



Returning Student Enrollment Packet

This packet is for students already enrolled in Salt River Schools and plan to return for the next school year. The following forms are required for re-enrollment in our schools. Each site may require additional forms and documentation. The re-enrollment checklist on page two (2) will assist you in gathering and completing the necessary documents.

Thank you for your continued interest and involvement with Salt River Schools! We hope you and your student have a successful and enjoyable educational experience.

Salt River Schools does not discriminate on the basis of race, color, national origin, sex, disability, age, pregnant or parenting students in its programs and activities, including in admission and enrollment. Salt River Schools abides by the procedures mandated by Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA) and will provide eligible students with disabilities a free appropriate public education (FAPE), including following Section 504 plans and Individualized Education Programs (IEPs).

FOCUS, ACCOMPLISH, ACHIEVE!

Early Childhood Education Center

Phone: (480)362-2200

Fax: (480)362-2201

Salt River Elementary School

Phone: (480)362-2400

Fax: (480)362-2401

Salt River High School

Phone: (480)362-2000

Fax: (480)362-2090

Accelerated Learning Academy

Phone: (480)362-2130

Fax: (480)362-2159

RETURNING STUDENT ENROLLMENT CHECKLIST

Please return to your child's school no later than _____ to indicate your child will return in the fall.

Early Childhood Education Center

- Completed Returning Student Enrollment Packet
- Guardianship/Custodial Parent/Court Order Notices (If applicable)

Salt River Elementary School

- Completed Returning Student Enrollment Packet
- ESEA Eligibility Guidelines
- Guardianship/Custodial Parent/Court Order Notices (If applicable)
- Proof of Residence

Salt River High School

- Completed Returning Student Enrollment Packet
- ESEA Eligibility Guidelines
- Guardianship/Custodial Parent/Court Order Notices (If applicable)
- Proof of Residence

Accelerated Learning Academy *(Please note students 18 and over may sign in the designated parent/guardian signature fields)*

- Completed Returning Student Enrollment Packet
- ESEA Eligibility Guidelines
- Guardianship/Custodial Parent/Court Order Notices (If applicable)
- Proof of Residence
- Consent for Release of Information (students 18 years and older only)

Teacher/Classroom: _____ ID: _____ SAIS ID: _____ School Year: ____ - ____
Advocate/Other: _____

A. STUDENT RE-ENROLLMENT INFORMATION

PLEASE PRINT CLEARLY

Student's Legal Name: _____
Last Name First Name Middle Name

Student's Preferred Name: _____

School Attending: _____ Grade Entering: _____

Birthdate: _____ Adult Student (18+) Place of Birth: _____ Sex: Female Male
City State

Street Address (must match AZ proof of residency): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than street address): _____

City: _____ State: _____ Zip Code: _____

Tribal Affiliation: _____ Enrollment Number: _____

B. PARENT/GUARDIAN INFORMATION

The information provided will be used for emergency and communication purposes. Students 18 years and older must provide personal contact information including address, contact phone number(s) and email.

Parent/Guardian #1 Name: _____ Sex: Female Male

Relationship to Student: _____ Parent #1 in Military: Yes No

Student lives with Parent/Guardian #1: Yes No Parent/Guardian #1 has custody of Student: Yes No
 SAME AS STUDENT

Address/City/State/Zip: _____

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

Employer: _____ Email: _____

Parent/Guardian #2 Name: _____ Sex: Female Male

Relationship to Student: _____ Parent #2 in Military: Yes No

Student lives with Parent/Guardian #2: Yes No Parent/Guardian #2 has custody of Student: Yes No
 SAME AS STUDENT

Address/City/State/Zip: _____

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

Employer: _____ Email: _____

ECEC FAMILIES ONLY - Please choose a code word in case you need to ask someone to pick up your child who is not listed on this form: _____

C. EMERGENCY CONTACTS

The contacts listed below may assume responsibility for your child if the parent/guardian cannot be reached, they will be allowed to check your child out of school. A **minimum of two (2)** emergency contacts must be listed. **Emergency contacts must be at least 18 years of age.**

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2	EMERGENCY CONTACT #3	EMERGENCY CONTACT #4	EMERGENCY CONTACT #5
Name (First & Last)					
Relationship to Child					
Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alt. Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

D. STUDENT LEGAL CONSIDERATIONS

Please mark any items below that apply to this student and provide the school with copies of the related documents. ALA STUDENTS: Consent for Release of Information will be collected.

- No** legal considerations exist for this student (please go to section F.)
- Student is in foster care
- Court Appointed Custody
- Power of Attorney
- Student Not Living with Biological Parents
- Student has an injunction Against Harassment (Please list unauthorized persons in Section E.)
- Student has an Order of Protection (Please list unauthorized persons in Section E.)
- Student is covered by a Court Order Regarding School

E. UNAUTHORIZED PERSONS

I have court papers on file at the school preventing the following person(s) from picking up and/or having contact with my child.

Name	Relationship to Child	Staff Initials	Effective Date	Limitations May not:
1. _____	_____	_____	_____	<input type="checkbox"/> Pick up <input type="checkbox"/> Contact
2. _____	_____	_____	_____	<input type="checkbox"/> Pick up <input type="checkbox"/> Contact

F. ENROLLING PARENT/GUARDIAN/ADULT STUDENT SIGNATURE

I affirm all registration & emergency information on this form is accurate and understand it is my responsibility to notify the school in writing of any changes. I further affirm, by signing below, that I am a legal Arizona resident.

Parent/Legal Guardian or Adult Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ ENROLLMENT DATE: _____
 DATE ADDED TO WAIT LIST: _____ ENROLLMENT CODE: _____
 DATE ENTERED IN SIS (INITIAL): _____

MCKINNEY – VENTO HOMELESS ELIGIBILITY QUESTIONNAIRE

NAME OF SCHOOL:

- Early Childhood Education Center
 Salt River Elementary School
 Salt River High School
 Accelerated Learning Academy

Student Legal Last Name _____

Student Legal First Name _____

This questionnaire is intended to address the McKinney-Vento Homeless Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (check one box in Section A or Section B)

SECTION A
The student does not lack a fixed, and regular adequate nighttime residence and: <input type="checkbox"/> Choices in Section B do not apply. <b style="color: red;">STOP: If you checked SECTION A, you DO NOT need to complete the remainder of this form.

SECTION B
The student lacks a fixed, regular and adequate nighttime residence and: <input type="checkbox"/> Shares housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as <i>doubled-up</i>). <input type="checkbox"/> Lives in a motel, hotel, trailer park, camping grounds or similar setting due to lack of alternative adequate accommodations. <input type="checkbox"/> Lives in an emergency or transitional shelter; or was abandoned in a hospital. <input type="checkbox"/> Primary nighttime residence is in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (e.g. park benches, etc.). <input type="checkbox"/> Lives in cars, parks, public spaces, abandoned buildings, substandard housing, bus stations, or similar setting. <input type="checkbox"/> Is a migratory child living in the circumstances described above. <b style="color: green;">CONTINUE: If you checked a box in SECTION B complete #2 and the remainder of this form.

2. The student lives with:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1 parent
<input type="checkbox"/> 2 parents
<input type="checkbox"/> 1 parent & another adult
<input type="checkbox"/> A relative, friend(s) or other adult(s) | <input type="checkbox"/> Alone with no adults
<input type="checkbox"/> An adult that is not the parent or the legal guardian |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

Student Date of Birth: _____ Students Age: _____ Male Female

Parent(s)/Legal Guardian(s) or Adult Student Name: _____

Current Address: _____

Phone: _____

Parent/Legal Guardian or Adult Student Signature: _____ Date: _____

If the parent /guardian checked Section A above, completion of form is not required. For any choices in Section B, this form must be completed and faxed to the school liaison immediately after completion. All campuses must keep original forms separately from the Student Permanent Record for audit purposes during the year.

School Official Use Only – Campus Administrator’s determination of Section B circumstances:
