



EduPreneurship Student Center

2632 W Augusta Avenue
Phoenix, AZ 85051
Office: (602) 973-8998
Fax: (602) 973-5510

Dear Parent / Guardian,

Thank for choosing EduPreneurship Student Center for the educational needs of your child(ren). To accurately process your son or daughter's enrollment we will need the following documents:

- Birth Certificate
- Immunization Record
- Enrollment Form
- Emergency Card / Internet Policy
- Authorization for Release & Request for Student Records
- McKinney-Vento Residency Survey
- Home Language Survey
- NCLB Eligibility Guidelines

Thank You
And
Welcome to ESC!

ENROLLMENT FORM

STUDENT INFORMATION

Student Name (Please Print):		Birth Date:	
Legal Last Name (if different):	Home Phone: ()	Mobile Phone: ()	
Physical Address:			
City:	State:	Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
State born in:		County born in:	
I am enrolling my child at ESC in the _____ grade for the 2009 / 2010 school year.			
Last School Attended:	Last Grade:	Date Withdrawn:	
School Address:	City:	State:	Zip:
Name of siblings that will attend ESC:			
Parent / Guardian Email:			

DOCUMENTS

Please choose an answer next to each question below in regards to documentation that ESC will be receiving in the following topics for your child.	(Office Use Only)
Will ESC receive Special Education documentation from the previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	
Will ESC receive Speech / Language documentation from the previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	
Will ESC receive a 504-Accommodation Plan from the previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	
Will ESC receive a copy of Child Custody agreement from the courts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	
Will ESC receive a copy of Guardianship papers from the courts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	

FAMILY DATA

Full Name	Last	First	Student Lives With?	Has Legal Custody?	Place of Employment	Business Phone
Father						
Mother						
Step-Father						
Step-Mother						
Guardian						

Has your child had Chicken Pox? Yes No If Yes, Date: _____

HOME LANGUAGE SURVEY

What is the primary language of the student?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other
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RACE / ETHNIC BACKGROUND

<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian
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Parent / Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Enrollment Date: _____ Code: : _____ SAIS #: _____ Entered on School Master: _____ Initials: _____
Programs Entered / Date: _____

Authorization for Release and Request for Student Records

In accordance with the Family Education Act of 1974 and Arizona State Law, Parent permission is no longer required when authorized school personnel request records.

Student's Legal Name: (Last, First, Middle) _____

Today's Date: _____ Date of Birth: _____ SAIS Number: _____

Information on Previous School Attended

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

I hereby authorize the above referenced school to release the following records to EduPreneurship Student Center:

- Transcript
- Cumulative Folder
- Immunization Record
- Health / Medical Records
- Legal / Court Documents

All Special Education Records including:

- IEP
- Current Met
- Speech / Language
- Eligibility Determination
- Occupational / Physical Therapy
- Psychology / Psychiatric Record
- Psycho Educational Record

Signature of Parent or Legal Guardian: _____

Date: _____

Signature of ESC Representative: _____

Date: _____

OFFICE USE ONLY			
1st Request Faxed:	2nd Request Faxed:	1st Request Mailed:	2nd Request Mailed:



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

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

This question is in compliance with A.R.S. §15-756. *Identification of English Language Learners*

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

Language: _____

Student Name: _____

Date of Birth: _____

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

(For Office Use Only)

Student ID: _____

SAIS ID:

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**Instructions for Administering the
Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

1. The parent(s) and/or guardian(s) of newly-enrolled students must be asked the question: “**What is the primary language of the student?**”
2. If the response to this question is ANY language other than English, then the student must be assessed with the Arizona English Language Learner Assessment (AZELLA).
3. The “PHLOTE-Home Language Survey” shall be revised as of July 1, 2009.
 - This official Arizona Department of Education (ADE) form is the only verification for language that is to be in every school’s registration packet.
 - There is no need to have this language verification information duplicated on the school enrollment form.
4. A copy of the completed “PHLOTE-Home Language Survey” shall be included in the student’s Cumulative (CUM) file.
5. This official Arizona Department of Education (ADE) form cannot be modified or changed in any way.
6. If the Local Educational Agency (LEA) [district or charter school] has any additional information that must be captured, the LEA may create its own additional form.
 - This LEA-created form (in whole or in part) **may not be used** in the eligibility determination process of assessing a student for English language proficiency.
7. A new “PHLOTE-Home Language Survey” does not have to be completed annually.

As noted on the document front, any language (**other than English**) entered on this form, is the language that should be accurately entered into the “Student Accountability Information System” (SAIS) via an LEA’s *Student Management System*.



McKinney-Vento Residency Survey

Dear Parent / Guardian:

All information in this form is confidential. The answers to this residency survey help to determine the services that your child may be eligible under the McKinney-Vento ACT 42 U.C.S. 11435. Please complete one form for each child and return it to the school office.

Name of School: _____

Name of Student: _____

Last

First

Middle

Male ___ Female ___ Date of Birth: ___/___/___ Age ___ Grade ___

Section A

- 1. Is your current address a temporary living arrangement? [] Yes [] No
2. Is this temporary living arrangement due to loss of housing or economic hardship? [] Yes [] No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO to question 1, you may stop here.

Section B

Where is student presently living? (Check one box)

- [] In a hotel or motel [] Moving from place to place
[] In an emergency shelter [] With more than one family in a house or apartment
[] Moving from place to place
[] In a place not designed for ordinary sleeping accommodations (car, park, campsite)

Name of Parent(s) / Guardian(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

Primary home language: _____ Total number of persons in household: _____

At this time, is your family in need of assistance in any of the following areas?

- [] School Records [] School supplies or clothing
[] Immunization or health records [] After-school programs
[] School Transportation [] Preschool/headstart programs

I declare that the information here is true and correct and of my own knowledge.

Signature of Parent/Guardian: _____

Section C - School Use Only

Please provide the following information:

Student ID Number: _____ Teacher: _____

If the parent/guardian has completed both sections, please return all copies to Homeless liaison in Academic Services.

I certify that the above named student qualifies for services under the provisions of the McKinney-Vento act.

District Homeless Liaison: _____ Date: _____

Guidelines To Determine Eligible Students

The Arizona Department of Education provides the following FY 2010 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the No Child Left Behind Act of 2001.

Is your family at or below the current income guidelines based on the attached **NCLB Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

Not Eligible

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name (only children ages 5-17 inclusive)

Name of School

Grade

I hereby certify that all of the above information is true and correct.

Parent Signature _____

Date: _____

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.

ADE Revised April 1, 2009

**NCLB Eligibility Guidelines
July 1, 2009 to June 30, 2010**

	Indicator 1					Indicator 2				
Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$14,079	\$1,174	\$587	\$542	\$271	\$20,036	\$1,670	\$835	\$771	\$386
2	\$18,941	\$1,579	\$790	\$729	\$365	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3	\$23,803	\$1,984	\$992	\$916	\$458	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4	\$28,665	\$2,389	\$1,195	\$1,103	\$552	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5	\$33,527	\$2,794	\$1,397	\$1,290	\$645	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6	\$38,389	\$3,200	\$1,600	\$1,477	\$739	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$43,251	\$3,605	\$1,803	\$1,664	\$832	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8	\$48,113	\$4,010	\$2,005	\$1,851	\$926	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
For Each Add'l Household Member Add	\$4,862	\$406	\$203	\$187	\$94	\$6,919	\$577	\$289	\$267	\$134

Arizona Department of Education
NCLB Eligibility Indicator

EduPreneurship Student Center

2009 / 2010 Emergency Card

STUDENT INFORMATION				
Student's Last Name	First Name	Date of Birth	Age	Grade
Address		City	Zip Code	
Father / Guardian Name	Employer	Work Number	Cell Number	
Mother / Guardian Name	Employer	Work Number	Cell Number	
Father's E-Mail Address		Mother's E-Mail Address		

AUTHORIZATION TO PICK UP STUDENT FROM SCHOOL		
<i>Please provide the name and numbers for individuals who can assume temporary responsibility for your child.</i>		
Local Friend or Relative	Home Phone	Cell Phone
Local Friend or Relative	Home Phone	Cell Phone
Local Friend or Relative	Home Phone	Cell Phone

MEDICAL INFORMATION		
Specify any known health problems, including allergies: _____		
Is your child on daily medication?	Yes No	If Yes, name of medication and amount? _____
Has your child had surgery, any accidents, or illness in the past year? Yes No If Yes, please explain: _____		
Please specify any special concerns the school needs to know about: _____		
I give permission to the staff of ESC to administer the following medications in accordance to the recommended doses:		
TYLENOL	Yes No	TUMS Yes No COUGH DROPS Yes No
Student's Physician	Physician's Phone Number	Preferred Hospital

I the undersigned parent / guardian, give my consent for the above named child to be released to the friend / relative I have designated and / or be taken to the nearest hospital in case of an emergency. Treatment in the emergency room *will require* your presence.

Parent / Guardian Signature

Date

EduPreneurship Student Center

2009 / 2010 ESC HANDBOOK ACKNOWLEDGEMENT

Please initial next to each subject to indicate that you have read and understand the guidelines in the 2009 / 2010 ESC Handbook.

ESC BEHAVIOR CONDUCT	_____ Cottage Placement	_____ Dress Code
I have read and understand the three sections. I agree to work with the Staff and support this compact.	_____ Field Trips	_____ Emergency Contact Card
	_____ Directory Information	_____ Illness & Medication
	_____ Essential Skills Attainment	_____ Confidentiality Information
	_____ Release Authorization	_____ Exceptional Students Information
		(ELL, SpEd, Gifted, Title I)
_____ Parent / Guardian Signature		_____ Date

PLEDGE OF INTERNET RESPONSIBILITY

ESC 's Internet Acceptable Use Policy

Student Agreement:

I accept responsibility for my own actions and will use the ESC network in an honorable manner. I understand and will abide by ESC's Internet Acceptable Use Policy (AUP). I further understand that any violation will result in the loss of access privileges and in school disciplinary action.

_____ Student Name (Please Print)	
_____ Student Signature	_____ Date

Parent / Guardian Agreement:

I have read the Rules and Regulations for Internet Acceptable Use and understand that this access is designed for educational purposes only. I also recognize that it is impossible to restrict access to all objectionable material; I understand and accept the risk of possible exposure to inappropriate material. I accept full responsibility for my child's compliance with the Rules and Regulations and give my permission for my child to use the ESC network.

_____ Parent / Guardian Name (Please Print)	
_____ Parent / Guardian Signature	_____ Date

If you choose not to sign, your child will only be allowed to use specific programs designated by the teacher, i.e. Microsoft Word, Star assessments, EDUSS curriculum, and off-network software.

2009/2010 School Calendar

July 2009						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
August 2009						
S	M	T	W	T	F	S
						1
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
September 2009						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
October 2009						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
November 2009						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
December 2009						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



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www.esckids.com

Trimester I
 Aug. 3-Nov. 13, 2009

Trimester II
 Nov. 16-Feb. 26, 2010

Trimester III
 March 1-May 26, 2010

* Tentative date

** End of Trimester

2009/2010 School Calendar

January 2010						
S	M	T	W	T	F	S
					1	2
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
February 2010						
S	M	T	W	T	F	S
	1	2	3	4	5	6
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						
March 2010						
S	M	T	W	T	F	S
	1	2	3	4	5	6
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
April 2010						
S	M	T	W	T	F	S
				1	2	3
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
May 2010						
S	M	T	W	T	F	S
						1
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
June 2010						
S	M	T	W	T	F	S
		1	2	3	4	5
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			



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** End of Trimester

*** Dismissal at 1:45 PM