



Enrollment Packet

2017-2018



**449 E Southern Ave.
Phoenix, AZ 85040
Phone: 602.243.8531 Fax: 602.243.8516**

www.Advance-U.com



Parents/Guardians must provide the following documentation upon enrollment:

- Parents/guardians must be present and provide a government issued photo identification.**
- Immunization Records**
All students entering Arizona public schools are required by law to be immunized. Proof of immunizations or a signed waiver is required at the time of enrollment and must include the name of the person, the birth date, the type of vaccine administered, and the month, day and year of each immunization. (ARS 15-872)
- Birth Certificate**
A birth certificate is required to verify the correct legal name and birth date of the student. In compliance with federal, state, and district guidelines, all students are enrolled using the legal name on the student's birth certificate. If there has been a court-ordered name change, a copy of the court document must be provided at the time of enrollment. (ARS 15-828)
- Proof of Residency**
ARS 15-802(b) requires school districts to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. The documentation must be provided each time a student enrolls in a school district, and reaffirmed annually.
 - *Utility Bill (gas, electric, home telephone, water, cable)
 - *Purchase or Escrow Agreement
 - *Lease or Rental Agreement

The following documents must be provided only if applicable upon enrollment:

- Affidavit of Residency**
If you are residing in the home of a relative or friend, you must provide a notarized Affidavit of Residency from the owner/renter. The owner/renter of the home must provide the same proof of residency documentation noted above with the Affidavit.
- Withdrawal Form**
Please present the withdrawal form from the most recently attended school.
- Legal guardianship or custody papers** are required if applicable:
 - *If an adoption has taken place;
 - *If student lives with one custodial parent as the result of a divorce;
 - *If the student lives with anyone else, i.e. grandparents, aunt, uncle, sibling, friends or other relatives
- Individual learning plans, evaluations, and other related documents**
Students receiving special services (special education, gifted, ELL and 504 services) are encouraged to provide copies of these documents upon enrollment, if available.
- Support Programs Form**
You must complete the Support Programs Form to determine eligibility for potential services as a homeless individual.

Advance U REGISTRATION FORM 2016 - 2017 School Year

STUDENT INFORMATION					
Student's Last Name	Student's First Name	Student's Middle Name	Age:	Grade:	Gender:
Ethnicity: (Please mark ONLY ONE) <input type="checkbox"/> Hispanic or Latino <small>NOT Hispanic or Latino</small>		Race: (Please mark ONE or MORE of the following) <input type="checkbox"/> American Indian/Alaska Native <small>RACE</small> <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White		Student's email address:	
Date of Birth (Month / Day / Year)	Birth City	Birth State	Birth Country	Student's Cell Phone:	

PREVIOUS SCHOOL INFORMATION		
Name of Previous School Attended	Withdrawal Date	Previous School Location (City, State, Zip, if known)

PARENT/LEGAL GUARDIAN/ ADULT STUDENT (over 18) INFORMATION					
Primary Contact: Name (Last, First)		<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings		Secondary Contact: Name (Last, First)	
Home Address		Home Address		<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings	
City	State	Zip Code	City	State	Zip Code
Mailing Address (if different from above)			Mailing Address (if different from above)		
City	State	Zip Code	City	State	Zip Code
Home Phone (___Primary #)	Work Phone (___Primary #)	Home Phone (___Primary #)	Work Phone (___Primary #)		
Cell Phone (____Primary #)	Relationship to Student	Cell Phone (____Primary #)	Relationship to Student		
Email Address:			Email Address:		

IN CASE OF EMERGENCY NAMES OF PERSONS OTHER THAN PARENT WHO CAN ASSUME TEMPORARY RESPONSIBILITY			
Emergency Contact 1 Name (Last, First) - Person That Can Pick Up Student		Emergency Contact 2 Name (Last, First) - Person That Can Pick Up Student	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	Relationship to Student	Cell Phone	Relationship to Student

STUDENT BACKGROUND	HOME LANGUAGE SURVEY (as required by Arizona Department of Education)												
If parents separated/divorced, who has legal custody? _____ Does the non-custodial parent have restricted visitation rights? ___ Yes ___ No (If yes, a copy of the legal papers must be provided.) Does your child currently receive extra services? YES NO Special Education/IEP 504 ELL or LEP Does your child have medical or dietary concerns we should know about? Has your child ever been expelled from another educational institution? ___ Yes ___ No Is your child currently in the process of being expelled from a school? ___ Yes ___ No Is your child currently under a long-term suspension? ___ Yes ___ No Has your child ever been a Leona Group student before? ___ Yes ___ No	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? _____												
PLEASE LIST SIBLINGS													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>First and Last Name</th> <th>Age</th> <th>School</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		First and Last Name	Age	School	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
First and Last Name	Age	School											
1. _____	_____	_____											
2. _____	_____	_____											
3. _____	_____	_____											

X _____ PARENT / GUARDIAN / ADULT STUDENT SIGNATURE	_____ DATE
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THIS SECTION IS FOR OFFICE USE ONLY

Proof of Birth Documentation	Scanned into SMS: ___/___/201__	Entered into SMS: ___/___/201__	Interview Initials
Proof of Residency	Entry Code: _____	(Entered into SMS by: _____)	

*As I re-enroll my student: _____ / I acknowledge the information above has not changed and is still current.
 (student name)

Parent/Guardian Signature: _____ Date: _____



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter Kaizen Education Foundation dba Advance U

School Advance U

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



**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

Advance U McKinney-Vento Eligibility Questionnaire

Student Name: _____ 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 for which services a student may be eligible. 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 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)

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.azed.gov/schooleffectiveness/specialpops/homeless> or contact:

Homeless Liaison Contact info
Cindy Corado
449 E. Southern Ave.,
Phoenix, AZ 85040
(602) 243-8531
Cindy.corado@leonagroup.com

Frank Migali
State Coordinator for Homeless & Refugee Education
Arizona Department of Education
1535 W. Jefferson Street
Phoenix, AZ
(602) 542-4963
Frank.Migali@azed.gov

Student Name: _____ Student Date of Birth: _____

Medical History (Check all that apply)

Measles	Asthma	Allergies (food or otherwise)	
Chickenpox	Diabetes	Vision Impairment	Heart Condition
Scoliosis	Ear infection	Hearing Impairment	Convulsive Disorder
TB	Mumps	Physical Handicap	Other

Doctor's Name _____ Phone _____
Hospital Preference _____ Phone _____

Is your Child Taking Any Medication? Yes No If yes, name the medication(s) and for what condition(s).

**Medication may not be administered without prescription release. An exception to this is a respiratory inhaler or epinephrine; however, we must have a physician's statement on file in the school office.*

Medication: _____ Condition: _____
Medication: _____ Condition: _____
Medication: _____ Condition: _____
Medication: _____ Condition: _____

Is your child presently under treatment for any physical problem? If yes, please explain.

Is your child allergic to any foods or other substance? If yes, name foods or substances to be avoided. Please explain procedure if reaction occurs.

Is your child subject to convulsions, and what should be our procedure if one occurs?

Is your child usually susceptible to infections and if so, what precautions need to be taken?

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

Additional Comments/Other Special Instructions

The above emergency and medical information is provided by:

Parent/Guardian Signature _____ Date _____



THE LEONA GROUP, L.L.C.
*A new kind of public school**

Advance U
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 student to participate in the use of the Internet, a worldwide telecommunications network. I realize that he/she 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 Advance U 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 Advance U 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: _____

Advance U
449 E. Southern Ave., Phoenix, AZ 85040
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PERMISSIONS 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 mediums.

Student's Name (Please print)

Signature of Parent or Guardian

Date

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Parent/Guardian/Student/School Compact

The following Compact outlines the goals, expectations, and shared responsibilities for the success of all our students.

Academics and Curriculum

The School Will:

- Provide a challenging curriculum that is aligned to the Common Core Standards
- Promote student achievement and success addressing all learning styles and accommodations.
- Employ highly trained professionals (teachers, administrators, and staff) who promote the highest quality in education.

The Parents/Guardians Will:

- Monitor and support their student in their pursuit of academic success.
- Encourage their students to attend before or after school tutoring to seek additional help from teachers if the student does not understand an assignment.
- Be actively engaged in their student's education.

The Student Will:

- Put in 100% effort in all class activities and all assignments at all times in order to meet the requirements for graduation.
- Ask for help on any assignments they do not understand in order to achieve to their best ability.
- Attend any extra help or additional classes suggested by their teacher in order to achieve to their best ability.
- 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.

The Parents/Guardians Will:

- Provide every opportunity for their student to achieve academic success.

The 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.

Behavior and Participation

The School Will:

- Maintain a safe climate with a positive atmosphere suitable for learning for all students.
- Provide students with a foundation for continuous learning.

The Parents/Guardians Will:

- Reinforce mutual respect for all teachers, staff and other students.
- Reinforce appropriate dress for a learning environment (including clothing and jewelry.)
- Monitor their student's attendance ensuring full attendance and to school on time- 100%.
- Reinforce positive student behavior and participation involving any and all activities, possessions and actions.
- Support their student in his/her learning and completion of all classes, assignments and class activities.
- Assist their student in seeking and receiving any additional help in order to achieve.
- Have access to all curricular materials and their student's class work in order to monitor his or her progress.



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- **Keep abreast of child's grades and keep an open line of communication with teachers and school staff.**

The Students Will:

- **Show respect to all teachers, staff and students at all times: No racism, foul language, obscene gestures, harassment, poor attitude or inappropriate behavior (see school environment above.)**
- **Use appropriate language at all times: No obscenities, threats, harassment, or any other verbal abuses.**
- **Show positive behavior at all times: Attendance, participation, respect, positive attitude, gestures and posture.**
- **Dress appropriately for a learning environment at all times (professional reflecting maturity and modesty.)**

School Environment

The School Will:

- **Provide a safe, secure environment on a closed campus with adequate security (local law enforcement).**
- **Employ staff that is well trained and certified in maintaining a safe, educational environment.**

The Parents/Guardians Will:

- **Contact the school with any concerns over attendance, behavior or academic completion.**
- **Contact their individual student, during regular class hours, through the school office only.**
- **Show respect to all teachers, staff and students at all times: No racism, foul language, obscene gestures, harassment, poor attitude or inappropriate behavior**

The Students Will:

- **Accept the responsibility of maintaining a safe and secure learning environment by accepting this code of conduct.**
- **Not use, sell, or participate in any illegal use of drugs, tobacco or alcohol.**
- **Avoid and refrain from all gang related activities: hand signs, clothing, jewelry, graffiti, or any other actions or behavior.**
- **Not gamble in any way shape or form – playing cards, dice, or any other related gambling material.**
- **Not carry weapons or any look-alikes or replicas of weapons.**
- **Not use electronic devices such as phones, pagers, IPOD's or any similar electronics in any class unless specifically instructed to do so by a teacher.**
- **Not fight or participate in any confrontational behavior at any time with anybody.**
- **Attend classes on time and be permitted to leave campus with parent/guardian permission only.**

Student: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Administrator: _____ **Date:** _____



Advance U
RECORDS REQUEST FOR SPECIAL SERVICES
Exceptional Student Services Department

Please forward the following records for _____
(Student Name)

DOB ____/____/____ to Advance U, Exceptional Student Services Department.

This student enrolled at Advance U 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.

- Psycho-educational Evaluations
- Individual Education Plans
- Eligibility Form
- Multidisciplinary Evaluation Team Minutes
- Vision/Hearing Screening Results
- Speech Evaluations
- Behavioral Plans
- Discipline Records

- Nurses Report
- Psychiatric Therapy Evaluations
- Occupational Therapy Evaluations
- Physical Therapy Evaluations
- 504 Accommodations Plan
- Probation Officer's Reports
- Guardianship Papers

Signature of Parent/Guardian

Date

Home Address

Telephone

Please Forward Records to:
Advance U

449 E. Southern Ave., Phoenix, AZ 85040
Phone: (602) 243-8531 Fax: (602) 243-8516



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449 E. Southern Ave., Phoenix, AZ 85040
Phone: (602) 243-8531 Fax: (602) 243-8516

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

Please forward the transcript(s) of/Favor de 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 Advance U

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, 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.

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:/Favor de firmar y completar la información de abajo:

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

School Name/Nombre de la escuela

Address/Dirección

City/Ciudad State/Estado Zip/Código Postal

Telephone Number/Numero de teléfono

Signature of Parent/Guardian/ Firma del padre o guardian

Date/Fecha