



SYNERGY PUBLIC SCHOOL

Student Name: _____ Date Received: _____

2017-2018

Enrollment Packet Checklist

Complete, sign and date the following documents:

- Student Information
- Student Emergency Form
- Student Health Record
- Medical Information Form
- Medication Permission
- Student Records
- Student Photo Release Form
- Field Trip Authorization Form
- Student Internet Contract
- Student Insurance Information (Optional)
- Primary Home Language Other Than English Form (PHLOTE)
- Arizona Residency Documentation Form
- Homeless Form
- Migrant Agricultural Form
- The Family Educational Rights and Privacy Act (FERPA)

Parent/Guardian to provide school with:

- Birth Certificate
- Immunization Record
- Unofficial Transcript
- Withdrawal Slip
- Record Proof of Arizona Residency

**SYNERGY PUBLIC SCHOOL
STUDENT ENROLLMENT FORM /REGISTRO DE ALUMNOS**

FOR OFFICE USE ONLY; PARA EL USO DE LA OFICINA UNICAMENTE

CTDS#: 078237000 School #: 078237001 SAIS# _____ Student#: _____ Date Entered in SMS: _____ Entry Code: _____
 First Day of Attendance: _____ Language Code: _____
 Special Health Conditions _____ Agricultural Work in Last 3 Years: Yes () No ()
 Current Program Information: ELL: Yes () No () Gifted: Yes () No ()
 How did you hear about us? Internet Yes () No () Sibling () Website () Friends () Social Media () Ad Other: _____

Student Information/Informacion de los Estudiantes

Student Legal Last Name/Apellido Legal _____ Student Legal First Name/Primer Nombre Legal _____ Middle Name/Segundo Nombre _____ Sex/Sexo _____
 Address/Domicilio _____ City/Ciudad _____ Zip Code/Codigo Postal _____

Home Phone/Telefono _____ Birth City, State, Country/Ciudad Natal, Estado, Pais _____ Birthdate/Fecha de Nacimiento _____ Present Age/Edad Actual _____
 Current Year Grade/ _____ Last School Attended, State/Escuela Anterior. Estado _____ Yes/Si () No ()
 Grado Actual _____ Has Student Ever Been Retained? _____ Grade/Grado _____
 Ha sido el Alumno Alguaz Vez Reprobado? _____

Ethnicity/Etnicidad:

Is the student Hispanic?/ Es El Estudiante Hispano o (Choose only one/Elija una respuesta solamente)? Yes/Si () No ()
 Race/Raza:
 What is the students Race?/ Cual Es La Raza Del Estudiante? (Choose one or more/ Elija una o mas respuestas)
 _____ American Indian/ Alaska Native/ Indigeno American o Nativo de Alaska _____ Asian/Asiatico _____
 _____ Black/African American/ Afro Americano _____ White/Blanco _____
 _____ Native Hawaiian/Other Pacific Islander/Hawaiano Indigeno U Otras Islas Del Pacifico _____

****The information gathered in no way impacts enrollment/ La informacion reunida de ninguna manera afecta la inscripcion.**

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

Cual es el idioma que se habla principalmente en el hogar sin importar el idioma que habla el estudiante? _____

***What is the language most spoken by the student** _____ Cual es el primer idioma que aprendio el estudiante? _____

***What is the language that the student first acquired?** _____ Cual fue el primer idioma que aprendio el estudiante? _____

***Is the student receiving ELL support services/Esta recibiendo los servicios de apoyo del ELL? Yes/Si () No (), #of years/#de Anos**

***Does student have refugee status/ Tiene una categoria de refugiado el alumno? Yes/Si () No (), #of years/#de Anos**

***Is the student receiving Special Education Services?/Esta el alumno recibiendo los servicios de educacion especial? Yes/Si () No ()**

***Is the student currently serving or being recommended for long term suspension? Esta actualmente el alumno suspendido o en tramites para una suspension de largo plazo? Yes/Si () No ()**

***Is the student currently expelled or being recommended for expulsion?/ Esta actualmente el alumno expulsion o en tramites de expulsion? Yes/Si () No ()**

Student's Name: _____ Date of Birth: ____/____/____ M/D/Y

Address _____ City _____ State _____ Zip _____ Home Phone _____

The following information is helpful in assessing your child's health. Has your child ever had any of the following?

* If "Yes" please give the child's age at that time.

	Age	Yes	No		Age	Yes	No
Allergies	_____	_____	_____	Hepatitis	_____	_____	_____
Anemia	_____	_____	_____	High Blood Pressure	_____	_____	_____
Arthritis	_____	_____	_____	Kidney Infection	_____	_____	_____
Asthma	_____	_____	_____	Mumps	_____	_____	_____
Bleeding Disorder	_____	_____	_____	Pneumonia	_____	_____	_____
Birth Trauma	_____	_____	_____	Rheumatic Fever	_____	_____	_____
Cerebral Palsy	_____	_____	_____	Scarlet Fever	_____	_____	_____
Chicken Pox	_____	_____	_____	Scarlatina	_____	_____	_____
Cystic Fibrosis	_____	_____	_____	Scoliosis/Curvature	_____	_____	_____
Dev. Delays	_____	_____	_____	Sickle Cell Anemia	_____	_____	_____
Diabetes	_____	_____	_____	Strep Throat	_____	_____	_____
Epileptic Seizures	_____	_____	_____	Tonsillitis	_____	_____	_____
Frequent Colds	_____	_____	_____	Urinary Infections	_____	_____	_____
Freq. Sore Throats	_____	_____	_____	Vision Problems	_____	_____	_____
Heart Disease	_____	_____	_____	Other	_____	_____	_____

Has your child ever had?

	Age	Yes	No		Age	Yes	No
Surgery	_____	_____	_____	Serious accident or injury	_____	_____	_____
Tubes in his/her ears	_____	_____	_____	Vision Difficulties	_____	_____	_____
Dietary Restrictions	_____	_____	_____	Hearing Aides	_____	_____	_____
Hearing Difficulties	_____	_____	_____	Emotional Problems	_____	_____	_____
Attention Deficit Disorder	_____	_____	_____				
Other Learning Disabilities	_____	_____	_____				

Is your child currently:

	Yes	No
Receiving medical attention?	_____	_____
Restricted from physical education, sports, etc.?	_____	_____
Taking medication on a daily basis?	_____	_____

Month/Year of last physical exam? ____/____ Type: _____

Other significant health information that school personnel should know about my child:

Students Photo Release Form

(One form per child is required.)

Synergy Public School occasionally publishes pictures and videos of students involved in school activities. Publications may include class newsletters, school newsletters, brochures, flyers, newspaper ads, the Synergy website, Synergy Public School's Facebook or Twitter pages, etc.

Please note:

- Any picture or video of a student posted to public mediums such as the website or Facebook page, whether individual, group, or team, will not include personal information, i.e. name, grade, etc.
- Some of these pictures or videos may be action or candid shots taken during participation in an event. Other pictures or videos may be staged for specific purposes.
- Group shots such as class or team pictures may be posted to the school's website and may be identified by team or class name, but no individual names will be included.

- YES, I hereby consent to authorize Synergy Public School to use and produce ANY AND ALL PHOTOGRAPHS taken of this student for Synergy Public School's publications without compensation to me. ALL PROOFS and PRINTS will be Synergy Public School's property solely and completely.
- YES, I hereby consent to authorize Synergy Public School to use and produce ANY AND ALL VIDEOS taken of this student for Synergy publications without compensation to me. ALL COPIES will be Synergy Public School's property solely and completely.
- NO, I withhold permission for Synergy Public School to use my student's pictures or videos for any Synergy Public Schools publications as noted above.

Student Name: _____ Grade: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Field Trip Authorization Form

I, _____, the parent and/or guardian of _____, hereby grant permission to SPS to allow my child to participate in school-sponsored excursions for the current 2017-2018 school year under the supervision of School personnel. I understand that permission slips will be sent home prior to each excursion to obtain my permission for transportation arrangements.

Parent/Guardian Signature

Date

STUDENT DAILY TRANSPORTATION

I, the parent of _____, authorize the Synergy Public School (SPS) to release my child after school hours with the following condition:

- With parents/guardians or authorized person (please list all authorized persons if any)

Name

Phone Number

Relationship

- If your student has permission to walk home, or meet you outside the gates please mark the box and sign below.

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: Synergy Public Schools.

School: Synergy Public School

----- 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.

Homeless Form

The following information is used to identify the needs of students and to report information to receive funding to improve our educational programs. If this information does not apply to you; please write your student's name, parent signature, and check the DOES NOT APPLY box.

Student Name: _____ Parent/Guardian Signature: _____

- DOES NOT APPLY

HOMELESS INFORMATION: If you are homeless, please complete the following.

Type of housing (check options which apply):

- Publicly operated shelter

Specify: _____

- Privately operated shelter

Specify: _____

- Temporary housing with relatives or friends

- Public lands, streets, campgrounds

- Other

Specify: _____

Children/Youth Information:

First Name	Last Name	Grade	Age	Sex	Ethnicity	Attend School?	School Name

Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records unless it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.
- Parents or eligible students have the right to request in writing that a school correct records that they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:
 - School officials with legitimate educational interest
 - A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or student serving on an official committee or assisting another school official in performing his or her tasks;
 - A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school;
 - Other schools to which a student is seeking to enroll;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, sports participation (including height and weight of athletes) and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent.

The Individuals with Disabilities Education Act (IDEA) is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children with disabilities education records