



San Tan Learning Center Student Registration Packet Instructions CURRENT STUDENT

Student Name _____

Registration for 2012-2013 school year.

Thank you for your interest in San Tan Learning Center. As we begin to prepare for the next school year, this form will guide you through the important steps and dates to ensure that your child will be able to successfully register and attend San Tan Learning Center.

First and foremost are the dates. If we do not receive this packet back with all the items identified, your child will not have a guaranteed seat for the upcoming 2012-2013 school year.

The entire packet and all information must be returned to the front office by **4:00 p.m. on February 29, 2012** in order to guarantee your child's seat for next year. Any packet received after this will be placed into the open enrollment lottery. Please be sure that the following items are filled out completely and returned to the front office along with the \$50.00 consumables fee for grades K-5 and/or the \$200.00 consumables fee for grades 6-8.

A series of workbooks, materials, and support resources, also known as **consumables**, are available at a cost of \$50.00 for grades K-5 and \$200.00 for grades 6-8. We encourage students to utilize these workbooks, materials, and support resources in class and at home, truly making them their own. San Tan Learning Center thus considers paperbacks to be "consumables" and asks families to acquire these materials. (Students will also be charged a \$5 return fee by the reception desk to return assigned textbooks found by staff on the campus. If the cost of the paperbacks is a hardship for a family, and they would like San Tan Learning Center (as a public school) to provide a similar format at no cost, they may contact the school office at (480) 222-0811.

- Student Application Form
- Full Day Kindergarten Tuition Agreement (if applicable)
- Student/Parent Handbook Compact
- Extended Care Contract
- Emergency Card _____ Health Alert
- Immunization Record
- Credit Card Authorization Form (optional)
- Birth Certificate
- Varicella (Chickenpox) Form
- Release for Student Records (if applicable)
- \$200.00 Full Day Kindergarten Registration Fee: _____Cash _____Check # _____Credit Card
- \$50.00 Grades Half Day K-5 Consumables Fee: _____Cash _____Check# _____Credit Card
- \$200.00 Grades 6-8 Consumables Fee: _____Cash _____Check # _____Credit Card



SAN TAN LEARNING CENTER STUDENT APPLICATION

Grade Entering: _____ Mainstream Gifted*

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 First Name: _____ Last Name _____ Name Used _____

Address: (Street) _____ (City) _____ (Zip) _____

Home Phone: (_____) _____ Birthdate: ____/____/____ Male Female

Ethnicity: Asian African American Hispanic Indian Caucasian Other: _____

Mother's Name: _____ Cell Phone: _____

Mother's Email Address: _____

Father's Name: _____ Cell Phone: _____

Father's Email Address: _____

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

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? _____

I, the parent of _____, agree to:

- Provide a lunch daily for my child.
- 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 articles and media viewed by the general public.

Mother's Signature

Father's Signature

Date

Applications for STLC's Gifted School must include a copy of the child's most recent gifted testing scores.

For Office Use Only: FRONT OFFICE ACCOUNTING REGISTRAR

Date App. Rec'd: _____ Yr. Entering: _____ Teacher: _____

Start Date: _____

**AWARENESS CONTRACT AND
RECEIPT OF STUDENT HANDBOOK THAT OUTLINES STUDENT
CONDUCT POLICIES AT
SAN TAN LEARNING CENTER**

This information is presented in order to ensure the safety and well-being of all students at San Tan Learning Center. It is also meant to ensure that all students and parents/guardians have received communication regarding the Governing Board's special policies dealing with drug/alcohol abuse, dangerous items/deadly weapons, the attendance policy, and the Electronic Information Services (EIS) Student Acceptance Use Policy.

The signatures below indicate we have received communication regarding the following Governing Board policies:

- ❖ Policy regarding harassment (e.g., sexual, race, color, national origin, religion, or disability).
- ❖ Policy regarding Student Conduct.
- ❖ Policy regarding drug/alcohol abuse. We understand that drug/alcohol abuse includes illegal drugs, alcohol, prescription drugs and other mind-altering substances. Abuse includes the possession, use, distribution, sale, or purchase of any of the above.
- ❖ Policy regarding dangerous instruments and deadly weapons in school.
- ❖ Policy regarding negative student group or gang affiliation.
- ❖ Electronic Information Services Student Acceptable Use Policy.
- ❖ A student must be in attendance at least 94% OF THE TIME. Excessive absences may result in a truancy referral and/or retention, and possible placement in a Diversion Program. Excessive absences include excused *and* unexcused absences.
- ❖ Receipt of the Family Handbook that outlines other student conduct policies such as fighting, assaults, threats, bullying, inappropriate language, smoking attendance, tardiness, dress code, insubordination, etc.

If the student is found in violation of these policies and agreements, he/she may be suspended or expelled from school. By signing this document, we are indicating that we are aware of these policies and that our signatures will be in force for the 2012-2013 school year. We understand that at any time, if further clarification is needed, we will contact the school principal.

Student's Printed Name: _____ Grade: _____

Parent's Printed Name: _____ Date: _____

Parent's Signature: _____

Administrator's Signature: _____

Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name _____ Date of Birth _____

School Name _____ Grade _____

Has your child ever had chickenpox? (please circle one answer)

	Yes (go to #1)	No (go to #2)	Don't Recall (go to #1)
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1. Please answer the following questions (please circle one answer):

- | | | | |
|---|------------|----------------------------------|---------------------|
| a. Was your child in "face to face" contact with other children who had chickenpox? | Yes | No | Don't Recall |
| b. Did your child have a rash on his/her body? | Yes | No | Don't Recall |
| c. Did the rash "itch"? | Yes | No | Don't Recall |
| d. Were there blisters present? | Yes | No | Don't Recall |
| e. Did "scabs" appear toward the end of the rash? | Yes | No | Don't Recall |
| f. When did your child have chickenpox?
(approximate date) | | _____/_____
Month Year | |

- 2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot?** (please circle one answer)
- | | Yes | No | Don't Recall |
|--|------------|-----------|---------------------|
|--|------------|-----------|---------------------|

If you circled **YES**, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.

If you circled **No or Don't Recall**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Address: _____

Telephone Number (where you can be reached during the day): _____

**PARENT AUTHROIZATION FOR
RELEASE/REQUEST OF STUDENT RECORDS**

In accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State Law, I hereby authorize the school named below to release the following student records:

School Name _____

Address _____

Telephone Number _____ Fax Number _____

Initial the items listed below which you **DO NOT** want sent, otherwise the entire record will be forwarded:

____ Transcript of Grades	____ Attendance Record	____ IEP Records
____ Withdrawal Grades	____ Psychological Records	____ Health Records
____ Achievement Test Scores	____ Results of CogAt (or other gifted testing)	____ Discipline Records (Suspension/Expulsion)

I understand that I have the right to inspect, copy or to challenge the contents of the records prior to the records being forwarded.

Name of child 1. _____ D.O.B. _____ Grade _____

2. _____ D.O.B. _____ Grade _____

3. _____ D.O.B. _____ Grade _____

Date

Parent Signature

Please send records to:

*San Tan Learning Center
1475 South Higley Road, Gilbert, AZ 85296
Ph. (480) 222-0811 Fax: (480) 471-5990*

1st request _____

2nd request _____

3rd request _____