

SAN TAN LEARNING CENTER STUDENT APPLICATION

Elementary Grade: _____

San Tan Learning Center does not discriminate regarding color, race, religion, national and ethnic origin, special needs, or language proficiency of students regarding policies, admission and school-administered programs.

STUDENT BIOGRAPHICAL INFORMATION

Student's Name: _____, _____ Home Phone: _____
Last Name First Name

Mother's Name: _____, _____ Cell Phone: _____
Last Name First Name

Father's Name: _____, _____ Cell Phone: _____
Last Name First Name

Home Address: _____ Date of Birth ____/____/____

City: _____ State: _____ Zip: _____

Gender (Please Circle): Male Female

Ethnicity: (Please Circle) Asian Black Hispanic Indian Caucasian Other: _____

This information will be used to determine whether your child will be assessed for English Language Proficiency.

Primary Language spoken at home regardless of language spoken by student: _____

Language most often spoken by student: _____

Language student first acquired: _____

Are you living in temporary housing? (circle) Yes No. If so, is this due to hardship? (circle) Yes No.

Does your child currently have a 504 or IEP plan? (circle) Yes No

Hospital/Insurance/Medical Information

Doctor's Name _____ Phone Number _____

Medical Insurance _____

Hospital Preference _____

Current Medication being taken _____

I, the parent of _____, agree to:

- Provide a lunch daily for my child. (If applicable)
- Provide transportation to and from school every day.
- Provide prompt and timely drop-off and pick-up of my child daily.
- Provide student pick-up within 30 minutes of illness or severe behavior notification.
- Give my permission to have photographs of my child published in newspaper articles, or any other like materials.
- Include a \$50 payment with this application for the 2010-11 STLC T-Shirt and Responsibility Folder**

<u>For Office Use Only</u>
Grade Entering _____
Year Entering _____
Date Rcvd: _____
Teacher: _____

Parent's Signature

Date

(OVER)

EXTENDED CARE:

I will need extended care services for the School Year. Please check one:

- Before School Care \$125.00 per month/per child
- After School Care \$175.00 per month/per child
- Before and After School Care \$250.00 per month/per child

I will need extended care services on an as-needed basis and understand that I will be charged as follows:

Before Care Daily Rate \$15.00 per day/per child*

After Care Daily Rate \$20.00 per day/per child*

*Rates apply to the first 5 uses. After which, the full monthly rate will be charged.

Parent's Signature: _____ Date: _____