

**EAGLE College Prep
2008-2009 Pre-Enrollment Forms**



COLLEGE PREP ELEMENTARY SCHOOL

**P.O. Box 8460
Phoenix, AZ 85066**

Forma de Pre-Inscripción 2008-2009

EAGLE College Prep esta actualmente pre-inscribiendo estudiantes para el año escolar 2008-2009.

Instrucciones para llenar y suministrar la forma de pre-inscripción.

- Complete todas las formas usando tinta negra.
- Responda todas las preguntas completamente.
- Nota: Firmas son requeridas en todas las formas.
- Niños de la edad de 5 años cumplidos en Septiembre 1, 2008 serán registrados para Kindergarten. Niños de la edad de 5 años para Enero 1, 2009 serán registrados en lista de espera caso por caso
- Por favor regrese ésta forma de pre-inscripción en persona a Mr. Paul Kremer (Director Ejecutivo):
 - Una copia del acta de Nacimiento del Niño.
 - Copia de la tarjeta de Seguro Sólcial
 - Tarjeta de Vacunación Actualizada.
 - Ultimo reporte escolar (si el niño atendió una escuela anteriormente)
 - Custodia del Padre/Madre (si es necesaria)
 - Documentos de Educación Especial (todos los reportes escolares que apliquen)
 - Resultados de Pruebas de Clases Especiales (clases de honor, niños con habilidades especiales, ect.)
 - Documentos de Imigracion or de Refugiados (si es necesario o aplica el caso)

**EAGLE College Prep
2008-2009 Pre-Enrollment Forms**

**EAGLE College Prep Elementary School
PO Box 8460
Phoenix, AZ 85066**

Student and Parent/Guardian Information:

Nombre Legal del Estudiante		Apellido:	Primer Nombre:	Segundo Nombre:	Extension:
Nombre Preferido del Estudiante:		Primer Nombre:	Apellido:		
<input type="checkbox"/> Masculino	<input type="checkbox"/> Femenino	Número de Seguro Social:	Fecha de Nacimiento:	Grado Escolar para el Otoño de 2008:	
Dirección del Estudiante: (incluyendo el número de apartamento)			Ciudad:	Estado:	Código Postal:
Teléfono de Casa: () -		Célular: () -	Otros números de contacto: () -	e-mail:	
El estudiante vive con: <input type="checkbox"/> Father/Padre <input type="checkbox"/> Otro (Especifique):					
Quién tiene la Custodia Legal: <input type="checkbox"/> /Padres <input type="checkbox"/> /Madre <input type="checkbox"/> /Padre <input type="checkbox"/> Otro (Especifique)					
Militar Activo: <input type="checkbox"/> SI <input type="checkbox"/> NO Describa:					
Ultima Escuela que Asistió:	Dirección de la Escuela:	Ciudad:	Estado	Código Postal	Número de Teléfono con área () -
Nombre del Padre:	Empleador:	Code: Número de Trabajo: ()			
Nombre de la Madre:	Empleador:	Code: Número de Trabajo: ()			

**Por favor envíe este formulario/inscripción a la dirección que se encuentra arriba de ésta forma.
EAGLEprep.org paul.kremer@EAGLEPrep.org 602.672.2007**

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Educación Especial:

El Estudiante ha sido identificado con necesidades especiales: <input type="checkbox"/> SI <input type="checkbox"/> NO			
Si su respuesta es SI proporciones información del Plan Educativo Individual (IEP) <input type="checkbox"/> SI <input type="checkbox"/> NO			
Si esto es afirmativo por favor cheque los cuadros correctos en la información requerida a continuación.			
<input type="checkbox"/>	Lenguaje	Fecha Identificada	Pruebas de Niños con habilidades especiales
<input type="checkbox"/>	Fecha Identificada		Fecha Identificada:
<input type="checkbox"/>	Desabilidades de Aprendizaje Específicas (Describalas)		Fecha Identificada
<input type="checkbox"/>	<i>Desabilidades Física: (Describalas)</i>		Fecha Identificada
<input type="checkbox"/>	<i>Otros (Por Favor sea específico)</i>		Fecha Identificada

Información de los Hermanos:

Nombre:	Grado:	Escuela (si esta inscrito)	Comentarios:

Firma de Padres/Guardian

<p>It is against the law to discriminate in any way including but not limited to discrimination based on color, race, religion, or special needs. EAGLE College Prep will not honor request of restrictions unless copies of custodial papers or copies of court orders that support the requests of the parent are on file with the school. Further, I certify that I am the child's parent or legal guardian and that the information I have given above is true and correct. I also authorize the release of academic, health, behavioral, and psychological records for the above child.</p>
Firma del Padre or Guardian:
Fecha:

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For Official Use Only

Teacher:	Birth Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO	Immunizations	<input type="checkbox"/> YES <input type="checkbox"/> NO
Grade:	Grad Year:	Social Security Card	Custody Papers	<input type="checkbox"/> YES <input type="checkbox"/> NO
Capture Date:		Gifted Scores	IEP	<input type="checkbox"/> YES <input type="checkbox"/> NO
SAIS ID:		Last Report Card		<input type="checkbox"/> YES <input type="checkbox"/> NO
		Verified Completed Forms & Documentation:	Initials:	Date:
Copies for ELL, SPED, Teacher, Office?				
Initials:	Date:	Entered Information Into SAIS:	Initials:	Date:

HEALTH INFORMATION

Does the student have any **ALLERGIES to: Drugs, Food, Weeds, etc?** YES NO

If **YES**, what **allergy/allergies?**

What is the **RECOMMENDED TREATMENT?**

Does the student take **SPECIAL MEDICATION?** YES NO For example: Asthma PRN medication (as needed medications)

DIRECTIONS for any special medication:

Does the student take **DAILY MEDICATIONS at home?** If yes, please list medications:

1. _____
2. _____
3. _____
4. _____

I DO GIVE PERMISSION TO TRANSPORT STUDENT TO DOCTOR IN CASE OF EMERGENCY: YES NO
IF "NO", GIVE INSTRUCTIONS FOR EMERGENCY CARE:

Do you give permission for family doctor or referred doctor to treat student in parent's absence in case of emergency. YES NO

FAMILY DOCTOR'S NAME

PHONE NUMBER WITH AREA CODE

()

I AGREE TO FURNISH THE SCHOOL WITH ANY UPDATED INFORMATION.

PARENT'S SIGNATURE

DATE

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STUDENT HEALTH HISTORY					
STUDENT'S NAME (LAST, FIRST, MIDDLE)			BIRTH DATE		
The following information may be helpful in assessing a child's health/learning. Has this child ever had any of the following? If "Yes" please give age at the time.					
MEDICAL CONDITION	YES/NO	AGE	MEDICAL CONDITION	YES/NO	AGE
Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO		High Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Arthritis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Kidney Disorders/ Infection	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Attention Deficit/Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO		Mumps	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bleeding Disorders	<input type="checkbox"/> YES <input type="checkbox"/> NO		Osgood Schlatter's	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Birth Trauma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cerebral Palsy	<input type="checkbox"/> YES <input type="checkbox"/> NO		Rheumatic Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chicken Pox	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarlet Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cystic Fibrosis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarletina	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Developmental Delays	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scoliosis/Curvature of Spine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO		Seasonal Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Epilepsy/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO		Sickle Cell Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ear Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO		Strep Throat	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Frequent Colds	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tonsillitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hearing Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Vision Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Disease/ Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Please explain any "YES" answers:					

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Is this child?	
Presently receiving treatment for any physical problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Taking medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Taking medication on a daily basis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Restricted from P.E./recess/sports?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has this child ever?	
had surgery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had a psychological exam?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had a serious accident or injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had an accident or injury requiring hospitalization/surgery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had tubes in his/her ears?	<input type="checkbox"/> YES <input type="checkbox"/> NO
been placed in special classes (Learning Disability, Speech, Hearing Impaired, Visually Impaired emotionally Handicapped, Physically Handicapped, Other)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this child have?	
vision difficulties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
hearing difficulties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
hearing aids?	<input type="checkbox"/> YES <input type="checkbox"/> NO
tubes in ears now?	<input type="checkbox"/> YES <input type="checkbox"/> NO
speech difficulties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please explain any "YES" answers:	
Are there any significant behaviors that may affect this child's performance in school or that may be of concern?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any specific cultural, social, religious patterns followed in the home that you would like the school personnel to know about?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you like to discuss any of this health history with a health care professional?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Guardian Signature	Date

**EAGLE College Prep
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**Screening Form to Determine History of Chickenpox
(Varicella) Disease**

Student Name: _____ **Date of Birth:** _____

School Name: _____ **Grade:** _____

Parent/Guardian Name (please print):

Address:

Telephone Number (where you can be reached during the day):

If your child saw a doctor for a rash that the doctor said was chickenpox, please fill out this box.

Doctor's Name: _____

Approximate Date of the Doctor Visit: Month: Year: _____

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

If you filled out this box then your child will not need to get the chickenpox vaccine for school admission. Present this to the school nurse as proof of chickenpox disease.

If you think your child had chickenpox even though he or she was not taken to the doctor, please fill out this box.

Approximate Date of Illness: Month: Year: _____

Did your child have a rash on his/her body for 3 or more days? Yes No Don't Know

Did the rash have blisters? Yes No Don't Know

Did the blisters itch? Yes No Don't Know

Did the blisters turn into scabs Yes No Don't Know

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

If you answered "Yes" to all of the above questions then your child will not need the chickenpox vaccine for admission to school. Present this to the school nurse as proof that your child already had chickenpox.

If you answered "No" or "Don't Know" to any of the above questions then your child will need the chickenpox vaccine for school admission.

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HOME LANGUAGE PREFERENCE SURVEY-SP200	
STUDENT'S NAME	DATE OF BIRTH
<p>EAGLE College Prep is required to identify students who have a primary language other than English. This information is required on the district's enrollment form and home language survey. The information will help us in determining the type of instruction needed for your child.</p> <p>Please answer this survey as thoroughly as possible. Fill in each answer with the language used in the situation described.</p>	
1. My child first spoke:	
2. What is the language most often spoken by the student?	
3. Most of the people who live in my house speak:	
Parent/Guardian Signature	Date

.....
If you have listed a language other than English above, please continue with the form below:

<i>EAGLE College Prep</i>	
Dear Parent or Guardian:	
<p>Your child _____, is going to be screened for additional support in ELL (English Language Learner Program). This portion of the form is to ask for permission for testing. Testing time will be approximately 50 minutes for ELL. Every effort will be made to ensure that your child's screening will not interfere with classroom instruction.</p>	
FILL IN STUDENT'S NAME	
I give my permission for ELL testing for: _____	
Parent/Guardian Signature	Date

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STUDENT RELEASE FORM

Dear Parents,

If you plan to have someone else other than yourself pick up you child, please fill out this form. ONLY PERSONS NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD. Proper identification (driver's license) will be required.

STUDENT'S NAME

INDIVIDUALS AUTHORIZED TO PICK MY CHILD

NAME OF PICK UP PERSON

PHONE NUMBER WITH AREA CODE

()

Special Pickup Days or Instructions:

NAME OF PICK UP PERSON

PHONE NUMBER WITH AREA CODE

()

Special Pickup Days or Instructions:

NAME OF PICK UP PERSON

PHONE NUMBER WITH AREA CODE

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NAME OF PICK UP PERSON

PHONE NUMBER WITH AREA CODE

()

Special Pickup Days or Instructions:

NAME OF PICK UP PERSON

PHONE NUMBER WITH AREA CODE

()

Special Pickup Days or Instructions:

By filling out this form, you authorize EAGLE College Prep to release your child to one of the above named persons. If you have any questions, please feel free to call the office.

Parent/Guardian Signature

Date

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**RELEASE
TO RIDE BIKE OR WALK TO AND FROM SCHOOL**

Dear Parents,

Please complete the information below:

My child _____

CHECK ONE:

HAS my permission to ride their bike OR walk to and from school.

DOES NOT HAVE my permission to ride their bike OR walk to and from school.

➤ Bicycles and scooters may NOT be ridden on campus.

➤ If you choose to let your child “roller blade” to school, please know that “roller blades” must be removed, and the child must change into street shoes before arriving on the campus

➤ Students should lock their bicycles, scooters etc. The school is NOT responsible for loss or theft.

➤ DOGS or pets of any kind (unless “assistive”) are not allowed on campus at any time.

I understand that by allowing my child to leave his/her classroom, I agree to indemnify and hold harmless Education Enterprises, Inc. and EAGLE College Prep from any and all actions, which may in any way arise out of this permission.

Parent/Guardian name (Please PRINT)

Parent/Guardian Signature

Date

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SUSPENSION/EXPULSION DISCLOSURE

STUDENT'S LEGAL NAME

Has the above-mentioned student ever been suspended? YES NO

Has the above-mentioned student ever been expelled from school? YES NO

Is there any pending expulsion hearing or school administrative action involving the above mentioned student? YES NO

Date: _____ School: _____ City: _____ State: _____

Suspension Expulsion

Reason:

Date: _____ School: _____ City: _____ State: _____

Suspension Expulsion

Reason:

Date: _____ School: _____ City: _____ State: _____

Suspension Expulsion

Reason:

Date: _____ School: _____ City: _____ State: _____

Suspension Expulsion

Reason:

THE INFORMATION I HAVE SUPPLIED ON THIS PAGE IS CORRECT.

Parent/Guardian Signature

Date

