



**SAN TAN CHARTER SCHOOL**  
**2018-19 STUDENT APPLICATION**

Grade Entering \_\_\_\_\_  Returning Student  New Student  
 Mainstream  Gifted\*  Elem. Montessori **Kindergarten**  Half Day circle AM or PM  Full Day  Montessori

**San Tan Charter School does not discriminate regarding color, race, religion, national and ethnic origin, special needs, or language proficiency of students regarding policies, admission and school-administered programs.**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name Used \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Caucasian  African American  Asian  Am. Indian/Alaskan Native  Hawaiian/Pacific Islander  Hispanic

Place of Birth City \_\_\_\_\_ State \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Mother's Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Father's Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Student lives with (check all that apply)  Both Parents  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Are you living in temporary housing? (circle) Yes No If so, is this due to hardship? (circle) Yes No

Does your child currently have a 504 or IEP plan? (circle) Yes - Attach most recent reports 504, SPED, etc. No

Previous School \_\_\_\_\_ State \_\_\_\_\_

I, the parent of \_\_\_\_\_, agree to **(please read and check each)**:

- Provide a lunch daily for my child.
- Provide transportation to and from school every day.
- Provide prompt and timely drop-off and pick-up of my child daily.
- Provide student pick-up within 30 minutes of illness or severe behavior notification.
- Permission for my student to be contacted on their personal cell phone. Provide # \_\_\_\_\_
- Give my permission to have photographs of my child published in articles and media viewed by the general public.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

**\*Applications for STCS's Gifted School must include a copy of the child's most recent gifted testing scores.\***

**For Office Use Only:**  FRONT OFFICE  ACCOUNTING  REGISTRAR Sibling(s) Grades \_\_\_\_\_

Date App. Received \_\_\_\_\_ Start Date \_\_\_\_\_ Year Entering **2018-2019**

Date Paid \_\_\_\_\_ Amount \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Credit Card



# San Tan Charter School Student Registration Packet Instructions

Student Name \_\_\_\_\_

Registration for 2018-2019 school year

Thank you for your interest in San Tan Charter School. As we begin to prepare for the next school year, this form will guide you through the important steps and dates to ensure that your child will be able to successfully register and attend San Tan Charter School.

Please return this entire packet with all supporting information to the front office by **4:00 p.m. on January 31, 2018** in order to guarantee your child's spot for next year. Any packet received after this date will be placed into the open enrollment lottery. Please be sure that the following items are filled out completely and returned to the front office along with the \$50.00 Credit for Kids Donation for grades K(1/2 day) through 8 and/or the \$250 technology rental for grades 9 - 12.

The Credit for Kids Donation is part of the tax credit program and is the perfect way to give and support San Tan. The program is a win/win for everyone. By redirecting your tax dollars, you will support special programs at San Tan Charter School such as character education, athletics, fine arts, music, band, orchestra, choir, performing arts, drama, and academic competitions.

- Student Application Form
- Student/Parent Handbook Compact – to be read online
- PHLOTE form (Primary Home Language Other Than English)
- Updated Emergency Card\*      \_\_\_\_\_ Health Alert – Allergies\*
- Updated Immunization Record – or a Yearly Updated Exemption form – available at the front desk
- Varicella (Chickenpox) Form
- Residency Documentation - address must match address on application
- Updated Credit Card Authorization Form (optional)
- ESEA Eligibility Status
- Birth Certificate
- \$50.00 Half Day Kindergarten and Grades 1- 8 Credit for Kids Donation:
  - Cash     Check # \_\_\_\_\_     Credit Card
- \$300.00 Full Day Kindergarten Registration:     Cash     Check # \_\_\_\_\_     Credit Card
- \$250.00 Grades 9 - 12 Technology Rental:     Cash     Check # \_\_\_\_\_     Credit Card

**\*ALL previous Emergency contacts and health alerts on file will be deleted, please provide a complete list of current contacts with phone numbers and updated health information for your child.**



PARENT AUTHORIZATION FOR RELEASE/
REQUEST OF STUDENT RECORDS

In accordance with the Family Educational Rights and Privacy Act of 1974 and AZ State Law, I hereby authorize the school named below to release the following student records:

Previous School Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Please send the following:

- Withdrawal Form
• Withdrawal Grades
• Official Transcript of Grades
• Attendance Records
• Achievement Test Scores
• Results of CogAt (or other gifted testing)
• Discipline Records (suspension/expulsion)
• SPED Records (IEP, 504, MET & Psych Reports)
• Psychological Records
• Health Records (Birth Certificate, Immunization Records, 45 Day Screening, Hearing & Vision Screening)

I understand that I have the right to inspect, copy or to challenge the contents of the records prior to the records being forwarded.

Name of Child 1. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_
2. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_
3. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_
4. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Date

Parent Signature

Federal Law 99.31 allows for educational records to be sent to other educational agencies without the parent's signature requirement.

Please send records to:

San Tan Charter School
3959 East Elliot Road, Gilbert, AZ 85234
Office: 480-222-0811
Email: cpage@santancs.com

1st request \_\_\_\_\_ 2nd request \_\_\_\_\_ 3rd request \_\_\_\_\_



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 \_\_\_\_\_

School \_\_\_\_\_

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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.

**AWARENESS CONTRACT AND RECEIPT OF  
STUDENT HANDBOOK THAT OUTLINES STUDENT CONDUCT POLICIES AT  
SAN TAN CHARTER SCHOOL**

*This information is presented in order to ensure the safety and well-being of all students at San Tan Charter School. It is also meant to ensure that all students and parents/guardians have received this communication regarding the Governing Board's special policies dealing with drug/alcohol abuse, dangerous items/deadly weapons, the attendance policy, and the Electronic Information Services (EIS) Student Acceptance Use Policy.*

**The signatures below indicate acknowledgement of communication regarding the following Governing Board policies found on the school's website:**

- ❖ Policy regarding harassment (e.g., sexual, race, color, national origin, religion, or disability).
- ❖ Policy regarding Student Conduct.
- ❖ Policy regarding drug/alcohol abuse. We understand that drug/alcohol abuse includes illegal drugs, alcohol, prescription drugs and other mind-altering substances. Abuse includes the possession, use, distribution, sale, or purchase of any of the above.
- ❖ Policy regarding dangerous instruments and deadly weapons in school.
- ❖ Policy regarding negative student group or gang affiliation.
- ❖ Electronic Information Services Student Acceptable Use Policy.
- ❖ A student must be in attendance at least 94% OF THE TIME. Excessive absences may result in a truancy referral and/or retention, and possible placement in a Diversion Program. Excessive absences include excused *and* unexcused absences.
- ❖ Family Handbook that outlines other student conduct policies such as fighting, assaults, threats, bullying, inappropriate language, smoking, attendance, tardiness, dress code, insubordination, etc., can be accessed on the school's website.

If the student is found in violation of these policies and agreements, he/she may be suspended or expelled from school. By signing this document, we are indicating that we are aware of these policies and that our signatures will be in force for the 2018-2019 school year. We understand that at any time, if further clarification is needed, we will contact the school principal.

Student's Printed Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Administrator's Signature \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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## Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Has your child ever had chickenpox? (please circle one answer)      **Yes**      **No**      **Don't Recall**  
(go to #1)      (go to #2)      (go to #1)

**1. Please answer the following questions (please circle one answer):**

- |   |                                     |           |                     |
|---|-------------------------------------|-----------|---------------------|
| a. Was your child in "face to face" contact with other children who had chickenpox? | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| b. Did your child have a rash on his/her body?                                      | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| c. Did the rash "itch?"   | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| d. Were there blisters present?   | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| e. Did "scabs" appear toward the end of the rash?                                   | <b>Yes</b>                          | <b>No</b> | <b>Don't Recall</b> |
| f. When did your child have chickenpox?<br>(approximate date)                       | _____/_____<br><b>Month    Year</b> |           |                     |

- 2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot?**      **Yes**      **No**      **Don't Recall**  
(please circle one answer)

If you circled **YES**, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.

If you circled **No or Don't Recall**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

Parent/Guardian Name (please print) \_\_\_\_\_

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

Address \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_





**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:

- \_\_\_ 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.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# ESEA Program Eligibility Guidelines

July 1, 2017- June 30, 2018

## INDICATOR 1

### HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$15,678	1,307	654	603	302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
<b>Each Additional Member Add:</b>	+5,434	+453	+227	+209	+105

## INDICATOR 2

### HOW OFTEN INCOME WAS RECEIVED

Family Size:	Year	Month	Twice Per Month	Every Two Weeks (Bi-Weekly)	Week
1	\$22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
<b>Each Additional Member Add:</b>	+7,733	+645	+323	+298	+149

**Note:**

If all income is received on the same schedule

*Example: alimony = \$100-month & pension = \$300-month*

**DO NOT** use conversion factors

If family reports income sources from more than one schedule

*Example: alimony = \$100-month & pension = \$300-week*

Income **MUST** be converted to yearly.

Yearly Income = Monthly	x 12
Yearly Income = Twice Per Month	x 24
Yearly Income = Every Two Weeks (Bi-Weekly)	x 26
Yearly Income = Week	x 52

**DO NOT** round the values resulting from each conversion

Updated June 2017

# Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2018 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

No

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all the above information is true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.



Payment by Credit Card Agreement



The following credit card is authorized to be on file at San Tan Montessori Preschool & San Tan Charter School. Automatic payment can be revoked at any time by notifying the finance department at 480-222-0811 ext 7.

The credit card on file will be used for all charges, including:

- Kindergarten & Preschool Tuition payments ran on the 11th of the month
• Extended care, ran on 11th of the month (always billed the month after service)
• Extra Lunches from the prior month (always billed the month after service)
• Any misc. invoices billed throughout the school year directly from the Finance Department.

The credit card on file is only on file at the finance office, and cannot be accessed from the front office for random purchases such as t-shirts, field trips or book deposits.

All invoices are billed out at least 10 days before a credit card on file is ran, and emailed to the card holder, giving the card holder the opportunity to cancel an automatic payment run and come in and pay by a different payment method. This form will remain on file until cancelled by you or expired.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

VISA OR MASTERCARD ONLY

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 digit code on back of card \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Card Holder Name (Printed) \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize collection of payment for all charges as indicated above. I certify that I am the authorized holder and signer of the credit card reference above. I also certify that all information above is complete and accurate, and understand that it is my responsibility to update any new card information when received. If a credit card declines and is not updated, I understand that not updating information can result in a late payment fee.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_