



Thank you for your interest in AmeriSchools College Prep Academy. I am excited about welcoming in the next group of students and families into the ACPA family.

ACPA has a twelve year history of preparing students successfully for college. Our program is designed to encourage academic rigor and community involvement within the context of a Liberal Arts education. Each year, students will take inquiry-based Seminar classes in English, history, math and science and select from a full range of fine arts, performing arts and academic electives. This academically rigorous program exceeds the state graduation requirements and prepares your child for success at the college or University level. Our program demands students to engage in their own learning process. An ACPA Education means a Hands-On, Minds-On approach leading to achievement, empowerment and opportunity. We look forward to working with you and your student.

Sincerely,

Charlene Mendoza

Principal

PARENT REGISTRATION CHECKLIST

- Completed Student Application
- Birth Certificate (copy)
- Immunization Records (copy)
- Custody/Legal Papers (copy) (*if applicable*)
- Request For Student Records
- Withdrawal Form From Previous School
- Photograph Release/ Community Exploration Release

ADMINISTRATIVE CHECKLIST

Student's Name: _____

Date of Enrollment: _____ Entry Code: _____ SAIS ID: _____

- Completed Student Enrollment Form
- Emergency Card
- Birth Certificate (copy)
- Immunization Records (copy)
- Health Department Immunization Card
- Custody/Legal Papers (if applicable)
- Request For Student Records
 - o Date Sent to Previous School: _____
 - o Date Received: _____
 - o Date Reviewed: _____
- Official Withdrawal Previous School (Date: _____ Code: _____)
- Photograph Release/ Community Exploration Release
- Summer Meeting Appointment
- Four Year Graduation Plan
- Attendance Contract / Dress Code Compliance Agreement

For Official Use Only

Date Packet Returned: _____ Date Entered Into PowerSchool: _____

Previous School: _____ Previous School CTDS Number: _____

Withdrawal Date: _____ Withdrawal Code: _____

Authorized Staff Signature: _____ Date: _____

STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Student's Legal Name: _____
Last First MI

Student's Preferred Name: _____ Home Phone Number: _____

Date of Birth: _____ Birth Country: _____ State of Birth: _____

Social Security #: _____ Age: _____ Gender: _____ Grade: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (*Must check at least one*): White Black or African American Asian

American Indian/Alaskan Native (Tribe: _____) Native Hawaiian or other Pacific Islander

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Student Lives With: Both Parents Mother Only Father Only Step Parent Legal Guardian

Student & Family reside in: Permanent Residence Temporary Residence Shelter/Group Home

Student is currently Homeless: Yes No

Student or Family Requests Additional Information Regarding Available Services: Yes No

PARENT/GUARDIAN INFORMATION

Mother/Legal Guardian: _____ Home Phone: _____

Mother/Legal Guardian Employer: _____

Work Phone: _____ Cell Phone Number: _____

Email Address: _____@_____.

Indicate Preferred Method of Contact: Phone Cell Phone Email

Father/Legal Guardian: _____ Home Phone: _____

Father/Legal Guardian Employer: _____

Work Phone: _____ Cell Phone Number: _____

Email Address: _____@_____.

Indicate Preferred Method of Contact: Phone Cell Phone Email

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____ Last Grade Completed: _____

City/State of Previous School: _____ District: _____

Current Honors Placement Current Gifted and Talented Placement Current 504 Plan/IEP

Home Schooled Curriculum Used: _____

EMERGENCY CONTACT INFORMATION

Please list a minimum of three (3) authorized people other than parents/guardians who can be contacted to care for or transport your child. The individuals listed are the only adults authorized to pick up your child.

Emergency Contact #1: _____ Relationship: _____

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

Emergency Contact #2: _____ Relationship: _____

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

Emergency Contact #3: _____ Relationship: _____

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

Custody Papers on File: Yes No

The following people DO NOT have permission to remove my child from school.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

What is the primary Language of the student?

English Spanish Other (Please Specify): _____

My signature certifies that I am the parent or legal guardian and that the information provided herein is true, accurate and current.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL HISTORY

Student's Name: _____

MEDICAL HISTORY (Please check all that apply)

Please attach a copy of your child's immunization record.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Allergies (food or otherwise) | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Tuberculosis | |

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Is your child taking any medications? Yes No If yes, please name the medication(s) and for what condition.

Medication: _____ Condition: _____

Medication: _____ Condition: _____

Any medication, prescribed or over-the-counter, must be checked in at the Front Office and have a filled out Medication Permission Slip. This includes allergy medication, ibuprofen, aspirin, cough drops, etc.

Is your child presently under medical treatment? If yes, please explain: _____

Is your child allergic to any food or other substances? If yes, please name food or substance to be avoided and procedure to be followed: _____

Is your child subject to convulsions, and what is the appropriate procedure if one occurs? _____

Is your child usually susceptible to infections and if so, what precautions need to be taken? _____

Are there any physical conditions or limitations we should be aware of? Please explain: _____

Additional Comments/Other Special Instructions: _____

Is your child allergic to ibuprofen? Yes No *You may fill out a permission slip and leave a supply of ibuprofen at school for your child.*

I hereby grant permission, in an emergency, to take my child to the nearest hospital/emergency facility for treatment in the event that I cannot be reached. It is understood that the school will try to reach the parent/guardian and/or other persons listed as emergency contacts before arranging for transportation to a hospital/emergency facility.

Parent/Guardian Signature: _____ Date: _____

EDUCATIONAL HISTORY

In order to provide continuity in the educational environment, it is required that all past and current special education eligibility, history of services and accommodations be provided to AmeriSchools College Prep Academy.

Student's Name: _____ Date of Birth: _____

Last School Attended: _____ Grade Level: _____

Has your child been enrolled in any Honors, GATE, Advance Placement or Special Education Programs?

Yes No **If yes, please check all that apply:**

GATE Honors Advanced Placement International Baccalaureate

Speech Learning Disability (If yes, what area(s)?) _____

Occupational Therapy Physical Therapy Psychological Evaluation

Other (please specify): _____

Has your child ever had a psychological Evaluation? Yes No

Please attach any documentation, evaluations, placements, course schedules, IEPs, 504 Plans or any other information that will assist AmeriSchools College Prep Academy to serve you child most effectively.

IF YES, EVALUATIONS MUST BE ATTACHED TO THE REGISTRATION PACKET

In order to plan educational programs for students and comply with the requirements of rule R7-2-306, App A. English Language Assessment Tests and Procedures, App. B. Primary Language Assessment Tests and Procedures, please complete the following questionnaire.

What language do you, the parents/guardians, use most often in your home?

English Spanish Other (Please Specify): _____

What language did your child(ren) learn to speak first?

English Spanish Other (Please Specify): _____

What language is most often spoken by your child?

English Spanish Other (Please Specify): _____

I hereby certify that I am the parent or legal guardian and that all information provided herein is true, accurate and current. I understand that failure to accurately report information may effect my child's enrollment.

Parent/Guardian Signature: _____ Date: _____

AMERISCHOOLS COLLEGE PREP ACADEMY

Request for Student Records

Student Name: _____ Date of Birth: _____

SAIS ID Number: _____ Last Grade Completed: _____

Previous School Attended: _____

Previous School Address: _____

City: _____ State: _____ Zip Code: _____

Previous School Number: _____ Previous School Fax: _____

Parent/Guardian Signature: _____ Date: _____

This student has enrolled at AmeriSchools College Preparatory Academy. Please forward all pertinent school records/transcripts including:

- Official Withdrawal Form
- Attendance Records
- Previous School Records
- Health/Immunization Records
- Birth Certificate
- Report Cards/Progress Reports
- Discipline Records
- Standardized Test Scores
- *Special Education

****If Special Education Records are maintained at another site or office, please forward this request to the appropriate personnel.***

Please send records/transcripts for the child to the following address:

**AmeriSchools College Preparatory Academy
7444 E Broadway Blvd
Tucson, AZ 85710
Phone: (520) 722-1200 * Fax: (520) 722-0052**

For official use only

Date 1st Request Sent: _____

Date 3rd Request Sent: _____

Date 2nd Request Sent: _____

Date 4th Request Sent: _____

Date Received: _____

PARENT SURVEY

Please answer the following questions with as much information as possible.

Student's Name: _____ Date of Birth: _____

How did you hear about AmeriSchools College Preparatory Academy?

- Mailing Newspaper Flyer AmeriSchools Website Passing By
 Word Of Mouth Yellow Pages GreatSchools Website Other: _____

Do you know any current or former students? Yes No

If yes, who? _____

Have you been referred by someone? _____

ACPA requires students and families to comply with the Dress Code Policy, the Attendance Policy and the Tutorial Policy.

Please mark the boxes to indicate you have reviewed these policies and agree to comply

- Dress Code Attendance Tutorial

Please describe any specific cultural, social and/or religious patterns followed in the home that you would like the school personnel to know about. _____

Is your child ahead or behind in credits? Yes No

If Yes, Please Explain: _____

Has your child ever been suspended or expelled by another school/district? Yes No

If yes, please explain: _____

I certify by my signature, that I am either the parent or legal guardian of this child and that the above information is true, accurate and up to date. I understand that if any of the information completed on this application is incorrect or inaccurate, it may adversely affect the ability of AmeriSchools College Prep Academy to educate your child resulting in his/her administrative withdrawal.

Parent/Guardian Signature: _____ Date: _____

STUDENT INFORMATION & PHOTOGRAPH RELEASE

This form gives AmeriSchools College Preparatory Academy authorization to use student information and pictures taken of your child for educational purposes, including newspaper or other publicity. (**Please Check ONE Option**)

Student's Name: _____ Grade: _____

- I approve of Student Information and Photograph Release without reservation or compensation
- I approve of Student Information and Photograph Release for school/class pictures **ONLY**. I understand these pictures may be used in the school yearbook.
- I **DO NOT** approve of any student Information or Photograph Release for my child. (Please Note: This option includes, but is not limited to, school pictures (individual), class pictures and/or yearbook pictures.)

Parent/Guardian Signature: _____ Date: _____

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COMMUNITY EXPLORATION PERMISSION SLIP

AmeriSchools College Preparatory Academy has many opportunities to go on exciting community exploration trips. Occasionally, the information is given to the school at the last minute and AmeriSchools College Preparatory Academy does not have time to send home permission slips, so the students are unable to participate. To avoid having to miss exciting educational opportunities, you are asked to check one of the options below. This will give your child permission to attend community exploration trips on short notice or if your child forgets to return their permission slip. Parents/Guardians will always be notified before your child goes off campus.

- YES!** My child has permission to participate in community exploration trips! My child has permission to walk to the destination (when applicable), ride on a chartered or city bus or ride in the school van. Also, I hereby grant my permission, in an emergency, for my child to be taken to the nearest emergency facility for treatment in the event that I cannot be reached.
- NO!** My child does not have permission to participate in community exploration trips.

Parent/Guardian Signature: _____ Date: _____