for parent volunteers for the following activities:

- |                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Vision and Hearing Screening | <input type="checkbox"/> School Parties      |
| <input type="checkbox"/> AIMS Testing                 | <input type="checkbox"/> Picture Day         |
| <input type="checkbox"/> Stanford 9 Testing           | <input type="checkbox"/> Field Trips         |
| <input type="checkbox"/> Senior Trip/Prom             | <input type="checkbox"/> Ice Cream Social    |
| <input type="checkbox"/> Graduation                   | <input type="checkbox"/> Classroom Volunteer |

Parent Name: \_\_\_\_\_

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

Parent Phone Number: \_\_\_\_\_

Days available:  Monday  Tuesday  Wednesday  Thursday  Friday  
(Please check days)

Times available:  8:00-10:30 a.m.  10:30-1:00 p.m.  1:15-3:30 p.m.  
 3:45-6:00 p.m. (Please check times)

We appreciate your time and cooperation.

### Padres Voluntarios

**South Pointe High School** esta en busca de padres voluntarios para las siguientes actividades:

- |                                                          |                                                                  |
|----------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Examen de Audición y Visión     | <input type="checkbox"/> Día de fotos                            |
| <input type="checkbox"/> Examen de AIMS                  | <input type="checkbox"/> Actividades escolares                   |
| <input type="checkbox"/> Actividades de los Seniors/Prom | <input type="checkbox"/> Actividades Sociales en salones         |
| <input type="checkbox"/> Graduación                      | <input type="checkbox"/> Voluntarios para actividades en salones |
| <input type="checkbox"/> Fiestas de la escuela           |                                                                  |

Nombre del Padre: \_\_\_\_\_ Nombre del Estudiante: \_\_\_\_\_

Teléfono de Padres: \_\_\_\_\_

Días disponibles:  Lunes  Martes  Miércoles  Jueves  Viernes  
(Por favor marque los días)

Horarios disponibles:  8:00-10:30 a.m.  10:30-1:00 p.m.  1:15-3:30 p.m.  
 3:45-6:00 p.m.

Agradecemos su cooperación.