

**ACADEMY ADVENTURES MIDTOWN
2019-2020 ENROLLMENT
STUDENT PACKET**

Building On Strengths
ATTENDANCE...ATTITUDE...ACADEMICS

Enrollment Form 2019-2020

Parent Enrollment Check-Off Sheet

Parents/Guardians:

To ensure that Academy Adventures Midtown has all required documentation on file for your child, below is a check list for you to reference. All required documentation listed below must be on file at the school before your child can begin attending Academy Adventures Midtown.

If you have any questions on the requirements, please contact the school at 520.777.3757.

- Completed Enrollment Packet
 - Student Information (including Ethnicity & Race)
 - Student Attendance Agreement
 - Medical History
 - Primary Home Language Other than English (PHLOTE)
 - Records Request (Grades 1-5)
 - Special Education Records Request (if applicable)
 - Signed Uniform Policy
 - Completed Arizona Residency Form or Affidavit **and** Proof of Residency Documentation
 - Field Trip Permission Slip
 - Signed Responsible Use Policy
 - PG Rated Movie Permission Form
 - Extended Day Program Permission Form
 - Signed Handbook Receipt
- Certified copy of your child's Birth Certificate other reliable proof of identity and age (including Baptismal Certificate, application for Social Security Number or original copy of school registration records and an affidavit explaining the inability to provide a copy of Birth Certificate) OR a letter from the authorized representative of an agency having custody of the pupil pursuant to Title 8, Chapter 3 certifying that the pupil has been placed in custody of the agency as prescribed by law.
- Completed Immunization as required by the Arizona Health Department
- Any Court Documents (custody, restraining orders, etc.) if Applicable
- Withdrawal Slip from Previous School (Grades 1-5)
- Last Report Card (Grades 1-5)
- Read Homeless Information for Parents Sheet (English/Spanish Included)
- Read Letter Regarding Community Eligibility Provision for National School Lunch & Breakfast Program

Enrollment Form 2019-2020

Office use Only

1st date of attendance: __/__/__

Date entered in SAIS: __/__/__

Last date of attendance: __/__/__

Academy Adventures Midtown School

3025 N. Winstel, Tucson, AZ 85716

Phone: (520) 777-3757 • <http://www.academyadventuresmidtown.com>

Admission is not based upon ethnicity, national origin, gender, income level, disabling condition, proficiency in the English Language or athletic ability.

Application for 2019-2020 Student Admission

Please print. Information is required for admission and will allow us to appropriately place your child.

How did you hear about us? TV Internet Newspaper Yellow Pages Road Sign Advertisement Other _____

STUDENT INFORMATION

Legal Last Name _____ First Name _____

Middle Name _____ Preferred Name _____

Gender: Male Female Home Phone # _____

What is the primary language used in the home regardless of the language spoken by the student? (Please check ONE)

English Spanish Other: _____

What is the language most often spoken by the student? (Please check ONE) English Spanish Other: _____

What is the language that the student first acquired? (Please check ONE) English Spanish Other: _____

Date of Birth _____ State Born In _____

Current Age _____ 2019-2020 Grade Level _____

Home Address _____ City/State/Zip _____

FEDERAL ETHNICITY & FEDERAL RACE (REQUIRED) – TWO PART QUESTION

PART 1: Federal Ethnicity (Required): Hispanic or Latino Not Hispanic or Latino

PART 2: Federal Race (Required): White Black/African American Asian Native Hawaiian or Other Pacific Islander

American Indian/Alaskan Native (**Tribe Name-required** [no abbreviations]): _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Father's Name _____

Home Phone # _____ Home Phone # _____

Cell # _____ Work # _____ Cell # _____ Work # _____

Email: _____ Email: _____

Student Lives With: Parents Mother Father Other (specify and name) _____

Who has legal custody: Parents Mother Father Other (specify and name) _____

Please describe visitation arrangements. (If applicable) _____

Are there any family circumstances we should be aware of? _____

WHERE DOES THE STUDENT STAY AT NIGHT – PLEASE CHECK ONE OPTION

At home of Parent/Guardian In a Shelter In a Motel/Hotel In a Vehicle At a Campsite

Other Location Not Appropriate for People (i.e. Abandoned Building, Storage Unit, etc.)

Temporarily with more than one family in a house, mobile home or apartment (because the family does not have a place of its own)

Other (specify) _____

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EMERGENCY CONTACT INFORMATION

In case of emergency, or if I cannot be contacted, I hereby authorize the following person(s) to be contacted and to pick up my child.

1. Name: _____ Relationship to Child _____

Address: _____ Phone #: _____

2. Name: _____ Relationship to Child _____

Address: _____ Phone #: _____

(Attach additional page if necessary!)

ALLERGY / MEDICAL INFORMATION

Are there any issues or concerns, such as medical/psychological treatment that the school should be aware of? Yes No

If yes, please describe _____

Is child allergic to food or other substances? No Yes If yes, please specify: _____

SPECIAL EDUCATION

Please check to indicate whether the student has ever had any of the following:

Is your child currently enrolled in special education? No Yes

Parent initials: _____

Does your child currently participate in any of the following: (check all that apply)

I.E.P. 504 Accommodation Educational Evaluation Psychological Evaluation

Gifted Classes Bilingual/ESL Classes Tutoring Other _____

Please check all that apply: Irregular Attendance Disciplinary Issues Diagnosed Attention Deficit Disorder Other _____

Has student ever been expelled or suspended from an elementary school? Yes No

If yes, please give dates, school names and circumstances _____

PREVIOUS SCHOOL INFORMATION

Please indicate **all** former schools your child has attended. (Attach additional page if necessary.)

School's Name	City and State	Dates Attended	Reason for Leaving

STATEMENT OF DISCLOSURE

I/We have truthfully answered all questions on this enrollment form. I/We understand that student grade level placement is based upon his/her previous grades/credits, recommendations and test scores. I/We understand that any false information on the application may affect your child's enrollment. I/We understand that this application does not guarantee enrollment, but is only the first step of the enrollment process.

Parent/Guardian Signature(s)

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Admission is not based upon ethnicity, national origin, gender, income level, disabling condition, proficiency in the English Language or athletic ability.

Enrollment Form 2019-2020

ACADEMY ADVENTURES MIDTOWN

Student Registration, Capacity, Attendance & Placement

I. Admission

- Admission for each student is Non-Discriminatory regardless of an individual's condition or ability.

- Admission to the Academy is prescribed by statute, A.R.S. §15-184, which includes;
(1) submitting an application according to defined capacity limits (must conform to Special Education capacity guidelines) prior to the application deadline; and
(2) meeting the age requirement (age 5, September 1), academic and behavior standards (must conform to placement and continuum of services guidelines).

Please Initial _____

- The application deadline is defined by the hour, date and the number of students enrolled in a program, class or grade level. Subsequent applicants in excess of capacity admission limits are to be placed on a waiting list in chronological order.

Please Initial _____

- After the deadline for admission, students are to be placed on a waiting list in chronological order. Wait listed applicants numbered in excess of capacity limits (must conform to Special Education capacity guidelines) are to be chosen by lottery for admission during the first week following the Labor Day recess

Please Initial _____

II. Placement

- Definitions are essential for the placement of all students in the appropriate academic program, including gifted, Special Education and disabled students.

- Capacity limits
Capacity limits are set by the Superintendent or designee prior to the start of each academic year. These limits are controlled by the instructional needs of students, providing direction for the non-graded academic programs. (See application deadline above)

Please Initial _____

- Attendance:
The law requires children between the ages of 6 and 16 to attend school during the hours a school is in session. Attendance is mandatory, being necessary for instruction and achievement as determined by the education standards of Arizona.
By law, Arizona Revised Statute §15-803, excessive absences are those that exceed 10% of the attendance days for instruction. Students may be administratively withdrawn from school due to excessive absences or ten (10) consecutive absent days from school.

Please Initial _____

- Placement
Placement in each academic program, class or grade level occupied by students with varying instructional needs determines capacity limits. Special Education students are served in an inclusion model. A student's academic and behavioral level informs placement. If a placement is not possible at a given time due to capacity, students will be wait listed with provisional registration.

Please Initial _____

Parent or guardian must sign as having read this document to complete registration.

Printed Signature

Written Signature

Date

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MEDICAL HISTORY

Student's Name: _____ DOB: _____

Is the student...

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Presently receiving treatment for any physical problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | Taking medication? |
| <input type="checkbox"/> | <input type="checkbox"/> | Taking medication on a daily basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Restricted from P.E. recess and/or sports? |

Has this student had or does this student have:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Surgery? |
| <input type="checkbox"/> | <input type="checkbox"/> | Serious Accident or injury? |
| <input type="checkbox"/> | <input type="checkbox"/> | An accident or injury requiring hospitalization/surgery? |
| <input type="checkbox"/> | <input type="checkbox"/> | Tubes in his/her ears? |
| <input type="checkbox"/> | <input type="checkbox"/> | Vision difficulties? |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing difficulties? |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing aides? |
| <input type="checkbox"/> | <input type="checkbox"/> | Tubes in his/her ears now? |
| <input type="checkbox"/> | <input type="checkbox"/> | Speech and/or language difficulties? |

Has the student...

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Been referred to student study? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a psychological exam? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been placed in Learning Disabilities, speech hearing impaired, visually impaired, emotionally handicapped or Physically handicapped classes or programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Ever been expelled or suspended from any public or private school? |

Prenatal and early developmental history...

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Pregnancy complications? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any birth trauma? (premature, late, induced labor, Cesarean, etc.) |
| Years___ | Months___ | At what age did child crawl |
| Years___ | Months___ | At what age did child walk |
| Years___ | Months___ | At what age did child speak their first word? |

Please explain any yes answers: _____

COMPLETE OTHER SIDE

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MEDICAL HISTORY CONTINUED...

Parental Observations:

- Yes No Are there any behaviors that may affect this child's performance in school or that may be of concern?
- Are there any cultural, social and/or religious patterns followed in the home that you would like the school personnel to know about?

Date and reason of last physical exam: _____

Has your child ever had any of the following? If "YES" please give age at the time of ailment.

Yes	No		Age	Yes	No		Age
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	_____	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disorder/Infection	_____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	_____	<input type="checkbox"/>	<input type="checkbox"/>	Migraines	_____
<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Disorder	_____	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	_____	<input type="checkbox"/>	<input type="checkbox"/>	Osgoode Schlatter's	_____
<input type="checkbox"/>	<input type="checkbox"/>	Birth Trauma	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	_____	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	_____	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cystic Fibrosis	_____	<input type="checkbox"/>	<input type="checkbox"/>	Scarlatina	_____
<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	_____	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis/Curvature of Spine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Anemia	_____
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizures	_____	<input type="checkbox"/>	<input type="checkbox"/>	Strep Throat	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ear Infections	_____	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillitis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Frequent Colds	_____	<input type="checkbox"/>	<input type="checkbox"/>	Urinary Tract Infections	_____
<input type="checkbox"/>	<input type="checkbox"/>	Frequent Sore Throat	_____	<input type="checkbox"/>	<input type="checkbox"/>	Vision Problems	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Problems	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease/Problems	_____				

Please Explain Yes Answers: _____

I certify by my signature, that I am either the parent or legal guardian of this child and that the above information is true, accurate and up to date. I understand that if any of the information completed on this form is incorrect or inaccurate, it may adversely affect enrollment of my child.

Signature of Parent / Guardian: _____ Date: _____

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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 _____ Ed Ahead, Inc. _____

School _____ Academy Adventures Midtown _____

.....
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.

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Arizona Department of Education Arizona Residency Documentation Form

Student Name: _____

School: Academy Adventures Midtown

School District or Charter Holder: Ed Ahead, Inc.

Parent/Legal Guardian (Please Print): _____

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 Car or Motor Vehicle Registration
- 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

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Academy Adventures Midtown STUDENT RECORD REQUEST

Student Name:			
Date of Birth:			
SAIS ID Number:		Last Grade Completed:	
Previous School Attended:			
Address of Previous School:			
Parent/Guardian Signature:		Date:	

The child named above has registered at Academy Adventures Midtown. Please forward all pertinent school records/transcripts including, but not limited to:

- Official Pupil Withdrawal Form
- Attendance Records
- Previous School Records
- Report Cards/Progress Reports/Transcripts
- Discipline Records
- Standardized Test Scores
- AZELLA Test Scores
- Special Education Records (if applicable)*
- Birth Certificate
- Immunization Records

If Special Education Records are maintained at another location, **please forward a copy of this request to that location.*

Please send student records to:

ACADEMY ADVENTURES MIDTOWN
3025 N. Winstel, Tucson, Arizona 85716
(520) 777-3757

****Please note: We DO NOT accept faxed or emailed copies of student records.**

For Official Use Only

_____ Signature of School Official Requesting Record	
Date 1st Request Sent: _____	Date 3rd Request Sent: _____
Date 2nd Request Sent: _____	Date 4th Request Sent: _____
Date Records Received: _____	

Enrollment Form 2019-2020

Academy Adventures Midtown
STUDENT RECORD REQUEST
SPECIAL EDUCATION RECORDS

Student Name: _____

Date of Birth: _____ 2019-2020 Grade Level: _____

SPECIAL EDUCATION HISTORY

If there is no history of Special Education, please mark "NO" and go on to the next form. If your child has a current IEP or Current 504, please mark "YES"

CURRENT IEP _____

CURRENT 504 _____

If your child has had Special Education, please complete the following to the best of your ability. This will help us implement services for your child quickly and effectively.

What type of Special Education Services has your child been receiving?

Former School Attended: _____

School Phone Number: _____ School Fax Number: _____

Please forward all of my child's Special Education Records, including IEP's, Psychological Reports, etc. to the school listed below.

Parent Signature: _____ Date: _____

PLEASE REMIT ALL REQUESTED INFORMATION TO:

ACADEMY ADVENTURES MIDTOWN
3025 N. Winstel, Tucson, AZ 85716
520.777.3757

*****Please note: we DO NOT accepted faxed or emailed copies of student records.***

Enrollment Form 2019-2020

Academy Adventures Midtown School PHOTO/MEDIA RELEASE

As a student of Academy Adventures Midtown, your child may be photographed or videotaped for the purpose of promoting Academy Adventures Midtown and its program. This may include but is not limited to: production of radio ads, television ads, television/radio media interviews, newspaper articles, our website, our public Facebook page, brochures, posters/flyers and newsletters.

- PHOTOGRAPHED
- PHOTOGRAPHED FOR SCHOOL PICTURES (CLASS AND SCHOOL GROUP)
- VIDEOTAPED FOR TELEVISION/WEBSITE
- INTERVIEWED FOR TELEVISION, NEWSPAPER, RADIO, ETC.
- RECORDED FOR RADIO ADS, INTERVIEWS, ETC.

I consent to all of the above and provide its/their release for publication, exhibition or reproductions to be used for public relations, news articles or telecasts, education, research and inclusion on the Academy Adventures Midtown Website and Facebook Page. I release Academy Adventures Midtown, their officers and employees and each and all persons involved from any liability connected with the taking, recording or publications of said interviews, photographs, slides, computer images, video tapes or sound recordings. I waive all rights I may have to any claims for payment or royalties in connections with any exhibitions, televising or other publications, all negatives and positives, whether print, video, film or sound recordings are the property of Academy Adventures Midtown or the person or entity designated by it, solely and completely. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding and that I have voluntarily signed this document.

PLEASE CHECK ONE:

- YES!** I want my student to participate
- NO!** I do not want my student to participate

Student's Name: _____

Parent/Guardian Name (PRINT)

Parent/Guardian's Phone Number

Parent/Guardian Signature

Date

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DROP-OFF / PICK-UP POLICY

Academy Adventures Midtown School regards student safety as a top priority. As such, the following procedures have been adopted to maintain a safe transition between parent and Academy Adventures Midtown’s care.

Drop Off – available starting at 7:30am (Monday, Tuesday, Thursday & Friday) OR 8:30am (Wednesday)

Drop off time is no earlier than 7:30 AM (8:30 AM – Wed). Parents/Guardians will be expected to stay with their child outside if they arrive prior to 7:30 AM (8:30 AM). For the safety of the all students, they may not be dropped off and left alone prior to 7:30 AM (8:30 AM).

Time	Responsibility
7:30 AM – 7:55 AM (M, T, Th, F) 8:30 AM – 8:55 AM (Wednesday) Breakfast	Academy Adventures Midtown participates in the National School Breakfast and Lunch program. Breakfast is served from 7:30 AM – 7:55 AM (M, T, Th, F). Any child who arrives after 7:55 AM may not receive a full breakfast tray. Breakfast is served from 8:30 AM – 8:55 AM (Wednesday). Any child who arrives after 8:55 AM may not receive a full breakfast tray.
7:30 AM - 8:00 AM 8:30 AM – 9:00 AM Playground Time	Academy Adventures Midtown Staff monitors the front entry of the building. Students must be acknowledged by staff and enter the school grounds in order to be counted as present at school. You may determine if you would like to park your vehicle and walk your child to the door or simply drop your child off and watch him/her walk into the school. FOR SAFETY OF YOUR CHILD, NEVER LEAVE A CHILD UNTIL A STAFF MEMBER HAS ACKNOWLEDGED THE CHILD’S PRESENCE.
After 8:00 AM (M,T, TH, F) After 9:00 AM (Wed)	Students must be walked into school and be signed in by a parent or guardian.

Pick Up

Only authorized persons will be allowed to pick up your child. These include Parents/Guardians and people listed as emergency contacts.

Time	Responsibility
Before 2:15 PM	Students must be signed out by a parent or guardian at the office if leaving prior to the end of the day. The school day ends at 2:15 PM . Please do not interrupt the class until the teacher has dismissed the students for the day.
2:15 PM	Students must be picked up at 2:15 PM, unless enrolled in extended day learning Adventures. Teachers are <u>NOT</u> available to watch children after dismissal.

Thank you for helping Academy Adventures Midtown School achieve 100% success in our child safety and education program.

FACT: Missing as few as 15 days in a school year for any reason while in elementary school puts students at a higher risk of not graduating from high school.

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Academy Adventures Midtown School UNIFORM POLICY

Bottoms

Acceptable	Unacceptable
Colors: Navy Blue, Khaki, Gray or Black	Any other color
Pants hemmed at the top of the shoe Shorts above the knee in length Girls may also choose a knee length jumper or skirt	Sweat Pants, Denim, leggings and overalls Excessively loose or tight clothing Exposed Undergarments
Clean and neat	Ripped, torn or otherwise in disrepair

Tops

Acceptable	Unacceptable
Colors: Any Solid Color or Stripes	Prints, etc.
Polo Style Knit Shirts (Long or short sleeve) w/ three buttons	T-Shirts, Body Suits, see-through or sleeveless tops Any type of graphics or letters Baggy or excessively tight
Neat and Clean	Ripped, torn or otherwise in disrepair
For cool weather a plain sweatshirt or sweater may be worn in the classroom	Graphics or Lettering on sweatshirts Baggy or excessively tight

Additional Information

- All Students are required to be in uniform for Field Trips.
- Hats are acceptable outside on the playground but must be put away while in building or the teacher will hold it for the student.
- Closed toe and closed heeled shoes must be worn on the playground.
- Free Dress Days on Friday ONLY. No tank tops, sleeveless shirts, short shorts or skirts are permitted on dress down days. Closed toed/Closed heeled shoes are required on the playground on dress down days.

Infractions of the dress code will result in a phone call requesting proper attire be brought for your child to change into. If a uniform item is available, we will loan it to your child for the day. Continued infractions of the dress code will result in a request for a parent/guardian conference with administration.

I have read and agree to the above uniform policy.

Parent Signature: _____ Date: _____

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Academy Adventures Midtown FIELD TRIP PERMISSION SLIP

Child's Name: _____

2019-2020 Grade: _____

Academy Adventures Midtown has many opportunities to participate in field trips involving our community. Occasionally, the information is given to the school at the last minute and the teachers do not have enough time to send home a formal permission slip, so the children are unable to participate. To avoid having the students miss exciting educational activities and opportunities that take place around our community, you are asked to check one of the options below. This will give your child permission to attend community field trips. Individual Field Trip Permission forms will not be sent home for every field trip, however information will be sent home prior to the trip. Parents/Guardians will always be notified before your child goes off campus.

- YES, Permission is granted for the above-named child (student) to be transported in buses, vehicles and/or by city bus, as well as walking to destinations that are nearby.**

As the named parent/guardian, I hereby give permission for my child to participate in school approved activities that will be held from time to time during the 2019-20 school year. I have read the above description and understand that this is a one-time signature for permission, and I understand that most school sponsored activities will be covered by this signed form.

I, the undersigned, hereby allow my son/daughter to participate in designated school activities that will take place as field trips and participation events that will be supervised by faculty and/or staff of Academy Adventures Midtown.

I hereby give permission for the named child to participate in school field trips. I understand that Ed Ahead, Inc./Academy Adventures Midtown and its employees are not responsible for my child's behavior or acts of other persons. We authorize staff to take disciplinary measures, if necessary, for protection of my child or other persons, and if it warrants, I, the parent/guardian, will be responsible for return transportation of the above-named child (student). I hereby authorize the staff of Academy Adventures Midtown to act on their best judgement in any emergency that may require medical attention.

I understand that the child assumes the risk in participation in the activities and I hereby release, exonerate, discharge and hold harmless Ed Ahead, Inc. (corporate sponsor of Academy Adventures Midtown), their employees and agents from any and all liabilities or causes of any injuries incurred during school events.

- NO, I do not agree to the terms above and waive my child's right to attend school sponsored events.**

Parent/Guardian Signature: _____

Date: _____

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Educational Services and Resources **Exceptional Student Services**

Child Find

ARIZONA ADMINISTRATIVE CODE R7-2-401 C.-D.

State Rules Regarding Child Find Responsibilities

C. Public Awareness:

1. Each public agency shall inform the general public and all parents, within the public agency's boundaries of responsibility, of the availability of special education services for students aged three through 21 years and how to access those services. This includes information regarding early intervention services for children aged birth through 2 years.
2. Each public agency is responsible for public awareness within their enrolled population (including the families of enrolled students).
3. School districts are responsible for public awareness in private schools located within their geographical boundaries.

D. Child Identification and Referral

1. Each public agency shall establish, implement, and disseminate to its school-based personnel and all parents, within the public agency boundaries of responsibility, written procedures for the identification and referral of all children with disabilities, aged birth through 21, including children with disabilities attending private schools, regardless of the severity of their disability.
2. Each public agency will require all school-based staff to review the written procedures related to child identification and referral on an annual basis. The public agency shall maintain documentation of staff review.
3. Procedures for child identification and referral shall meet the requirements of the IDEA and regulations, Title 15, Chapter 7, Article 4 and these rules.
4. The public agency responsible for child identification activities is the school district in which the parents reside unless:
 - a. The student is enrolled in a charter school or public agency that is not a school district. In that event, the charter school or public agency is responsible for child identification activities;
 - b. The student is enrolled in a private school. In that event, the school district within whose boundaries the private school is located is responsible for child identification activities.
5. Identification (screening for possible disabilities) shall be completed within 45 calendar days after:
 - a. Entry of each kindergarten student and any student enrolling without appropriate records of screening, evaluation, and progress in school; or
6. Notification to the public agency by parents of concerns regarding developmental or educational progress by their child aged three years through 21 years.
7. Screening procedures shall include vision and hearing status and consideration of the following areas: cognitive or academic, communication, motor, social or behavioral, and adaptive development. Screening does not include detailed individualized comprehensive evaluation procedures.

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8. For a student transferring into a school; the public agency shall review enrollment data and educational performance in the prior school. If there is a history of special education for a student not currently eligible for special education, or poor progress, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services.
9. If a concern about a student is identified through screening procedures or through a review of records, the public agency shall notify the parents of the student of the concern within 10 school days and inform them of the public agency procedures to follow-up on the student's needs.
10. Each public agency shall maintain documentation of the identification procedures utilized, the dates of entry into school or notification by parents made pursuant to paragraph (c)(5)(b), and the dates of screening. The results shall be maintained in the student's permanent records in a location designated by the administrator. In the case of a student not enrolled, the results shall be maintained in a location designated by the administrator.
11. If the identification process indicates a possible disability, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services. A parent or a student may request an evaluation of the student. If the parent of an identified student enrolled in a private school does not reside within the school district boundaries, the parent, with the assistance of the school district, shall notify the district in which the parents reside of the needs of the student and the residence school district will assume responsibility follow-up.
12. If, after consultation with the parent, the responsible public agency determines that a full and individual evaluation is not warranted, the public agency shall provide Prior Written Notice and Procedural Safeguards Notice to the parent within 60 Calendar days.

<http://www.azed.gov/ess/ChildFind/CfAZAdminCodeCD.asp>

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Acceptable Use of Information Resources Policy

Preamble:

Academy Adventures Midtown endeavors to develop and provide access to collections, services, facilities, equipment and programs that meet the information and educational needs of its staff, parents and students.

In fulfillment of this purpose and in response to advances in technology and the changing needs of the community, Academy Adventures Midtown supports access to information resources, including the Internet to the greatest extent possible while protecting students from harmful information. In return, the school expects users of information resources to be aware of and act in compliance with all relevant federal and state laws, local ordinances and governing Board policies. It further expects its users to be familiar with and to behave consistently with the several general principals, which together constitute appropriate, responsible and ethical behavior in an academic environment, particularly in regard to the use of the schools' information resources. Those principles include: Freedom of Expression, Respect for Privacy, Respect for Property Rights, Respect for Personal and Cultural Differences, Freedom from Harassment, Respect for and Compliance with Intellectual Property Rights and Copyright Law.

Academy Adventures Midtown affirms that it will be a partner with users in promoting education and understanding of the appropriate, efficient and successful use of information resources.

Guiding Principles:

Academy Adventures Midtown has purchased and installed an Internet Filtering Device and uses it to limit Internet access to appropriate sites for children. However, it disclaims any warranty for any information found on the Internet as to its accuracy, authority, timeliness, usefulness or fitness for a particular purpose. Likewise, Academy Adventures Midtown disclaims any control over, or knowledge about, changes in content to the sources for which it has established links or for content of sources accessed through secondary links.

Use of the Internet will be managed in a manner consistent with other Academy Adventures Midtown policies, including the student code of conduct.

The Internet contains much information that is personally, academically, professionally and culturally enriching. It also provides material that may be factually incorrect, offensive, disturbing to some individuals and/or illegal. For this reason, Academy Adventures Midtown has purchased a filtering device that the administration uses to disallow students from reaching many inappropriate information sites. It is to be acknowledged however, that the Internet may not be an adequate substitute for many other kinds of information resources, which may be limited by copyright or other restrictions to local use. Users of information resources are encouraged to ask a teacher for assistance in finding the best sources for their research.

Because of the limited technology resources on the Academy Adventures Midtown campus, the school reserves the right to give priority in services and equipment to students and teachers engaged in classroom learning activities, lab instructional learning programs and teacher assigned research projects. Individual use of computers outside of these areas will be granted by administrators.

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Responsibilities:

All users of Academy Adventures Midtown information resources are expected to behave responsibly, legally and ethically in that use. To that end, it is the responsibility of those users to:

- Honor all state and federal laws, copyright provisions and software licensing agreements to which the school is a party.
- Be aware of and comply with any school and teacher rules and procedures for accessing and operating computer and related hardware, software and other information resources.
- Cooperation with legitimate requests by school staff.
- Take precautions to protect accounts and passwords by selecting obscure passwords, changing them frequently and not sharing such information or the use of the accounts with others.
- Download information from computers to flash drive. Whenever possible photocopy multiple copies and otherwise limit printing to what is directly needed in order to conserve paper and to make the most efficient user of resources.
- Properly logoff or logout whenever leaving a computer in an area, which is accessible to others; treat others with dignity and respect; respect the privacy and confidentiality rights of others, including their files and accounts; use Academy Adventures Midtown information resources only for school approved purposes, which are legal and consistent with the school's mission.

Consistent with the above, unacceptable uses and behaviors include, but are not limited to:

- Damaging or attempting to alter computer equipment.
- Violating, or attempting to violate, computer systems security.
- Violating, or attempting to violate, software license agreements.
- Incurring unauthorized or unreasonable costs for the school.
- Accessing files, data, passwords or others' information without authorization.
- Disrupting or monitoring electronic communications without authorization.
- Harassing other computer users or school staff.
- Violating the privacy of others.
- Using any school workstation for any illegal purpose.
- Copying copyright-protected material without legal right or authorization.
- Intentionally and unnecessarily exposing self and others to material that is inappropriate or that may be offensive.

Results of Inappropriate Behavior:

It is important to recognize that inappropriate behavior has an adverse effect on the work of others, on the ability of school staff to conduct good service and/or on information resources themselves. Thus, it is expected that users of information resources at Academy Adventures Midtown will be constructively responsive to others' complaints and receptive to school staff's reasonable requests for changes in behavior or action. School staff will attempt to resolve differences and problems among information users by asking for the cooperation of those involved and for compliance with school rules. When necessary, parents will be called and informed of student's inappropriate behavior with technology.

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Repeated or serious infractions or misconduct may result in temporary or permanent loss of access privileges.

Intentional damage to equipment or unintentional damage to equipment that occurs while a student is misbehaving will result in financial charges to the family.

AFFIDAVIT OF RECEIPT AND ACCEPTANCE OF ACADEMY ADVENTURES MIDTOWN ACCEPTABLE USE OF INFORMATION RESOURCES POLICY.

Parents:

I have received and reviewed the above Acceptable Use of Information Resources Policy. I accept the conditions and responsibilities of the policy and agree to explain them to my child(ren).

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

Name(s) of Children (Please Print):
