



Student Enrollment Packet

Welcome to Salt River Schools! The following forms are required for enrollment in our schools. Each site may require additional forms and documentation. The pre-enrollment checklist on page two (2) will assist you in gathering and completing the necessary documents.

Thank you for your interest in Salt River Schools! We hope you and your student have a successful and enjoyable educational experience.

Salt River Schools does not discriminate on the basis of race, color, national origin, sex, disability, age, pregnant or parenting students in its programs and activities, including in admission and enrollment. Salt River Schools abides by the procedures mandated by Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA) and will provide eligible students with disabilities a free appropriate public education (FAPE), including following Section 504 plans and Individualized Education Programs (IEPs).

FOCUS, ACCOMPLISH, ACHIEVE!

Early Childhood Education Center

Phone: (480)362-2200

Fax: (480)362-2201

Salt River Elementary School

Phone: (480)362-2400

Fax: (480)362-2401

Salt River High School

Phone: (480)362-2000

Fax: (480)362-2090

Accelerated Learning Academy

Phone: (480)362-2130

Fax: (480)362-2159

10005 E. Osborn Road • Scottsdale, AZ 85256 • www.saltriverschools.org

PRE-ENROLLMENT CHECKLIST

Early Childhood Education Center

- | | |
|--|---|
| <input type="checkbox"/> Completed Student Enrollment Packet | <input type="checkbox"/> ECEC Checklist |
| <input type="checkbox"/> Nutrition History Form | |

Salt River Elementary School

- | | |
|---|--|
| <input type="checkbox"/> Completed Student Enrollment Packet | <input type="checkbox"/> ESEA Eligibility Guidelines |
| <input type="checkbox"/> Current Immunization Record | <input type="checkbox"/> Guardianship/Custodial Parent/Court Order Notices (If applicable) |
| <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> Withdrawal Notice from previous school |
| <input type="checkbox"/> Birth Certificate or other proof of identity and age | |
| <input type="checkbox"/> Tribal Identification Card | |
| <input type="checkbox"/> Out of Boundary Form | |
| <input type="checkbox"/> Attendance Agreement | |

Salt River High School

- | | |
|---|--|
| <input type="checkbox"/> Completed Student Enrollment Packet | <input type="checkbox"/> ESEA Eligibility Guidelines |
| <input type="checkbox"/> Current Immunization Record | <input type="checkbox"/> Tribal Identification Card (if applicable) |
| <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> Adult Student Agreement (applicable to students 18 & over) |
| <input type="checkbox"/> Birth Certificate or other proof of identity and age | <input type="checkbox"/> IEP or Special Education Placement Information (if applicable) |
| <input type="checkbox"/> Title VI 506 Student Eligibility Certification | <input type="checkbox"/> Guardianship/Custodial Parent/Court Order Notices (If applicable) |
| <input type="checkbox"/> Official Transcript | |
| <input type="checkbox"/> Withdrawal Notice from previous school | |

Accelerated Learning Academy

(Please note students 18 and over may sign in the designated parent/guardian signature fields)

- | | |
|---|--|
| <input type="checkbox"/> Completed Student Enrollment Packet | <input type="checkbox"/> ESEA Eligibility Guidelines |
| <input type="checkbox"/> Current Immunization Record | <input type="checkbox"/> Tribal Identification Card (if applicable) |
| <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> IEP or Special Education Placement Information (if applicable) |
| <input type="checkbox"/> Birth Certificate or other proof of identity and age | <input type="checkbox"/> Guardianship/Custodial Parent/Court Order Notices (If applicable) |
| <input type="checkbox"/> Title VI 506 Student Eligibility Certification | <input type="checkbox"/> Consent for Release of Information (students 18 years and older only) |
| <input type="checkbox"/> Official Transcript | |
| <input type="checkbox"/> Withdrawal Notice from previous school | |

Teacher/Classroom: _____ ID: _____ SAIS ID: _____ School Year: ____ - ____
Advocate/Other: _____

A. STUDENT ENROLLMENT APPLICATION

PLEASE PRINT CLEARLY

Student's Legal Name: _____
Last Name First Name Middle Name

Student's Preferred Name: _____

School: _____ Grade Entering: _____

Birthdate: _____ Adult Student (18+) Place of Birth: _____ Sex: Female Male
City State

Street Address (must match AZ proof of residency): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than street address): _____

City: _____ State: _____ Zip Code: _____

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check all that apply):

- Black or African American
 Native Hawaiian or other Pacific Islander
 Other
 White
 American Indian or Alaskan Native
 Asian

Tribal Affiliation: _____ Enrollment Number: _____

B. PARENT/GUARDIAN INFORMATION

The information provided will be used for emergency and communication purposes. Students 18 years and older must provide personal contact information including address, contact phone number(s) and email.

Parent/Guardian #1 Name: _____ Sex: Female Male

Relationship to Student: _____ Parent #1 in Military: Yes No

Student lives with Parent/Guardian #1: Yes No Parent/Guardian #1 has custody of Student: Yes No
 SAME AS STUDENT

Address/City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____

Parent/Guardian #2 Name: _____ Sex: Female Male

Relationship to Student: _____ Parent #2 in Military: Yes No

Student lives with Parent/Guardian #2: Yes No Parent/Guardian #2 has custody of Student: Yes No
 SAME AS STUDENT

Address/City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____

ECEC FAMILIES ONLY - Please choose a code word in case you need to ask someone to pick up your child who is not listed on this form: _____

C. EMERGENCY CONTACTS

The contacts listed below may assume responsibility for your child if the parent/guardian cannot be reached, they will be allowed to check your child out of school. A **minimum of two (2)** emergency contacts must be listed. **Emergency contacts must be at least 18 years of age.**

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2	EMERGENCY CONTACT #3	EMERGENCY CONTACT #4	EMERGENCY CONTACT #5
Name (First & Last)					
Relationship to Child					
Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alt. Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

D. STUDENT LEGAL CONSIDERATIONS

Please mark any items below that apply to this student and provide the school with copies of the related documents. ALA STUDENTS: Consent for Release of Information will be collected.

- No** legal considerations exist for this student (please go to section F.)
- Student is in foster care
- Court Appointed Custody
- Power of Attorney
- Student Not Living with Biological Parents
- Student has an injunction Against Harassment (Please list unauthorized persons in Section E.)
- Student has an Order of Protection (Please list unauthorized persons in Section E.)
- Student is covered by a Court Order Regarding School

E. UNAUTHORIZED PERSONS

I have court papers on file at the school preventing the following person(s) from picking up and/or having contact with my child.

	Name	Relationship to Child	Staff Initials	Effective Date	Limitations May not:
1.	_____	_____	_____	_____	<input type="checkbox"/> Pick up <input type="checkbox"/> Contact
2.	_____	_____	_____	_____	<input type="checkbox"/> Pick up <input type="checkbox"/> Contact

Parent/Legal Guardian or Adult Student Signature: _____ Date: _____

F. LANGUAGE

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? _____

G. SPECIAL EDUCATION PROGRAMS

Information is requested solely for purposes of ensuring continuity of services upon enrollment and will not be considered in making enrollment decisions.

1. Has this student ever participated in special education classes or programs?

No (Go to question 3) Yes (Go to question 2)

2. If yes, please choose all that apply.

SEI/English Language Development

ELP (Extended Learning Program)/Gifted/Accelerated

Special Education: ED Autism SLD MIID MOID SID OT SLI

Other: _____

3. Does this student have a current IEP or IFSP? No Yes (Please provide a copy)

4. Does this student have a current MET report? No Yes (Please provide a copy)

5. Does this student have a current 504 plan? No Yes (Please provide a copy)

H. ENROLLING PARENT/GUARDIAN/ADULT STUDENT SIGNATURE

I affirm all registration & emergency information on this form is accurate and understand it is my responsibility to notify the school in writing of any changes. I further affirm, by signing below, that I am a legal Arizona resident.

Parent/Legal Guardian or
Adult Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE ADDED TO WAIT LIST: _____

ENROLLMENT DATE: _____

ENROLLMENT CODE: _____

DATE ENTERED IN SIS

(INITIAL): _____

CLASSROOM _____

ADVOCATE _____

MEETING DATE _____

MEETING WITH _____

STUDENT RECORDS REQUEST

Authorization for Release & Request of Student Records to:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Early Childhood Education Center
Phone: (480)362-2200
Fax: (480)362-2201 | <input type="checkbox"/> Salt River Elementary School
Phone: (480)362-2400
Fax: (480)362-2401 | <input type="checkbox"/> Salt River High School
Phone: (480)362-2000
Fax: (480)362-2090 | <input type="checkbox"/> Accelerated Learning Academy
Phone: (480)362-2130
Fax: (480)362-2159 |
|---|---|---|---|

Student Information:

_____	_____	_____	_____
Legal Last Name	First Name	Middle Name	Date of Birth
_____	_____		
SAIS Number (if applicable)	Previous School Attended		
_____	_____	_____	
City	State	Zip	
_____	_____	_____	
Phone #	Fax #	Email	

I HEREBY AUTHORIZE THE ABOVE REFERENCED SCHOOL TO RELEASE THE FOLLOWING RECORDS TO SALT RIVER SCHOOLS.

- | | | |
|--|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> IEP or 504 with MET | <input type="checkbox"/> Legal Documents |
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> AZ MERIT/Standardized Test Scores | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Report Card/Progress Report | <input type="checkbox"/> Psych Records | <input type="checkbox"/> Disciplinary Records |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Official Transcript (mailed) | <input type="checkbox"/> Withdrawal Form |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Unofficial Transcript (faxed or emailed) | |
| <input type="checkbox"/> Other: _____ | | |

In accordance with the Family Educational Rights and Privacy Act of 1974 and applicable Arizona State Law, PARENT PERMISSION IS NO LONGER REQUIRED when records are requested by authorized school personnel.

Parent/Guardian Signature: _____	Date: _____
Salt River Schools Representative _____	Date: _____

**All mailed correspondence must be marked attention to the school referenced above and addressed to:
10005 E. Osborn Rd. Scottsdale, AZ 85256**

MCKINNEY – VENTO HOMELESS ELIGIBILITY QUESTIONNAIRE

NAME OF SCHOOL:

- Early Childhood Education Center
 Salt River Elementary School
 Salt River High School
 Accelerated Learning Academy

Student Legal Last Name _____

Student Legal First Name _____

This questionnaire is intended to address the McKinney-Vento Homeless Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (check one box in Section A or Section B)

SECTION A
The student does not lack a fixed, and regular adequate nighttime residence and: <input type="checkbox"/> Choices in Section B do not apply. <b style="color: red;">STOP: If you checked SECTION A, you DO NOT need to complete the remainder of this form.

SECTION B
The student lacks a fixed, regular and adequate nighttime residence and: <input type="checkbox"/> Shares housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as <i>doubled-up</i>). <input type="checkbox"/> Lives in a motel, hotel, trailer park, camping grounds or similar setting due to lack of alternative adequate accommodations. <input type="checkbox"/> Lives in an emergency or transitional shelter; or was abandoned in a hospital. <input type="checkbox"/> Primary nighttime residence is in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (e.g. park benches, etc.). <input type="checkbox"/> Lives in cars, parks, public spaces, abandoned buildings, substandard housing, bus stations, or similar setting. <input type="checkbox"/> Is a migratory child living in the circumstances described above. <b style="color: green;">CONTINUE: If you checked a box in SECTION B complete #2 and the remainder of this form.

2. The student lives with:

- | | |
|--|---|
| <input type="checkbox"/> 1 parent
<input type="checkbox"/> 2 parents
<input type="checkbox"/> 1 parent & another adult
<input type="checkbox"/> A relative, friend(s) or other adult(s) | <input type="checkbox"/> Alone with no adults
<input type="checkbox"/> An adult that is not the parent or the legal guardian |
|--|---|

Student Date of Birth: _____ Students Age: _____ Male Female

Parent(s)/Legal Guardian(s) or Adult Student Name: _____

Current Address: _____

Phone: _____

Parent/Legal Guardian or Adult Student Signature: _____ Date: _____

If the parent /guardian checked Section A above, completion of form is not required. For any choices in Section B, this form must be completed and faxed to the school liaison immediately after completion. All campuses must keep original forms separately from the Student Permanent Record for audit purposes during the year.

School Official Use Only – Campus Administrator’s determination of Section B circumstances:
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