



Returning Student Re-Enrollment Packet

Any student completely registered by 4:00pm on May 31, 2018, is guaranteed enrollment or is guaranteed a spot in the Enrollment Lottery on June 1, 2018 (if a Lottery is necessary).

Required Documents, in addition to the contents of this Packet:

1. Birth Certificate
2. Proof of Arizona Residency
3. Current Immunization Record(s)
4. If Applicable: Court Orders regarding Custody or Legal Guardianship

Office Use Only:

Enrollment Paperwork Received On:	SAIS #:
Enrollment Paperwork Reviewed By:	TRS ID #:
Date/Initial - Entered into Synergy:	NSLP Application Received? Yes / No or DC

Student's Legal Name: _____ Date: _____
(As appears on Birth Certificate) Last First Middle

Student SS# (optional): _____ - _____ - _____ DOB: ____/____/____ Gender: Male / Female

Physical Address:	Mailing Address (if different than Physical Address):
Student Nickname(s) if any:	Other Names Student has Used/Know as?
Home Number:	Student Cell Number:
Student's Country of Birth:	Student Email:
Student's State of Birth:	<p style="text-align: center;"><i>TRS is required by Federal and State Laws to report the following information for all students.</i></p> <p>➤ Student's Race (choose as many as apply):</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p>➤ Student's Ethnicity (choose <u>only one</u>):</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p> <p>➤ Primary Language Used at Home:</p> <p>_____</p> <p>➤ Language Most Often Spoken by Student:</p> <p>_____</p> <p>➤ Language Student First Acquired:</p> <p>_____</p>
Student's City of Birth:	
Has the student ever been Suspended from ANY School? If Yes, please explain:	
Has the student ever been enrolled in programs such as Gifted, Special Education (IEP or 504), English Language Learner, etc.? If yes, please explain why, where and when:	
Is the student on Probation? If Yes, please provide the Name and Phone Number of Probation Officer.	

Please list all list ALL siblings currently living in the same household. A separate Open Enrollment Packet will need to be completed for each sibling enrolling at TRS for the 2018-2019 school year.				
Sibling(s) Legal Name	Grade (2018-2019)	School (2018-2019)	Enrolled at TRS	
			Yes	No



Parent/Guardian Information

Student's Name: _____ Date of Birth: _____ Grade _____

Parent/Guardian 1		Parent/Guardian 2	
Name (First, Last):		Name (First, Last):	
Student Resides With Parent/Guardian 1	Yes / No	Student Resides With Parent/Guardian 2	Yes / No
Physical Address (if different than Student's):		Physical Address (if different than Student's):	
Mailing Address (if different than Physical Address):		Mailing Address (if different than Physical Address):	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email:		Email:	
Employer:		Employer:	
Position/Title:		Position/Title:	
Work Phone/Ext:		Work Phone/Ext:	
Relationship to Student:		Relationship to Student:	
Preferred Contact Language:		Preferred Contact Language:	
Contact Allowed	Yes / No	Contact Allowed	Yes / No
Custody: Joint / Sole or Not Applicable If Yes, a copy of Court Order must be provided	Yes / No	Custody: Joint / Sole or Not Applicable If Yes, a copy of Court Order must be provided	Yes / No
Release To	Yes / No	Release To	Yes / No
Financial Responsibility	Yes / No	Financial Responsibility	Yes / No
Education Rights	Yes / No	Education Rights	Yes / No
Deceased	Yes	Deceased	Yes

Please provide us with any additional information about your student to help us meet his/her educational needs.

I have been notified and understand that The Rising School (TRS), as part of the National School Lunch Program (NSLP) requirement, will be searching through state database(s) using my student's information.

My signature below certifies that I am the parent or legal guardian of this student and that the student currently resides with me. Furthermore, I attest that all the information provided is complete and true.

Parent/Legal Guardian – Print Name

Parent/Legal Guardian – Signature

Date



Emergency Contact Information 2018-2019

Student Name: _____

Grade: _____

DOB: ____/____/____

Gender: Male / Female

Parent/Guardian 1 – MUST be completed	Parent/Guardian 2 – MUST be completed
Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

If medical and/or dental care is necessary, call:

Doctor (Name & Number):	
Dentist (Name & Number):	
Hospital (Name):	

Does the student have insurance coverage? Yes / No If Yes, Name of Insurance Company: _____

In case of injury or sudden illness, _____ should be called first. I hereby give authority to any emergency medical personal (i.e. ambulance, hospital or doctor) to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of emergency and I cannot be reached or in a non-emergency, I hereby authorize anyone listed below to pick up/sign out my child/student from The Rising School.

Contact 1		Contact 2	
Name:		Name:	
Home Phone:		Home Phone:	
Work Phone/Ext:		Work Phone/Ext:	
Cell Phone:		Cell Phone:	
Relationship to Student:		Relationship to Student:	
Contact 3		Contact 4	
Name:		Name:	
Home Phone:		Home Phone:	
Work Phone/Ext:		Work Phone/Ext:	
Cell Phone:		Cell Phone:	
Relationship to Student:		Relationship to Student:	

Parent/Legal Guardian – Print Name

Parent/Legal Guardian – Signature

Date



Health Information

Student's Name: _____ Date of Birth: _____ Grade _____
Last First Middle

Health Concerns/Health History

← Check here if your child/student **DOES NOT** have any health issues **AND** sign below

If your child/student has health concerns please check all current health conditions below and fill in blanks if applicable. Parent/Guardian is responsible for notifying the school of new or existing health concerns and for providing the school with any medication or equipment that the student will require during the school day. Check with the school office to obtain the correct procedural forms. *Life-Threatening conditions such as anaphylaxis, asthma, diabetes, or other conditions require individual health care plans/action plans, medication permits, and staff training prior to the first day of school. Please contact the school office to discuss your child's/student's needs.

Allergies

Food: _____ Bee/ Insect: _____ Medication: _____ Other: _____
 School Treatment: My child will carry EpiPen & has been instructed on EpiPen use EpiPen will be kept in health office* Other: _____
 Explanation if needed: _____

Asthma

Triggers: Exercise Environmental Other: _____
 School Treatment: My child will carry inhaler & has been instructed on inhaler use Inhaler/Nebulizer will be kept in health office
 My child was diagnosed with asthma but no longer used an inhaler – date of last asthma episode: _____

Diabetes

*Type I (takes insulin) Insulin Pump Pen Syringe Type II (diet/exercise/medication controlled)

Emotional/Behavioral/Psychological/Developmental

ADD ADHD Anxiety Asperger's Autism Bipolar Depression Developmental Delay
 Mood Disorder OCD ODD PTSD Schizophrenia Other: _____

Hearing/Vision

Known Hearing Loss explain below: Hearing Aid Glasses/Contacts Other Vision Problem(s) explain below:
 Explanation if needed: _____

Mobility/Activity

Activity Restriction explain below: My child uses an assistive device: Wheelchair Walker Other explain below:
 Explanation if needed: _____

Seizures

Type of Seizure: _____ Date of Last Seizure: _____ My child will have Diastat at School

Other Medical Issues (if you check any conditions below, please explain in space provided below)

Bleeding Disorder Birth Defect/Disorder Cancer Cerebral Palsy Concussion (date: _____) Endocrine
 Gastrointestinal/Bladder Skin Condition Heart Condition Hypertension Migraines Other: _____
 Explanation: _____
 My child will need help with activities of daily living and/or health care procedures

Medication (*obtain medication permit from school office)

Medication taken at home: _____
 Medication to be given at school (*permit required): _____

Information provided on this form will replace and/or update any previous health information received with the exception of Life-Threatening Health Conditions (contact nurse about removing this information). It is the parent/guardian responsibility to notify the health office if any changes occur in their child's health status.

 Parent/Legal Guardian – Print Name

 Parent/Legal Guardian – Signature

 Date

Office Use Only

Student SAIS #:	Reviewed By (Initial and Date):	Medication Permit(s):
Comments:	Office Manager:	
	Principal:	



Student's Name: _____ Date of Birth: _____ Grade _____
Last First Middle

Student Records Information

If student's attendance at the last school is less than 2 years – please provide prior school information

Name and Address of School Attended:	Name(s) used if different than above:
	Grades and Years Attended:
Name and Address of School Attended:	Name(s) used if different than above:
	Grades and Years Attended:
Name and Address of School Attended:	Name(s) used if different than above:
	Grades and Years Attended:

In accordance with the Family Education Act of 1974 and Arizona State Law, PARENT PERMISSION IS NO LONGER REQUIRED when records are requested by authorized school personnel.

Notice of Off-Campus Physical Education

I understand that my Child/Student will be receiving their Physical Education, in part, at Stefan Gollob Park. Supervised and led by a TRS teacher, students will walk to and from Stefan Gollob Park, which is a 10-minute (1/2 mile) walk from TRS.

Stefan Gollob Park is located at:
401 S Prudence Rd
Tucson, AZ 85710
520-885-2317

Parent/Legal Guardian – Print Name

Parent/Legal Guardian – Signature

Date



School Directory/Media Release
Student Information Opt-Out
School Year 2018-2019
This request MUST be completed/signed every school year

Student's Name: _____ Date of Birth: _____ Grade _____

Directory Information

The Rising School may disclose information that is generally not considered harmful or an invasion of privacy if the primary purpose is to allow the district to include this type of information in certain school publications, such as yearbooks, newsletters, playbills, team rosters, or honor rolls. Directory information includes the following:

- | | | |
|---------------------|-------------------------|--|
| ★ Name | ★ Grade Level | ★ Dates of Attendance |
| ★ Address | ★ Date & Place of Birth | ★ Participation in Officially Recognized Activities and Sports |
| ★ Telephone Listing | ★ Major Field of Study | ★ Weight & Height if a Member of an Athletic Team |
| ★ Email Address | ★ Enrollment Status | ★ Most Recently Attended Educational Institution |

The Rising School will not disclose directory information unless The Rising School will use the information in a publication, or a third party has requested the information for a reason that, in the judgment of The Rising School, serves the student's best interests. For example, The Rising School will comply with directory information requests from another school in which a student seeks to enroll, universities and colleges, law enforcement and Child Protective Services. The Rising School will provide directory information for commercial purposes only if beneficial to students, such as yearbook or class ring sales. Your Child's/Student's directory information will be released as described above, unless you direct otherwise by checking the box below:

- DO NOT RELEASE MY CHILD'S/STUDENT'S DIRECTORY INFORMATION. By selecting this option, I understand that my Child's/Student's name and/or image will **not be included in the yearbook, newsletters, programs, and other school publications.**
- DO NOT RELEASE MY CHILD'S/STUDENT'S DIRECTORY INFORMATION **FOR NON SCHOOL PURPOSES.** By selecting this option, I understand that my child's name and/or image will not be released to the press or the general public, or to third parties such as universities and colleges, employers and military recruiters.

Media Release

Your Child/Student may be interviewed, photographed, or audio- or video-recorded by the news media or district staff for print, radio, television, Internet content or any other medium, unless you direct otherwise by checking the appropriate boxes below:

- The Rising School cannot interview, photograph, or audio- or video-record my child/student for any purpose.
- The NEWS MEDIA cannot interview, photograph, or audio- or video-record my child/student for any purpose

Parent/Legal Guardian – Print Name

Parent/Legal 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 Rising School, Inc
The Rising School

School 7444 E. Broadway Blvd.
Tucson, AZ 85710

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.

McKinney-Vento Eligibility Questionnaire

Name of School: The Rising School

Student's Legal Name: _____ Gender: Male / Female
Last First Middle

Student SS#: _____ - _____ - _____ DOB: ____/____/____ Age: _____

This questionnaire is intended to address the McKinney-Vento Act 41 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ___ Yes ___ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ___ Yes ___ No
3. Are you a student living on your own and not in the physical custody of a parent/guardian? ___ Yes ___ No



If you answered No to ALL 3 questions - STOP HERE.



If you answered YES to any of the above questions, please complete the remainder of this form.

Where is student presently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations – (example car, park, campsite)
- Other _____

Additional Information/Comments:

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ City _____ Zip _____

Signature of Parent/Legal Guardian _____ Date _____

Office Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ Date

_____ McKinney-Vento Liaison Signature

Fill this form out only if you do not have your own residence, and you live with someone else.



State of Arizona
Affidavit of Shared Residence

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

Location of my residence:

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ 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.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this _____ day of _____, 20____

By _____

Notary Public

My Commission Expires:
