

# Fountain Hills Charter School

## *Enrollment*

### **Requirements for student enrollment:**

1. Enrollment Form
2. Original Birth Certificate
3. Copy of Immunizations
4. Special Needs Survey
5. PHLOTE Primary Home Language Other Than English Survey
6. Arizona Residency Documentation Form
7. Request for Students Records
8. Withdrawal Form from previous school. (Only applicable if previous school was in Arizona.)

Open enrollment will be filled by lottery based on space available. Students are accepted without regard to ethnicity, national origin, creed, or disability. Parents of children who are not placed during this time will be notified and will have the option to remain in a lottery should a space become available.

FHCS has a commitment to all our students. Much thought and collaboration goes into classroom placements. It is important to understand our schools multiage philosophy and its benefits to both the older and younger students in each classroom when enrolling both new and current students. All classrooms are filled and balanced according to age levels, ability levels, learning styles and gender.

Additional enrollment forms for siblings may be picked up in the office or found on our website at [www.fountainhillscharter.org](http://www.fountainhillscharter.org).

Please call the administrative office for questions or to schedule a tour of the facility at (480) 837-0046.

Physical Address: 16811 E. El Pueblo Blvd., Fountain Hills, AZ 85268

Mailing Address: P.O. Box 18419, Fountain Hills, AZ 85269

Email: [admin@fountainhillscharter.org](mailto:admin@fountainhillscharter.org)

Phone: (480) 837-0046

Fax: (480) 837-0024

# FOUNTAIN HILLS CHARTER SCHOOL: ENROLLMENT FORM

SCHOOL YEAR: \_\_\_\_\_

STUDENT INFORMATION	STUDENT'S LEGAL FIRST NAME:		STUDENT'S LEGAL LAST NAME:		MIDDLE NAME:	NAME USED (IF DIFFERENT):	GRADE:	
	ADDRESS:			CITY:	STATE:	ZIP CODE:	GENDER:	
	MAILING ADDRESS IF DIFFERENT FROM ABOVE:			CITY:	STATE:	ZIP CODE:	LAST SCHOOL DISTRICT	
	BIRTHDATE:	BIRTHPLACE (CITY,STATE)			CUSTODY ISSUES: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ----- PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE.			
	NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF ED. ETHNICITY: (CHECK ONE) <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO RACE: (CHECK ONE OR MORE, REGARDLESS OF ETHNICITY) <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE				MILITARY STUDENT IDENTIFIER Does this student have at least one parent who is a member of the Armed Forces on active duty? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PARENT INFORMATION	PARENT	CONTACT THIS PERSON <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:			
	PARENT	CONTACT THIS PERSON <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:			
	PARENT	CONTACT THIS PERSON <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:			
	PARENT	CONTACT THIS PERSON <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:			
EMERGENCY CONTACTS	If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to take responsibility for my child.							
	LOCAL FRIEND OR RELATIVE		RELATIONSHIP TO STUDENT	PHONE		ALTERNATE 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		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		
PHYSICIAN			PHONE:		HOSPITAL PREFERENCE			
STUDENT HEALTH CONDITIONS	<input type="checkbox"/> Heart <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing <input type="checkbox"/> Allergies			* I understand I am financially responsible for any medical, dental, ambulance, or other health care expenses, which might occur as a result of such illness or injury. * I understand if my child needs medication or other health services at school. I must make arrangements with school office.				
	Specify health problems or any severe allergies:							
	Is your child on daily medication? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Specify: Recent surgery, accident or serious illness (past year):							
I affirm all Registration & Emergency Information on this form is accurate, I understand it is my responsibility to notify the school in writing of any changes, and I have read and understand the information provided to me in this registration form.								
Signature of Enrolling Parent: _____ Date: _____				As the Parent/Legal Guardian, I affirm that I am an Arizona resident: <input type="checkbox"/> Yes <input type="checkbox"/> No				

# Fountain Hills Charter School

Phone: (480) 837-0046

Fax: (480) 837-0024

## Special Needs Survey

Parent/Guardians:

Please indicate if your child has previously been placed in any of the following programs:

- Special Education
- Resource Classes
- Speech or Language Therapy
- Occupational Therapy
- Remedial Reading
- 504 plan
- In-school counseling
- Title 1
- Chapter 1
- Behavior Intervention Plan
- Other (specify) \_\_\_\_\_

If your child does have specials needs, please be aware that we will do a temporary placement until official documentation is obtained from your child's prior school.

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Student name/grade and Parent signature/date are required for all students, even if these programs do not apply to your child.

*I have read and understand the placement procedure of the Fountain Hills Charter School.*

Student's name: \_\_\_\_\_

Student's grade: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_



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

**Home Language Survey**

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

\_\_\_\_\_

**2. What language does the student speak *most* of the time?**

\_\_\_\_\_

**3. What language did the student first speak or understand?**

\_\_\_\_\_

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter	<u>Fountain Hills Charter School</u>
School	<u>Fountain Hills Charter School</u>

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School: Fountain Hills Charter School

School District or Charter Holder: Fountain Hills Charter School

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 Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)

\_\_\_\_\_ 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. (Affidavits are available in the school office.)

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

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



# **Fountain Hills Charter School**

**A Tuition-free Public School**

## **REQUEST FOR STUDENT RECORDS**

### **RECORDS TO BE RELEASED FROM:**

Former School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

I hereby request and authorize you to release any medical information, educational records, psychological reports and/or other pertinent data you may have or receive, that would aid in providing appropriate educational services for my child.

Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Please forward all pertinent information to: **Fountain Hills Charter School**  
**PO Box 18419**  
**Fountain Hills, AZ 85269**  
**Phone: (480) 837-0046**  
**Fax: (480) 837-0024**

All psychological and/or confidential data will be maintained as such. It will not be transferred to any person/agency without parental permission. Parents will have access to all student records.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_