



## Academy of Math and Science – Flower

3335 W. Flower St. Phoenix, AZ 85017 Phone: 602-888-9572

For complete registration of your child, please submit the following documents:

### Returning Students:

- Commitment to Success (*signed*)
- 2018-2019 AMS Registration Packet (*completed, signed, and dated*)
- ESSA (also known as NCLB) Guidelines to Determine Eligible Students
- PHLOTE Form (*completed, signed, and dated*)
- Arizona Residency Documentation Form (*completed, signed, and dated*)
- Arizona Residency Verification (*only provide ONE*)
  - Valid Arizona driver's license, Arizona identification card
  - Valid Arizona motor vehicle registration
  - Valid United States passport
  - Property deed
  - Mortgage documents
  - Property tax bill
  - Rental agreement or lease (including Section 8 agreement)
  - Utility bill (water, electric, gas, cable, phone)
  - Bank or credit card statement
  - W-2 wage statement
  - Payroll stub
  - Certificate of tribal enrollment or other identification issued by a recognized Indian tribe

### New Students

- Copy of Birth Certificate
- Copy of Immunization Records
- Copy previous report card and copies of standardized tests (AIMS Science & AzMerit)
- Legal Custody Documentation (*if applicable*)
- IEP (if applicable)

#### OFFICE USE ONLY (Verify student name Per A.R.S 15-828)

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Packet Received

By: \_\_\_\_\_ Date: \_\_\_\_\_

SAIS ID#: \_\_\_\_\_ Grade Level: \_\_\_\_\_

ENTRY DATE \_\_\_\_\_ CODE \_\_\_\_\_ WITHDRAWAL DATE \_\_\_\_\_ CODE \_\_\_\_\_



**STUDENT INFORMATION**

Student's Name as it appears on Birth Certificate:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ APT/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

**BIRTH INFORMATION**

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Gender:  MALE  FEMALE

**PARENT/GUARDIAN INFORMATION**

Mother's Name (Last, First): \_\_\_\_\_

Lives With  Legal Custody  Guardian/Foster Parent

Order of Contact: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father's Name (Last, First): \_\_\_\_\_

Lives With  Legal Custody  Guardian/Foster Parent

Order of Contact: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**Other Adult(s) in the Home**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

**HOME LANGUAGE SURVEY**

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? \_\_\_\_\_

**OTHER SIBLINGS IN HOME (attending Elementary to High School)**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled at AMS School **Y N** Which one: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled at AMS School **Y N** Which one: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled at AMS School **Y N** Which one: \_\_\_\_\_

Academy of Math and Science  
Registration Documents 2018-2019



We are required by the State to report the following race and ethnicity information for all of our students:

**Student's Race: (check one box only)**

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

**Student's Ethnicity: (check one box only)**

- Not Hispanic, Not Latino                       Hispanic or Latino

**Special Education Information:**

Is the student currently enrolled in programs such as Special Education, Gifted programs, Etc.?

- YES             NO

If YES please state which and for what specific area(s): \_\_\_\_\_

Has the student previously been enrolled in Special Education, Gifted programs, Etc.?

- YES     NO

If YES please explain: \_\_\_\_\_

Does the student have a serious or disabling condition that may require accommodation or evaluation for Special Education?             YES             NO

If YES please explain: \_\_\_\_\_

**General Information:**

Was the student expelled or long term suspended from previous schools attended?

- YES     NO

If YES please explain: \_\_\_\_\_

Is the student currently under the supervision of the Juvenile Court for prior criminal activity?

- YES     NO

If YES please explain: \_\_\_\_\_

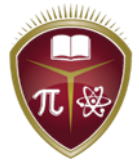
How did you learn about the school?  Google     Family/Friends     Great Schools

Postcard / Mail     Other (please list): \_\_\_\_\_

My signature below certifies the all of the following: (1) I am the parent or Legal guardian of this student; (2) This student resides with me; (3) All information given above is correct to the best of my knowledge; (4) AMS has my permission to obtain school records from the previous schools attended.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## Student Emergency Card

Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
\_\_\_\_\_ Work Phone No: \_\_\_\_\_  
Primary Phone No: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
\_\_\_\_\_ Work Phone No: \_\_\_\_\_  
Primary Phone No: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Current medication/s: \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

AMS School will make every effort to contact the above-mentioned persons in the event of an emergency. I hereby authorize the Academy of Math and Science to obtain medical care in the event that an emergency occurs.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## Medication Permission

I, \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_, grant permission to the Academy of Math and Science (AMS) to administer Tylenol and/or Ibuprofen to my child not to exceed the recommended dosage.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



## Volunteering / Guest Speaker Opportunities

AMS values the dedication and commitment of our parents. You are instrumental in making sure each and every student succeeds in their academic pursuits. To make sure we are best utilizing all of your unique skills and abilities, please respond to the following volunteering questions:

1) Would you be interested in volunteering at AMS through (please circle):

- a. Tutoring with small groups
- b. helping out with extracurricular activities
- c. other

Please describe what you would prefer to do with a, b, and/or c:

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2) If relevant to your volunteering:

a. What College/University degrees do you hold?

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b. What is your profession/line of work?

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3) How many hours per week and on which days are you available?

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4) Would you or anyone you know be interested in providing guest lecturers/presentations relevant to the education of students at AMS? If so, please describe:

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## PHOTOGRAPH RELEASE

I, \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_, grant permission to the Academy of Math and Science (AMS) to allow my child to have his/her picture taken at school for the current 2018-2019 school year. (please check all that apply).

My child may have his/her picture taken for AMS activities including yearbook and school newspapers.  Yes  No

My child may have his/her picture taken for AMS promotional purposes, i.e.: website, brochures, pamphlets, handbook, newspapers, magazines, television, and other publications.  Yes  No

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## SCHOOL EXCURSIONS

I, \_\_\_\_\_, the parent and/or guardian of \_\_\_\_\_, hereby grant permission to AMS to allow my child to participate in school-sponsored excursions for the current 2018-2019 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 Academy of Math and Science (AMS) to release my child after school hours with the following condition:

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

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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** \_\_\_\_\_

## STUDENT INSURANCE INFORMATION (Optional)

Please complete the bottom portion of this page and return to the office.

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My student \_\_\_\_\_ has health insurance coverage through the following provider: \_\_\_\_\_. My student's primary care physician's name is \_\_\_\_\_, physician's phone # \_\_\_\_\_ physician's address \_\_\_\_\_.

**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: Academy of Mathematics and Science, Inc.

School: Academy of Math and Science

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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.





**Arizona Department of Education  
Arizona Residency Documentation Form**

Student: \_\_\_\_\_ School: \_\_\_\_\_

School District or Charter Holder: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

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:

**Please mark and provide ONLY ONE:**

Valid Arizona driver's license, Arizona identification card or motor vehicle registration

Valid U.S. passport

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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### 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



## Migrant Agricultural 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 the information on this form applies to you please complete this form; if this information does not apply to you, please fill in your student's name, parent signature, and check the DOES NOT APPLY box.

Student Name \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

DOES NOT APPLY

### MIGRANT AGRICULTURAL INFORMATION:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has your family moved in the last 3 three years to seek agricultural work?

Yes \_\_\_\_ No \_\_\_\_

Are you a dependent of an agricultural worker?

Yes \_\_\_\_ No \_\_\_\_

### **Agricultural work includes:**

Agricultural activities such as the processing of:

including:

- Crops
- Dairy production
- Poultry
- Livestock

Cultivation of fish or fish farms

- Shellfish
- Catfish
- Eels
- Oysters
- Clams

Cultivation or harvesting of trees:

- Soil preparation
- Planting
- Tending
- Pruning
- Cutting
- Christmas tree cutting



## 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 could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of sources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887 (voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW Washington, D.C. 20202-5901

Arizona Department of Education  
Exceptional Student Services  
1535 W. Jefferson, BIN 24  
Phoenix, AZ 85007

This notice is available in English and Spanish on the ADE website at [www.ade.az.gov/ess/resources](http://www.ade.az.gov/ess/resources) under forms. For assistance in obtaining this notice in other languages, contact the ADE/ESS at the above phone/address.