

# New Student Enrollment Forms



2015

2016

**Mr. Ecton  
Principal**

**3802 W. Maryland Ave  
Phoenix, AZ 85019  
P. 602-841-1221**

**[www.GlenviewCollegePrep.com](http://www.GlenviewCollegePrep.com)**

 **THE LEONA GROUP ARIZONA**  
*A New Kind of Public School*  
Chartered by the Arizona School Board for Charter Schools

## Checklist for Completing Enrollment Packet

**Please Note - It is the Parent/Legal Guardian's responsibility to obtain the following documentation from the previous school prior to the student/parent interview. Glenview will not fax request to the previous school at the time of interview. It is against the law for any school to deny the release of unofficial records of any student to the parent or legal guardian.**

<u>Obtain copies or originals of the following:</u>	<u>Forms to be completed by parent/guardian:</u>
<ul style="list-style-type: none"> <li>• Immunization Records</li> <li>• Social Security Card (<i>Optional</i>)</li> <li>• Birth Certificate</li> <li>• Proof of Residency</li> <li>• Unofficial Transcripts</li> <li>• Withdrawal Slip</li> <li>• Attendance History</li> <li>• Discipline Records (<b>from Previous School</b>)</li> <li>• 8<sup>th</sup> Grade Diploma or Certificate (<b>if applicable</b>)</li> <li>• Copy of Custody Paper (<b>if applicable</b>)</li> <li>• Copy Of Current IEP (<b>if applicable</b>)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Customer Satisfaction Questionnaire</li> <li><input type="checkbox"/> Legal Documentation Request</li> <li><input type="checkbox"/> Student Enrollment Form</li> <li><input type="checkbox"/> Ethnicity Questionnaire</li> <li><input type="checkbox"/> Arizona Residency Documentation Form</li> <li><input type="checkbox"/> Home Language Survey</li> <li><input type="checkbox"/> Consent for Medical/Dental Emergency Treatment And Medical Information Form</li> <li><input type="checkbox"/> Consent for Off Campus Activity</li> <li><input type="checkbox"/> Physical Activity Consent Form</li> <li><input type="checkbox"/> Internet Use Policy</li> <li><input type="checkbox"/> Student/Parent Compact</li> <li><input type="checkbox"/> Request for Release of Student Records Form</li> <li><input type="checkbox"/> Records Request For Special Services Form</li> <li><input type="checkbox"/> McKinney-Vento Eligibility Questionnaire</li> <li><input type="checkbox"/> Free and Reduced Meals Application (Available after July 5<sup>th</sup>)</li> <li><input type="checkbox"/> School Calendar (Please Keep for your Records)</li> </ul>

Call **602-841-1221** to schedule an appointment for the student and parent/guardian to meet with a school administrator. Bring all requested documents to your appointment. Your appointment will be rescheduled if student/parent arrives without all required documents.

- New student enrollment is conditional upon a student/parent interview by an administrator and completion of a student file with the items listed.
- Admission is open to all students ages thirteen through twenty-one with documentation that they have completed the eighth grade.

## CUSTOMER SATISFACTION QUESTIONNAIRE

Thank you for your interest in Glenview College Preparatory High School. We are committed to serving all our customers in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. This information will be used to monitor customer satisfaction and all responses will be kept confidential.

1. How did you hear about us?
- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Billboard    | <input type="checkbox"/> Radio                     | <input type="checkbox"/> Passed by School   |
| <input type="checkbox"/> Internet     | <input type="checkbox"/> Postcard                  | <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> Flyer/Mailer | <input type="checkbox"/> Counselor (School): _____ |   |
2. If you called for information, was the call answered promptly and in a friendly and courteous manner? YES   NO
- With whom did you speak? \_\_\_\_\_
- What date did you call? \_\_\_\_\_
3. Did you receive the information you requested within a reasonable amount of time?
4. When you came into the office to pick up an information packet and/or for your appointment were you greeted promptly in a friendly and courteous manner?
5. Were all questions regarding the enrollment process and Glenview College Preparatory High School answered to your satisfaction?

If the answer is no to any of the above questions, please explain:

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Do you have any suggestions for improving customer service and/or the registration process at Glenview College Preparatory High School? Please list them below:

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Thank you for taking the time to complete this questionnaire. Your feedback is important to us.



**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

# Legal Document Request

Glenview College Preparatory High School  
3802 W. Maryland Ave., Phoenix, AZ 85019  
Phone: 602-841-1221  
Updated April 2015



STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please check one of the following statements:**

There are no court orders or parental custody issues that apply to the student named above.

I have provided a copy of all documented court orders, restraining orders, etc., that apply to the student named above.

I wish not to provide Glenview College Preparatory High School with a copy of the court orders, restraining orders, etc., and hereby waive Glenview College Preparatory High School of any and all liability that may occur in regard to this matter for the above named student.

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

\_\_\_\_\_  
Date

SAIS ID #: \_\_\_\_\_



**THE LEONA GROUP, L.L.C.**

**Glenview College Prep High School REGISTRATION FORM 2015 - 2016 School Year**

**STUDENT INFORMATION**

Student's Last Name	Student's First Name	Student's Middle Name	Age:	Grade:	Gender:
Ethnicity: (Please mark ONLY ONE) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino		Race: (Please mark ONE or MORE of the following) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White		Student's email address:	
Date of Birth (Month / Day / Year)	Birth City	Birth State	Birth Country	Student's Cell Phone: ( )	

**PREVIOUS SCHOOL INFORMATION**

Name of Previous School Attended	Withdrawal Date	Previous School Location (City, State, Zip, if known)
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**PARENT/LEGAL GUARDIAN/ ADULT STUDENT (over 18) INFORMATION**

Primary Contact: Name (Last, First)	<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings	Secondary Contact: Name (Last, First)	<input type="checkbox"/> OK to pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mailings
Home Address		Home Address	
City	State	Zip Code	City
State	Zip Code	City	State
Zip Code	City	State	Zip Code
Mailing Address (if different from above)		Mailing Address (if different from above)	
City	State	Zip Code	City
State	Zip Code	City	State
Zip Code	City	State	Zip Code
Home Phone ( Primary #)	Work Phone ( Primary #)	Home Phone ( Primary #)	Work Phone ( Primary #)
Cell Phone ( Primary #)	Relationship to Student	Cell Phone ( Primary #)	Relationship to Student
Email Address:		Email Address:	

**IN CASE OF EMERGENCY NAMES OF PERSONS OTHER THAN PARENT WHO CAN ASSUME TEMPORARY RESPONSIBILITY**

Emergency Contact 1 Name (Last, First) - Person That Can Pick Up Student	Emergency Contact 2 Name (Last, First) - Person That Can Pick Up Student
Home Phone	Work Phone
Home Phone	Work Phone
Cell Phone	Relationship to Student
Cell Phone	Relationship to Student

**STUDENT BACKGROUND**

If parents separated/divorced, who has legal custody? \_\_\_\_\_  
 Does the non-custodial parent have restricted visitation rights? \_\_\_ Yes \_\_\_ No  
 (If yes, a copy of the legal papers must be provided.)  
 Does your child currently receive extra services?  YES  NO  
 Special Education/IEP  504  ELL or LEP  
 Does your child have medical or dietary concerns we should know about?  
 Has your child ever been expelled from another educational institution? \_\_\_ Yes \_\_\_ No  
 Is your child currently in the process of being expelled from a school? \_\_\_ Yes \_\_\_ No  
 Is your child currently under a long-term suspension? \_\_\_ Yes \_\_\_ No  
 Has your child ever been a Leona Group student before? \_\_\_ Yes \_\_\_ No

**HOME LANGUAGE SURVEY (as required by Arizona Department of Education)**

What is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_  
 What is the language most often spoken by the student? \_\_\_\_\_  
 What is the language that the student first acquired? \_\_\_\_\_

**PLEASE LIST SIBLINGS**

First and Last Name	Age	School
1.		
2.		
3.		

TO THE BEST OF MY KNOWLEDGE THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY - A.R.S. 13-2-107) STUDENT WILL BE WITHDRAWN FOR FALSE INFORMATION

X \_\_\_\_\_  
**PARENT / GUARDIAN / ADULT STUDENT SIGNATURE** **DATE**

**THIS SECTION IS FOR OFFICE USE ONLY**

Proof of Birth Documentation	Entry Date: ___/___/201__	Entered into SMS: ___/___/201__	Interviewer Initials: _____
Proof of Residency	Entry Code _____	Entered into SMS by: _____	

# Ethnicity Questionnaire

Glenview College Preparatory High School  
3802 W. Maryland Ave., Phoenix, AZ 85019  
Phone: 602-841-1221  
Updated SY 2015



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

Dear Parent/Guardian:

In 1997, the United States Office of Management and Budget published new standards for Federal agencies on the collection of racial and ethnic data. These new standards revise data collection standards that have been in place since 1977. Under the current standards parents can select only one race/ethnicity for their child. Beginning with the 2010-2011 school year, parents will have greater flexibility in reporting the ethnic and racial heritage of their children. Parents are allowed to report more than one racial or ethnic group for their child(ren). We are asking parents to report their child's racial and ethnic background according to the new rules. Please answer the two questions below for the child listed on this form. The first is focusing on ethnicity and the second on race. Thank you in advance for your assistance.

## Is your child of Hispanic or Latino origin? (Mark one only)

*\* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."*

Yes    No

## What is your child's race? (Mark one or more)

**American Indian or Alaska Native**

*\* A person having origins in any of the original peoples of North and South America (including Central America), and whom maintains tribal affiliation or community attachment.*

**Asian**

*\* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*

**Black or African American**

*\* A person having origins in any of the black racial groups of Africa. Term such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."*

**Native Hawaiian or Other Pacific Islander**

*\* A person having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Islands.*

**White**

*\* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



**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 Kaizen Education dba Glenview College Preparatory High School

School Glenview College Preparatory High School

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.



## Glenview College Preparatory High School

### CONSENT FOR MEDICAL/DENTAL EMERGENCY TREATMENT AND MEDICAL INFORMATION

In the event of a medical emergency, we will attempt to contact the primary guardian first, and then the secondary guardian, both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school. Please complete the following emergency medical and insurance information.

- Yes**, I give permission for my child to receive emergency medical treatment by authorized pre-hospital personnel and members of the hospital staff, as may, in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference			
Medical Insurance Carrier		Policy #	
Family Physician Name		Phone #	
Dental Insurance Carrier		Policy #	
Family Dentist Name		Phone #	
Please use this space to explain any special procedures or requests:			

- No**, I do not give permission for my child to receive emergency medical treatment.

Please use this space to explain any special procedures or requests:			
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### EMERGENCY CONTACT NAME AND PHONE NUMBER

Emergency Contact Name (other than those listed above). This person will be contacted only if the primary and secondary guardians are unavailable.	
Emergency Contact Phone Number	

### MEDICAL/ALLERGY INFORMATION

Please list any existing medical problems
Please list any known allergies:

### CONSENT FOR PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

The office staff has some over-the-counter medication that can be given to students for common ailments. They cannot and will not distribute any more than the recommended dosages listed on the packages.

- Yes, I give permission for my child to receive over the counter pain reliever from the school office staff (i.e. non-aspirin pain reliever, aspirin, anti-acids, cold & flu relief).
- No, I do not give permission for my child to receive over the counter pain reliever.

I understand that if my student needs medication, prescription or anything other than the recommended dosage for over-the-counter medication, the following stipulations must be met:

1. Whether a prescription drug or an over-the-counter drug, the medication must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
2. The parent must provide signed and written directions to the school regarding medication to be administered.
3. All medications shall be kept in the school office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Legal Guardian Signature		Date	
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# Permission Form

Glenview College Preparatory High School  
3802 W. Maryland Ave., Phoenix, AZ 85019  
Phone: 602-841-1221  
Updated SY 2015



Please check the boxes of the items you would like to allow your student to participate in and sign below:

**Permission to Participate in Off-Campus Activities**

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

Permission is granted to arrange for private transportation with an adult driver if chosen by school officials.

Permission is granted if school vehicles are used for transportation.

Permission is granted when students walk from their school to the site of the field trip.

Public transportation

Permission is granted to withhold student information from military recruiters.

**Permission to Release News Information**

There may be times during the school year when the school, The Leona Group, news media or others wish to photograph or videotape your child at school for use in print, video, Internet or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums.

**Permission to Use Artwork**

There may be times during the school year when the school, The Leona Group, news media or others wish to use artwork created by your student at the school for use in print, video, Internet or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of mediums.

\_\_\_\_\_  
Student's Name (Please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# ATHLETICS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

Glenview College Preparatory High School  
3802 W. Maryland Ave., Phoenix, AZ 85019  
Phone: 602-841-1221  
Updated SY 2015



Participant's Name \_\_\_\_\_

Your student, (the "Participant") would like to participate in Athletics (the "League") as a player. The League requires each Participant's parent or guardian (and if the Participant is 18 years of age, the participant) to sign this Acknowledgment and Assumption of Risk and Release. By signing this document you:

- (1) Acknowledge that injury may result from the Participant's participation in the League;
- (2) Represent to the League, Glenview College Preparatory High School, The Leona Group Arizona, L.L.C., and their affiliates, schools, officers, employees, and members (the "Leona Group") that the Participant has no injury, illness or other medical condition that would prevent him/her from participating in the League or that would make it dangerous, harmful, or inadvisable for him/her to do so;
- (3) Assume the risk of and release and hold the Leona Group harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in the League; and
- (4) Agree that neither the Leona Group, nor the facility at which any game, practice or other League activity is held, nor any other person involved in organizing or conducting the League (including coaches, referees, and schools) shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns:

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant (if 18 years of age or older) Date \_\_\_\_\_

# Internet Use Policy

Glenview College Preparatory High School  
3802 W. Maryland Ave., Phoenix, AZ 85019  
Phone: 602-841-1221  
Updated SY 2015



**PRIOR TO RECEIVING AUTHORIZATION TO USE THE INTERNET, STUDENTS AND THEIR PARENTS/GUARDIANS MUST SIGN THE FOLLOWING PERMISSION AND CONTRACT DOCUMENT:**

To be completed by all Parents/Guardians:

I give my permission for my student to participate in the use of the Internet, a worldwide telecommunications network. I realize that he/she will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold Glenview College Preparatory High School accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Use Policy.

Student's Name: (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Name: (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

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

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To be completed by all Students:

I will abide by the Internet Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for Glenview College Preparatory High School to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and appropriate school discipline and/or legal action may be taken.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Parent, Student & School Compact

Glenview College Preparatory High School  
3802 W. Maryland Ave., Phoenix, AZ 85019  
Phone: 602-841-1221

Updated April 2015



The following is the Parent, Student & School Compact for Glenview College Preparatory High which outlines the goals, expectations, and shared responsibilities for the success of all students.

## School Environment

### The Parents Will:

- Contact the school with any concerns over attendance, behavior or academic completion.
- Contact their individual student through the **school office only**, during regular class hours.
- Drop off and pick up their student in the parking lot at the front of the main campus.

### The Students Will:

- Accept the responsibility of maintaining a safe, secure learning environment by accepting this compact.
- **NOT use cell phones**, game consoles, CD players, MP3 players *or any similar electronics* in any class unless given specific permission by the teacher for a school-related purpose.
- Attend classes on time and **ONLY** leave campus with parent/guardian permission.
- Assist the GCP staff in keeping the campus neat and clean by throwing trash in the garbage can.
- **NOT** participate in public displays of affection (PDA) on campus.
- Park cars in the student lot. Cars will be parked between the white strips of a parking space. Students will retrieve all necessary belongings from their car and report to the school and not return to the car until the end of the school day.
- **NOT** use, sell, consume or participate in any illegal activity including those related to drugs, tobacco and alcohol.
- Avoid and refrain from participating in all gang related activities: hand signs, clothing, jewelry, graffiti, or any other related actions or behavior.
- **NOT** gamble in any way, shape or form.
- **NOT** fight or participate in any confrontational behavior at any time with anybody.
- **NOT** carry weapons, any look-alike weapons or replicas of weapons at anytime.

### The School Will:

- Provide a safe, secure environment on a closed campus with adequate security & will contact local law enforcement when necessary.
- Employ a staff that is well trained and/or certified in maintaining a safe, educational environment.

## Behavior and Participation

### The Parents Will:

- Reinforce mutual respect for all teachers, staff and other students.
- **Monitor their student's dress** as appropriate and within the limits of the *GCP Dress Code* and reinforce appropriate dress, including jewelry and fashion accessories permitted by the *GCP Dress Code*.
- **Monitor their student's absences**, if they should occur, while ensuring 100% attendance.
- Call the school if their student will be absent – as outlined in the *Attendance Policy*.
- Reinforce positive student behavior and participation involving any activities and actions.

### The Students Will:

- Show respect to all teachers, all staff and all students at all times: No racism, foul language, obscene gestures, harassment, poor attitude or inappropriate behavior.
- Use appropriate language at all times: No obscenities, threats, harassment, or any other verbal abuses.

# Parent, Student & School Compact continued

## The Students Will (continued):

- NOT participate in any type of bullying to include, but not limited to: verbal, physical, cyber or any other method, including electronic.
- Show positive behavior at all times: attendance, participation, respect, positive attitude, gestures and posture.
- Dress appropriately for a learning environment at all times. Dress must reflect maturity and modesty and be in accordance with the guidelines of the *GCP Dress Code*.

## The School Will:

- Maintain a safe climate, with a positive atmosphere suitable for learning for all students.
- Provide students with a foundation for continuous learning.
- Enforce the *GCP Dress Code* by providing alternative clothing if needed.

## Academics and Curriculum

### The Parents Will:

- Support students in their learning and completion of all classes, all assignments and all class activities.
- Assist their students in seeking and receiving any additional help with all classes, all assignments and all class activities.
- Have access to all their student's class materials and class work in order to monitor progress.

### The Students Will:

- Put in 100% effort into all class activities and all assignments at all times in order meet the requirements of their classes.
- Ask for help on any assignments they do not understand in order to achieve to the best of their ability.
- Attend additional class time suggested by their teacher in order to achieve to the best of their ability.
- Complete all classes and all assignments appropriately to the best of their ability.

### The School Will:

- Provide a challenging curriculum that is aligned to the Arizona Academic Standards.
- Promote student achievement and success while addressing all learning styles and providing necessary accommodations.
- Employ highly trained professionals (teachers, administrators, and staff) who promote the highest quality in education.

## Goals and Achievement

### The Parents Will:

- Provide every opportunity for their student to achieve academic success.

### The Students Will:

- Take responsibility to learn and achieve in every class and every course of study.
- Monitor their own grades and credits, and work positively toward class completion and graduation.

### The School Will:

- Provide every opportunity for students to achieve academic success.

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

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

Glenview College Preparatory High School hereby agrees to this Compact and will do its part as stated above.

# Request for Release of Student Records

Glenview College Preparatory High School  
3802 W. Maryland Ave., Phoenix, AZ 85019

Phone: 602-841-1221 Fax: 602-841-1364

Updated SY 2015



Please forward the transcript(s) of/Favor de ceder los registros de:

(Student Name) (Nombre Del Estudiante) \_\_\_\_\_

Date of Birth/Fecha de nacimiento: \_\_\_\_\_ Who enrolled in grade/Quien se matriculo en el grado: \_\_\_\_\_ at  
Glenview College Preparatory High School

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well.

El Padre o guardián que ha firmado, ha sido informado de esta transferencia y otorga el permiso para que la información mencionada sea mandada. Si el estudiante es un estudiante de educación especial, favor de mandar tales registros.

## Please send the following information:

- AIMS Student Report Information
- Birth Certificate
- Official Transcript
- Unofficial Transcript
- Letter of Promotion
- Test Scores (SELP/AZELLA Scores – oral, reading, writing)
- Official Withdrawal Form
- Grades to Date of Withdrawal
- Course Description/Catalog of Courses
- Immunization Records/Health Records
- Hearing and Vision Screening Results
- Discipline and Attendance Records
- Explanation of Grading/Credit System. (Please Indicate symbols designating Accelerated classes.)
- Special Education Records, including IEP's, Psychological Reports, etc.

## Favor de mandar lo siguiente:

- Reportes informativos de el examen AIMS
- Acta De Nacimiento
- Boleta oficial de calificaciones
- Carta de Promoción
- Puntuación en los exámenes SELP y AZELLA
- Forma oficial de retiro
- Calificaciones hasta la fecha de retiro
- Descripción de cursos/Catalogo de cursos
- Cartilla de vacunas/registro de salud
- Resultados de el examen de visión y audición
- Registros de asistencia y disciplina
- Explicación de sistema de calificaciones y créditos
- Registros de educación especial, incluyendo IEP's, informes psicológicos.

## Please sign and complete the information below:/Favor de firmar y completar la información de abajo:

Name and address of last school attended/Nombre y dirección de la última escuela asistida:

\_\_\_\_\_  
School Name/Nombre de la escuela

\_\_\_\_\_  
Address/Dirección

\_\_\_\_\_  
City/Cuidad                      State/Estado                      Zip/Código Postal

\_\_\_\_\_  
Telephone Number/Numero de teléfono

\_\_\_\_\_  
Signature of Parent/Guardian/ Firma del padre o guardian

\_\_\_\_\_  
Date/Fecha

# **Glenview College Preparatory High School**

## **RECORDS REQUEST FOR SPECIAL SERVICES**

Exceptional Student Services Department

Please forward the following records for \_\_\_\_\_  
(Student Name)

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to Glenview College Preparatory High School, Exceptional Student Services Department.

This student enrolled at Glenview College Preparatory in the \_\_\_\_\_ grade  
on \_\_\_\_\_ Student ID No. \_\_\_\_\_  
(Last school attended)

List the three schools the student last attended, with the most current school listed first.

I give permission to:

\_\_\_\_\_  
(Name of schools last attended)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

To release the records checked below to The Leona Group Arizona, Student Services.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Psycho-educational Evaluations            | <input checked="" type="checkbox"/> Nurses Report                    |
| <input checked="" type="checkbox"/> Individual Education Plans                | <input checked="" type="checkbox"/> Psychiatric Therapy Evaluations  |
| <input checked="" type="checkbox"/> Eligibility Form                          | <input checked="" type="checkbox"/> Occupational Therapy Evaluations |
| <input checked="" type="checkbox"/> Multidisciplinary Evaluation Team Minutes | <input checked="" type="checkbox"/> Physical Therapy Evaluations     |
| <input checked="" type="checkbox"/> Vision/Hearing Screening Results          | <input checked="" type="checkbox"/> 504 Accommodations Plan          |
| <input checked="" type="checkbox"/> Speech Evaluations                        | <input checked="" type="checkbox"/> Probation Officer's Reports      |
| <input checked="" type="checkbox"/> Behavioral Plans                          | <input checked="" type="checkbox"/> Guardianship Papers              |
| <input checked="" type="checkbox"/> Discipline Records                        |  |

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Telephone

**Please Forward Records to:**  
**Glenview College Preparatory High School**  
**3802 W. Maryland Ave. Phoenix, AZ 85019**  
**Tracie.Ernst@Leonagroup.com**

**Phone: 602.841.1221**

**Fax: 602.841.1364**





# McKinney-Vento

Glenview College Preparatory High School  
3802 W. Maryland Ave., Phoenix, AZ 85019  
Phone: 602-841-1221

Updated SY 2015



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine for which services a student may be eligible. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes \_\_\_ No \_\_\_
2. Is your temporary address due to loss of housing or economic hardship? Yes \_\_\_ No \_\_\_

**IF YOU ANSWERED "NO" TO BOTH QUESTIONS, YOU MAY STOP HERE. THANK YOU.**

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home:

Name(s):	Name(s):
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

1. Where is this student presently living? (Check one box.)
  - Doubled up with relatives or friends
  - In a motel
  - In a shelter
  - Moving from place to place
  - In a place not considered traditional "housing" (campground, car, public place, etc.)
2. Do you also have pre-school children at home? Yes \_\_\_ No \_\_\_
3. Are you a high school student who is currently living on your own? Yes \_\_\_ No \_\_\_  
(Unaccompanied youth also qualify for services under this law.)

## RIGHTS OF HOMELESS STUDENTS

This school shall provide an education environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate education opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applied to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program.
- In a hotel/motel, campground, or similar situation due to lack of alternatives.
- At a bus station, park, car, or abandoned building.
- In temporary or transitional foster care placement.

According to the McKinney-Vento Homeless Act, eligible students have rights to:

**Immediate enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school.

**School Selection:** McKinney-Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.

**Participate in programs in which they are eligible,** including Title I, National School Lunch Program, Head Start, Even Start, etc.

**Transportation Services:** A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.

**Dispute Resolution:** If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond quickly and it must be a written response. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making decision, providing notice of any appeal process, and filling out dispute forms. You have the right to appeal a decision to the state level.

For more information, refer to <http://www.azed.gov/schooleffectiveness/specialpops/homeless> or contact:

Homeless Liaison Contact info Tara Garcia 3802 W. Maryland Ave Phoenix, AZ 85019 (602) 841-1221 <a href="mailto:Tara.Blaiddell@leonagroup.com">Tara.Blaiddell@leonagroup.com</a>	Frank Migali State Coordinator for Homeless & Refugee Education Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ (602) 542-4963 <a href="mailto:Frank.Migali@azed.gov">Frank.Migali@azed.gov</a>
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