

Enrollment Code: _____
Date Enrolled: _____
Teacher: _____

FRANKLIN PHONETIC SCHOOL
Sunnyslope Campus
Phone 602-870-6674

Date Received: _____
B/C MM/WVR ES
TESTING SPED

Grade: _____ **SCHOOL YEAR** _____ / _____ **SAIS ID #** _____

STUDENT INFORMATION:

Legal Last Name _____ First _____ Middle _____
Known by any other name? _____
Parental email address: _____

Physical Address _____ City _____ State _____ Zip Code _____
Mailing Address _____ City _____ State _____ Zip Code _____
Birth date _____ Birthplace _____
(Month) (Day) (Year) (City) (State)
Age as of December 31st of school year _____ Sex: M ___ F ___

Student Demographics

To comply with federal and state reporting requirements, charter schools are required to ask the following questions. All answers are **optional** and will not affect enrollment. Should the Parent/Legal Guardian choose not to answer the following questions, the School is required to report the student's ethnicity and race based on the information and documentation in its possession. **Ethnicity:** Hispanic or Latino _____ **NOT** Hispanic or Latino _____

Race: If you so choose, you may also select one or more of the following:

American Indian or Alaskan Native ___ Asian ___ Black or African American ___
Native Hawaiian or Other Pacific Islander ___ White ___ (This includes Hispanic ethnicity.)

BIRTH CERTIFICATES:

Pursuant to A.R.S. §15-828(A), within thirty days of enrollment^[1], one of the following must be provided to verify the student's age and identity:

1. A certified copy of the pupil's birth certificate,
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate or
3. A letter from the authorized representative of an agency having custody of the pupil, pursuant to Arizona Revised Statutes, Title 8, Chapter 2, certifying that the pupil has been placed in the custody of the agency as prescribed by law.

[1] Failure to submit verification of age and identity shall result in referral to the appropriate local law enforcement agency for investigation. A.R.S. § 15-828(E).

-
- **Mother/Legal Guardian:** _____
Occupation _____ Employer _____ Work Phone _____ Home/Cell # _____
 - **Father/Legal Guardian:** _____
Occupation _____ Employer _____ Work Phone _____ Home/Cell # _____
Who has legal custody of the child? _____ Relationship? _____
**Please provide copy of Custody Order*
 - Other people living in the home: Name, age, relationship _____

 - **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? _____

• **Special Education, Title I, Gifted:**

Yes No if yes, please specify: SPED Category _____ Other _____

We aim to get a child's services started as soon as possible, so we ask that you please disclose this information so we may give your child the best education possible.

Has your child ever been expelled?

Yes No if yes, please specify _____

Has the student been retained in any grade level? YES NO Grade Retained _____

*Retention status will not affect student's ability to be enrolled

Previous School Attended: _____ **Grade Level:** _____

Students Name: _____ **Grade:** _____

Medicine Administration Permission Form

This is the list of over-the-counter medications that our nurse's office carries. If you ***DO NOT*** want your child to receive a certain medication please cross it out on the list, or if you wish your child not to receive any medications write none across this section of the Enrollment Form.

- | | | | | |
|------------------------|---------------------|----------------------|----------|---------------------------|
| Antibacterial Wipes | Antibiotic Ointment | Pepto Bismal | Benadryl | Cough Syrup/ Drops |
| Tylenol 500mg | Ibuprofen 200mg | Chap Stick | | Vaseline |
| Hydrogen Peroxide | Mylanta | Ora-jel | | Sterile Eye Wash Solution |
| Tylenol Chewable 160mg | Calamine Lotion | Hydrocortisone Cream | | Bactine Spray |
| Claritan Chewable | Sore Throat Spray | Lotion | | |

Children are not permitted to carry any medications with them on school grounds.

I GIVE PERMISSION TO GIVE ALL MEDICATIONS NOT CROSSED OFF ON THE ABOVE LIST.

X _____
Signature of Parent or Guardian

Date

HEALTH INFORMATION

Does your child have any of the following? If you indicate **YES**, please provide more information on the "Comments" line.

- | | | | |
|---------------------|------------------------------------|--------------------------|----------------|
| Asthma | Yes ___ No ___ | Kidney Disease or Anemia | Yes ___ No ___ |
| Allergies | Yes ___ No ___ (If YES list below) | Heart Condition | Yes ___ No ___ |
| Diabetes | Yes ___ No ___ | Convulsions | Yes ___ No ___ |
| Orthopedic Problems | Yes ___ No ___ | | |
| Urinary | Yes ___ No ___ | | |
| Tubes in Ears | Yes ___ No ___ | | |
| Other | _____ | | |

Serious Illness or Handicaps: Yes ___ No ___ If yes, specify _____

Hearing, speech, vision (glasses, contact lenses) Yes ___ No ___ Specify: _____

Physical restrictions from any activity? Yes ___ No ___ Reason: _____

Is your child taking prescription medication? Yes ___ No ___ Name: _____

Allergies to any medication: Yes ___ No ___ Specify: _____

Is your child presently receiving any medical treatment? Yes ___ No ___ If yes, explain _____

Comments: _____

Family Doctor: _____ Phone: _____

PERMISSION FOR EMERGENCY TREATMENT:

I give my permission for the Franklin Phonetic School to provide emergency medical treatment for my child. Franklin Phonetic School also has my permission for my child to be transported by whatever means necessary as determined by the school to the nearest emergency medical facility for treatment.

X _____
Signature of Parent or Guardian Date

**PARENT'S AGREEMENT OF SUPPORT FOR
FRANKLIN PHONETIC SCHOOL**

This confirms my agreement to participate in the Franklin Phonetic School's education program. I understand that parent participation is important to the success of this program.

We (I) the undersigned parent/guardian of _____ agree to support the total Franklin Phonetic School program.

I agree to read the Student/Parent Handbook thoroughly and discuss the various rules, goals, philosophy and school procedures with my child.

I understand that it is necessary to:

- Assist with homework providing a time, place and quiet environment for my child.
- I agree to sign all homework forms indicating that I have seen the assignments;
- Sign and return all report card envelopes and progress reports;
- Attend grading conferences whenever scheduled;
- Attend consultations with the teacher, Principal, or other school personnel involved with my child when needed.
- If necessary attend a mandatory disciplinary conference with the Procedures & Programs Committee.
- I agree to make a sincere effort to participate in parents meetings, school projects and events.
- I agree to have my child at school on time every day, unless there is an illness or emergency.
- I understand that if I determine that the Franklin Phonetic School program is not appropriate for my child, I will remove him or her for placement in a regular Public School.

X _____
Signature of Parent or Guardian **Date**

**STUDENT'S AGREEMENT OF SUPPORT FOR
FRANKLIN PHONETIC SCHOOL**

I, _____ as a student of the Franklin Phonetic School, will follow all the rules as they are written in the Student/Parent Handbook, including the following:

- I will be on time to school.
- I will follow the dress code.
- I will leave all toys, money, etc., at home, unless I have been asked by my parents or teacher to bring them to school.
- I will be polite and will show respect to all adults, other students, their personal property and to the school.
- I will complete and turn in, on time, all of my school work and homework.
- I will always do my best, as a student of the Franklin Phonetic School.

X _____
Student's Signature **Date**
(Kindergarten student, please sign to the best of your ability.)

I certify that I have discussed this agreement with my child.

X _____
Parent's Initials

SECONDARY EMERGENCY INFORMATION:

Please give the names of emergency contacts in the local area that will assume responsibility for your child if you cannot be reached in case of illness or emergency. **Your child will not be released to any other person without your written or verbal permission.** Please notify these persons of these arrangements. In case of any change, please notify the school in writing as soon as possible.

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

PERMISSION TO RIDE THE FRANKLIN SCHOOL VAN/BUS or WALK HOME

My child listed on this enrollment form has my permission to ride the school van or bus for field trips and other school activities.

WALK _____ RIDE VAN/BUS _____

Signature of Parent or Guardian: X _____

PERMISSION TO BE PHOTOGRAPHED

May your child be photographed for a publication or newspaper article?
Yes ___ No ___



Franklin Phonetic School

Records request

Fax: 928-775-6740

6116 E HWY 69

Prescott Valley, AZ 86314

Phone: 928-775-6747

Previous

School: _____

ADDRESS: _____

FAX: _____

I HEREBY AUTHORIZE THE RELEASE OF ACADEMIC, MEDICAL,
PSYCHOLOGICAL, BEHAVIORAL, AND SPECIAL EDUCATION RECORDS FOR:

Students Name: _____

Birth date: _____

LAST GRADE AT PREVIOUS SCHOOL _____

Signature of
Parent/Guardian _____

School Official: _____

Date: _____