



5625 S. 51st Ave. Laveen, AZ 85339 P:602-285-3003 F:602-285-5560

Registration Form 2011-2012

Last Name _____		First Name _____		Middle Name _____	
Grade _____		Age as of 8/1/2011 _____		Date of Birth _____	
				Male or Female Gender (circle one)	
Phone Number _____		Street Address _____		City _____	
				State _____ ZIP _____	

Has the student ever received SPED services? No Yes if yes, please fill out the Special Education form

Last school attended/ School currently attending _____ Grade Level _____ District Name (if not in AZ, list state or country) _____

<input type="checkbox"/> Mother	_____	_____
<input type="checkbox"/> Stepmother	Last Name _____	First Name _____
<input type="checkbox"/> Guardian	E-Mail _____	Best Daytime Number _____
<input type="checkbox"/> Father	_____	_____
<input type="checkbox"/> Stepfather	Last Name _____	First Name _____
<input type="checkbox"/> Guardian	E-Mail _____	Best Daytime Number _____
<input type="checkbox"/> Stepfather	_____	_____
<input type="checkbox"/> Stepfather	Last Name _____	First Name _____
<input type="checkbox"/> Stepmother	E-Mail _____	Best Daytime Number _____

- Guardianship:**
- Both parents together in the same home
 - Alternate between mother and father equally
 - Mother only
 - Father only
 - Grandparent(s)
 - Brother/Sister
 - Aunt/Uncle
 - Permanent Legal Guardian

Emergency Contact:

Name	Relationship	Phone Number (Provide two if possible)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Is the child;

- ...expelled from any school or district? No Yes N/A
- ...currently being considered for expulsion/suspension from a school/ district? No Yes N/A
- ...in compliance with conditions imposed by a juvenile court? No Yes N/A
- ...in compliance with conditions of disciplinary action in any school/district? No Yes N/A

At the Health Aide's discretion, the child may take/ be treated with

- Yes No Topical Ointment (Neosporin) Yes No Cough Drops
- Yes No Acetaminophen ("Tylenol") Yes No Ibuprofen (Motrin)

Is the child allergic to any medications, including over the counter ointments or allergic to (food, latex, other)

No Yes List: _____

Does the child have any other medical conditions or restrictions?

No Yes List: _____

Does the child require daily medicine or other health maintenance while at school? No Yes

Inhaler breathing treatment Blood glucose check other (describe): _____

Medical History: Has your child ever been diagnosed with: (check if YES)

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent ear aches/infections | <input type="checkbox"/> Neuro Disorder(includes migraines) |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing/Ear Disorder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Birth Defect/Dev Disorder | <input type="checkbox"/> Glasses/contacts | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Vision/Eye Disorder | <input type="checkbox"/> Speech Disorder | |

Has the child been/Is the child presently under treatment of a physician, counselor, and/or psychologist?

No Yes If yes, please state:

Name of Provider: _____ Date last seen: ____/____/____

Reason for treatment: _____

Has the child ever had a psychological test? ? No Yes

If yes, please state:

Provider of testing: _____ Date of Test: ____/____/____

Reason for testing: _____

To the best of my knowledge, this student does not have any health problems that would be harmful to him/her while participating in Physical Education or which would require a physical exam.

Be it known that I, the undersigned parent or legal guardian of the student named on the reverse side, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, or care to said student as in the judgment of said authority should the student be injured or stricken ill.

In the event emergency medical treatment is required, I give consent for my child to be transferred to the nearest medical facility. Riverbend Prep will NOT transport my child to the medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that Riverbend Prep will telephone 911 for emergency medical assistance.

It is further understood that any expenses incurred will be paid by insurance or the parent of the student. Payment of the expense is not a school responsibility

Print Parent/Guardian Name: _____ **Parent Signature** _____ **Date** ____/____/____

Office Use Only:

Request for Recs sent: _____ Reg. Ed. Recs Rcvd: _____ Sp. Ed. Recs
 Rcvd. _____ FDA: _____ Entry date: _____ Entry Code: _____ Date entered in PS: _____
 LDA: _____ Exit date: _____ Exit Code: _____ Date w/d from PS: _____



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Student Residency Questionnaire

This questionnaire is intended to address the McKinney- Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Name of Student _____ Male Female

Date of Birth ____ / ____ / ____ Age ____

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 two questions, please complete the remainder of this form.
If you answered NO to either of the above two questions, you may STOP HERE.

Where is the student presently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment (other family owns or rents the house or apt)
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations (i.e. car, park, or camp site)
- With friends or family members (other than parent/guardian)

Name of Parent/Legal Guardian _____
 Address _____
 Alternate contact Person _____ Relationship _____
 Phone _____

Signature of Parent/Legal Guardian _____ Date _____

FOR OFFICE USE ONLY

I certify the above name student qualifies for the Child Nutrition Program under the provisions of the McKinney –Vento Act.

Date _____ McKinney-Vento Liaison Signature _____

Parent Alert

HEALTH AND ILLNESS POLICY

ILLNESS

In an effort to manage and prevent disease spread, our school will follow the prescribed guidelines as stated in **Infections in Children, A Sourcebook for Educators and Child Care Providers**. Exposure to many contagious diseases is a normal part of childhood and the school setting, because of its communal nature, increases the likelihood of exposure. It is expected that parents will cooperate fully with the staff and teachers in the event a child must be excluded from the school due to illness.

Exclusion Policy

The phone call that informs a busy working parent that they must leave work to pick up a sick child is as difficult for the staff at school to make as it is for the parent to receive. Our school endorses exclusion standards that will help control the occurrence of illness among children, their families, staff and the community. The Exclusion Standards that are followed are put forth by the U.S. Department of Health and Human Services, the Public Health Service and the Centers for Disease Control. This policy ultimately protects all children and staff members and recognizes the limitations of staff capabilities to adequately care for a sick child.

Your child must not attend school if exhibiting any of the following symptoms:

- A Fever
- Intestinal disturbance accompanied by diarrhea or vomiting
- Severe itching and scratching of the body or scalp (head lice, scabies)
- Stiff neck with accompanying headache with fever, vomiting, lethargy and light sensitivity (meningitis)
- Any disease that is classified as reportable, i.e., diseases that have special implications for public health due to their high communicability or seriousness.

Illness Management

If your child develops any of the above symptoms while attending school, the office staff will help your child rest comfortably in an area away from the other children. You will be promptly contacted to arrange pickup for your child within one hour.

Administration of Medicine

Should your child require any medication prescription or over the counter, while at school, the staff will only be able to administer it when the following conditions are met:

- If state licensing requirements permit the administration of medicine.
- The parent provides a written order from the physician authorizing the use of the medication for a specified length of time
- The parent provides a written request, with specific instructions, for the staff member to administer the medication
- The medication is in its original packaging and dispensed with the child's name, name of the drug, and directions for administration
- Medication will be administered according to the directions on the label. Any variance will require written authorization from a physician. Unless physician's instructions indicate otherwise, medication can be given for a period not exceeding two weeks.

All medications are stored in locked containers or in a refrigerator inaccessible to children. Please do not send medicines, including vitamins, cough drops, or any other item of that nature, in your child's back pack. All medicines are to be handed directly to the appropriate staff member.

Parent Alert

HEALTH AND ILLNESS POLICY

Receipt and Acknowledgement

I have received, read and understand our school's Health and Illness Policy and agree to abide by the terms outlined.

Parent/Guardian Signature

Date

Reviewed and accepted by:

School Representative

Date



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Permission to Release School Records

To the Student's current/past school or school district:

Under the provisions of Section 99.30 of the Family Educational Rights and Privacy Act, this listed document authorizes the release of all school and health records for the student listed below. Arizona State Law 815-828 Paragraph F states that no school shall withhold records due to financial debts. New Federal Law 99.31 states that no parent signature is required for educational records to be sent to another educational agency.

The school listed below ("Previous School") has been named as the last school the student attended. The student's records will be kept on file at Riverbend Preparatory Academy. These records will be subject to the confidentiality rules of the State of Arizona. Only authorized personnel will have access to this student's records.

The student's prior school, as listed below, is required by the above provision to disclose all student records, including but not limited to:

- Withdrawal Form (from AZ school)
- Academic and Health Records
- Individual Education Plan or 504 Plan
(Please forward request to Special Education Department)
- AZELLA Scores/ ELL Program Information
- DIBELS Scores/ Reading First Information

Please send all of the student's records within ten (10) days from receipt

Student Information:

_____, _____, _____ / /
Last Name First Name Middle Name Date of Birth

District/State of Previous School Name of Previous School

Street Address of School City State ZIP

School Phone Number School Fax Number Last grade attended

As the parent or legal guardian of the student named above, I am giving permission for all student records to be released to Riverbend Prep.

Print Parent Name Parent Signature Date Signed / /



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Student Dismissal Method

Student Name: _____

This form will help us keep track on how your child goes home at the end of the day. Please choose one dismissal method that better fits your needs and will be the one that the student will be using everyday or at least the majority of the times.

_____ Parent will pick up at school

_____ Child will walk home

_____ Oasis after- school program

_____ School Bus (ONLY IF PERMISSION SLIP IS SIGNED)

Parent Signature _____ Date _____



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Students Name _____ Date _____

Media:

Over the course of the year, many opportunities arise to photograph/videotape students actively engaged in fun and learning while at school. These pictures may be used for a variety of reasons relating to informing the public of programs provided by the school, training staff, and creating memories for students.

If for any reason you object to your child being photographed while he/she is participating in school activities, please mark "No Media" below. If you give your consent to your child appearing in a yearbook, but do not want his/her picture published to the public, please mark "Yearbook Only" below. Otherwise, please indicate your consent to have your student photographed for publicity purposes below. Thank you.

_____ No Media.....I do not wish for my child to appear in any media.

_____ Yes, my child may be photographed for all purposes.

Medios de Comunicación:

Sobre el transcurso del año, surgen muchas oportunidades para grabar/fotografiar a estudiantes mientras aprenden y se divierten. Estas imágenes pueden ser utilizadas para informar al público de los programas de la escuela, entrenamiento del personal, y crear anuarios/memorias para estudiantes.

Si por alguna razón usted se opone a que su niño/a sea fotografiado mientras el/ella toma parte en las actividades de la escuela, por favor marque "No Medios" abajo. Si usted da su consentimiento para que su niño/a aparezca en un anuario, pero no desea su imagen publicada al público por favor marque "Solo Anuario" abajo. De otro modo por favor indique abajo su consentimiento para que su niño/a sea fotografiado para propósitos de publicidad gracias.

_____ **No Medios**..... Yo no deseo que mi niño/a aparezca en ningún medio.

_____ **Si**, mi niño/a puede ser fotografiado para todos propósitos.



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Power School Access Disclaimer:

Riverbend Prep allows parents access to their students' grades via PowerSchool, our student data management system. Please note that this access is provided as a convenience. Grades and other information provided by this system are not official records and may or may not be accurate. Neither the School, Mosaica Education, Inc., nor Pearson, Inc. accepts any responsibility for information provided by this system and/or for any damages resulting from information provided by this system. To obtain official grades and student records, or to request correction of information on the system, please contact Riverbend Prep.

I/we understand and agree to follow the guidelines as stated in the parent access letter.

Parent Name

Parent Signature

Date

Parent Name

Parent Signature

Date

Student Name

Student Signature

Date

Acceso a PowerSchool:

Riverbend Prep permite que los padres tengan acceso a los grados de sus estudiantes vía PowerSchool, nuestro sistema de información sobre estudiantes, por favor note que este acceso es proporcionado para su conveniencia. Los grados y otra información proporcionados por este sistema no son los registros oficiales y pueden o no pueden ser exactos. Ni la escuela, Mosaica Education Inc, ni Pearson Inc, no aceptan responsabilidad por la información porporcionada por este sistema. Para obtener los registros oficiales y grados del estudiante, o para solicitar la correcta información en el sistema por favor contacte a Riverbend Prep.

Yo/nosotros comprendemos y concordamos en seguir las pautas como indica en la carta del acceso de padre.

Nombre de padres

Firma de padres

Fecha

Nombre de padres

Firma de padres

Fecha

Nombre de estudiante

Firma de estudiante

Fecha



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

Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective July 1, 2009)

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?”
(Answer with the language used most often by the student)

Language: _____

Student Name: _____

Date of Birth: _____

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

(For Office Use Only)

Student ID: _____

SAIS ID: _____