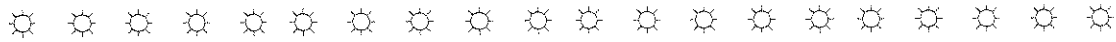


**ENROLLMENT PACKET
2010-2011**



Student's First Name _____

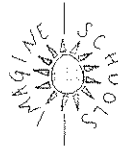
Student's Last Name _____



Grade Level Interest:

- All Day Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade

Registration Checklist



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

- Student Enrollment Forms
- Birth Certificate
- Home Language Survey ___ Eng only ___ Other than Eng
- Special Education Form ___ IEP ___ 504 ___ No IEP
- Request for Student Records Date Requested _____
- Parent Survey
- Standard of Dress Form
- Medical Information Form
- First Aid Release
- Immunization Record
- Emergency Card
- Media Release
- Permission to Walk Home
- Transportation Request Form

(For Office Use Only)

Date Packet Returned _____

Date Entered into SIS _____

Start Date _____

Orientation Date _____

Assigned Teacher _____

This enrollment packet is not considered complete until the records from the previous school are obtained.

Student Enrollment Form



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

STUDENT INFORMATION

Name (Last, First MI) _____			Social Security Number _____		
Home Address _____			Date of Birth _____		Place of Birth _____
City _____	State _____	Zip Code _____	Last School Attended _____		Home schooled <input type="checkbox"/>
Home Phone () _____			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Grade Entering _____		
Student Lives With (Check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parents					
<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other (Please Specify) _____					
Race/Ethnic Background <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian					
<input type="checkbox"/> Hispanic/Latino of any race <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian (White)					

FAMILY INFORMATION

Name: Mother/Guardian _____			Name: Father/Guardian _____		
Home Address _____			Home Address _____		
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____
Home Phone () _____			Home Phone () _____		
Mobile/Pager () _____			Mobile/Pager () _____		
Social Security Number _____			Social Security Number _____		
Employer _____			Employer _____		
Employer Address _____			Employer Address _____		
Business Phone () _____			Business Phone () _____		
Email Address _____			Email Address _____		
Hobbies or talents you are willing to share with our students _____			Hobbies or talents you are willing to share with our students _____		

OTHERS LIVING IN THE HOME

Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____
Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____

EMERGENCY CONTACT INFORMATION

In case of an emergency or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name _____	Relationship _____	Address _____
Home Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone () _____	Work Phone () _____	City _____ State _____ Zip Code _____

I hereby permit the school to release my child to the above name person(s) upon my written or telephoned request.

Parent/Guardian Signature _____ Date _____

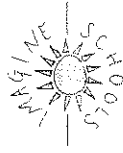
The following person(s) may **NOT** remove my child from the school.

Name _____	Custody Papers on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____			
Name _____			

HOW DID YOU HEAR ABOUT THE SCHOOL

Direct Mail Newspaper Flyer Internet Passing By
 Magazine Word of Mouth Yellow Pages Other (Please Specify) _____

Home Language Survey



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

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

Tom Horne
Superintendent of
Public Instruction

These questions are in compliance with R7-2-306 from the Board Rules.

PHLOTE -Primary Home Language Other Than English
Home Language Survey
(Effective July 1, 2009)

This question is in compliance with A.R.S. 15-756. **Identification of English Language Learners**

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

Language: _____

Student Name _____

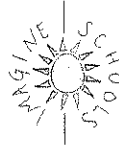
Date of Birth _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY:

Student I.D. _____ SAIS I.D. _____

Special Education Form



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

In order to provide continuity in the educational environment, it is important that Imagine Schools be informed of any special educational services received by your child in the past.

Student _____ Date of Birth _____

School _____ Grade _____

Was your child ever enrolled in any Special Education Programs?

Yes No If yes, please check all that apply.

Speech Learning Disability (LD) If yes, in what areas? _____

Occupational Therapy Physical Therapy Other (Please Specify) _____

Has your child been tested or evaluated for Special Educational Services?

Yes No

***The Evaluations must be attached to the enrollment packet.**

Does your child currently have an Individualized Education Plan (IEP)?

Yes No

*** The current I.E.P. must be attached to the enrollment packet.**

Does your child currently have a 504 Accommodation Plan?

Yes No

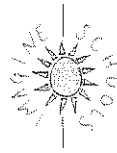
*** The current 504 Accommodation Plan must be attached to the enrollment packet.**

I hereby certify that the above information is true and correct.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

Request for Student Records



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

Student	Social Security Number
Home Address	Date of Birth
City State Zip Code	Home Phone
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Parent/Guardian

Requested From (in order from most recent school attended)

Last School Attended	Last School Attended
Address	Address
City State Zip Code	City State Zip Code
Last School Attended	Last School Attended
Address	Address
City State Zip Code	City State Zip Code

Information requested consists of:

- Withdrawal Form (SAIS # and school CTDS # should be included if last school attended is in Arizona)
- Official transcript
- Immunization Record
- Birth Certificate
- Withdrawal Grades and Date of Withdrawal
- Testing Data and Results
- Legal Guardianship or Custody Papers
- Current IEP and Psych Evaluation
- EII Testing and Results

The Federal Law 99.31 allows for educational records to be sent to other educational agencies without the parent's signature.

Send Records To: **Imagine School at Sierra Vista**
1000 Wilcox Drive
Sierra Vista, AZ 85635
Phone (520) 224-2500 Fax (520) 224-2511

<input type="checkbox"/> First Request	<input type="checkbox"/> Second Request	<input type="checkbox"/> Third Request
--	---	--

Parent Survey



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

Please answer the following questions with as much information as possible.

Student _____ Date of Birth _____

Last School Attended _____ Grade _____

How did you learn about Imagine Schools?

Has your child ever repeated a grade or been retained by another district?

Yes No

Has your child ever been suspended by another district? If yes, please explain.

Yes No

Has your child ever been expelled from school?

Yes No

From what school _____ Date(s) of Expulsion _____

Comments _____

How does your child relate to authority? Does your child resist authority?

How does your child get along with other children?

Has your child participated in any extra-curricular activities? If yes, please list below.

Yes No

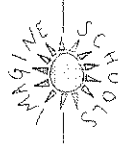
Please describe any special needs your child might have.

I hereby certify that the above information is true and correct. I understand that misinformation may result in dis-enrollment. Imagine Schools does not accept students who have been expelled from other schools. Official enrollment begins on the first day of school.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

Standard of Dress



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

All students are expected to adhere to the following standard of dress guidelines while on campus or while attending an off campus school sponsored activity. All final decisions regarding appropriateness of the uniform, headwear, shoes, hair style, or appearance in general, is left to the discretion of the principal.

You may select from the following choices.

GIRLS

Imagine Logo Polo Shirts (long or short sleeve) *Hunter Green, Navy Blue, Burgundy, or White*

Skorts, Skirts, or Shorts (no more than 3 inches above the knee) *Navy Blue or Khaki*

Pants (all pants with belt loops require a belt) *Navy Blue or Khaki*

BOYS

Imagine Logo Polo Shirts (long or short sleeve) *Hunter Green, Navy Blue, Burgundy, or White*

Shorts (length not to be below the knee) *Navy Blue or Khaki*

Pants (all pants with belt loops require a belt) *Navy Blue or Khaki*

OPTIONAL

Sweatshirts (solid colors with no writing or logos) *Hunter Green, Navy Blue, Burgundy, or White*

Cardigan Sweaters *Hunter Green, Navy Blue, Burgundy, or White*

THE FOLLOWING WILL NOT BE ACCEPTED

Hats or bandanas (The Principal will make exceptions on outdoors sports days or excessive weather)

Beepers, cell phones, hand held games, or portable CD/MP3/tape players

Shoes with heels over 1 inch or sandals without back support strap

Tattoos or facial piercings

Baggie pants or pants with hems dragging on the ground

Oversized shirts or shirts that are "long hanging"

Gum, unnatural hair color or hair styles

I agree to support the Imagine Schools Standard of Dress. I understand that violations of the above dress code as perceived by the administration, may result in disciplinary action.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date _____

Medical Information Form



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

Medical History (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies (food or otherwise) | |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> TB | |

Doctor's Name _____ Phone _____

Hospital Preference _____ Phone _____

Is your Child Taking Any Medication? Yes No If yes, name the medication(s) and for what condition(s).

**Medication may not be administered without prescription release form, available in the school office.*

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Is your child presently under treatment for any physical problem? If yes, please explain.

Is your child allergic to any foods or other substances? If yes, name foods or substances to be avoided.
Please explain procedure if reaction occurs.

Is your child subject to convulsions, and what should be our procedure if one occurs?

Is your child usually susceptible to infections and if so, what precautions need to be taken?

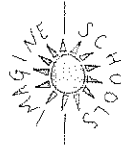
Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

Additional Comments/Other Special Instructions

The above emergency and medical information is provided by:

Parent/Guardian Signature _____ Date _____

First Aid Release



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

I hereby give consent for my child to receive the following over-the-counter medications (check all that apply) from the Imagine School staff. Imagine School staff will administer first aid only as needed.


Bandages

Antiseptic

Ice Packs

Student's Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____

Date _____

No Medication will be distributed without a Signed Medication Consent form provided by the Health Office upon request



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any 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 injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

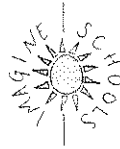
Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

Student Media Release



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

I hereby agree and give my permission for Imagine Schools, Inc. and/or Imagine School at Sierra Vista (the "School") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by Imagine Schools, Inc. and/or the School, including, without limitation, for posting on the Imagine Schools, Inc. and/or School's website and/or for distribution in print or broadcast media. I hereby further agree that Imagine Schools, Inc. is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as Imagine Schools, Inc. and/or the School shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Imagine Schools, Inc. and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for Imagine Schools, Inc. and/or the School, including without limitation Imagine Schools, Inc. and/or the School, in all manner and media, as Imagine Schools, Inc. and/or the School determines in their sole discretion. I also understand that Imagine Schools, Inc. and School shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Imagine Schools, Inc. and the School shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing Imagine Schools, Inc. and the School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Student Name _____

Grade _____

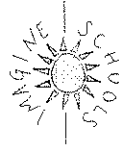
Teacher _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date _____

Permission To Walk Home



Imagine School at Sierra Vista
1000 Wilcox Drive
Sierra Vista, AZ 85635

The safety of your child(ren) is a high priority for us at Sierra Vista. Because of this, we need to know if your child will be walking to and/or from school. Please complete the permission slip below.

Student Name _____ Today's Date _____

Grade _____ Phone Number _____

Address _____ Alternate Phone Number _____

I give permission for my student to walk to and from school at Imagine School at Sierra Vista (1000 Wilcox Dr.)

Yes No

I hereby certify that the above information is true and correct.

Parent/Guardian Name (Please Print) _____

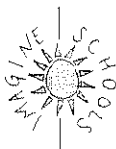
Parent/Guardian Signature  _____ Date _____

OFFICE USE ONLY

Teacher _____

Room Number _____

Transportation Request



Imagine School at Sierra Vista
 1000 Wilcox Drive
 Sierra Vista, AZ 85635

If you are interested in bus service, please complete this form and return to the school. Only families using both morning and afternoon bus services will be placed on the bus schedule. We cannot guarantee transportation as we have limited seating. If there is no room on the needed bus route, your child will be placed on a waiting list.

Student Name	Grade	
Student Name	Grade	
Student Name	Grade	
Student Name	Grade	
Name of Apt. Complex		
Address	Apt	
City	Zip	
Major Cross Streets		
Parent Name:	Phone:	
Parent Name:	Phone:	
Parent Signature:	Date:	

To Be Filled out by School:

Received by	Date
Bus Route	Placed Y/N
Waiting List	Date
Actual Bus Stop	

Imagine Charter School at Sierra Vista NURSE FORM

(Please Print)

2009-2010

Teacher:

STUDENT INFORMATION

Student's Last Name First: Middle: Male Female Grade:

Chronic Illness? If yes, what? Treatment Birth date: Ethnic New Student?
 Yes No / / Y N

Home address: Parent's day time phone#: Home phone #:
() ()

Mailing Address: City: State: Zip Code

Mother's Name: Father's Name: Primary Care Doctor:
()

Check if all Immunizations are complete TB Date given: 1 Varicella 4 Hib
 5 DTaP 4 Polio 3 Hepatitis B 2 MMR Other

Siblings attending Imagine Schools:

MEDICAL INFORMATION

(Please speak with the nurse about any special concerns)

Food allergy? Treatment? Drug allergy? Treatment?

Susceptible to infections? Yes No If yes, what?

Fractures: Sprains: Surgeries: Hospitalizations:

Is your child taking any medication? Yes No If yes, what?

Medical History (please check) Measles Mumps Asthma Diabetes Seizures
 Heart Conditions Pneumonia Ear Infections Physical Handicap Other

Preferred Hospital: Insurance: Expiration date: Group #: Policy #: ACCESS?
/ / Y N

Does your child have any devices? Glasses Contacts Teeth Hearing Other

Does your child have any dietary restrictions? If yes, please list: Activity Restrictions? If yes, please list:
 Yes No Yes No

Emotional Disorders? ADHD ADD Autism Bi-Polar Depression

IN CASE OF EMERGENCY

Name of person to contact first in the event of an emergency: Relationship to student: Phone #: Work or Cell #:
() ()

In case of an emergency, and I am unable to be contacted, I understand that Imagine Charter School will obtain emergency services as needed

Patient/Guardian signature

Date



Screening Form to Determine History of Chickenpox (Varicella) Disease

ADHS Var 6/05

Student Name: _____ Date of Birth: _____
School Name: _____ Grade: _____
Parent/Guardian Name (please print): _____
Address: _____
Telephone Number (where you can be reached during the day): _____

If your child saw a doctor for a rash that the doctor said was chickenpox, please fill out this box.

Doctor's Name: _____

Approximate Date of the Doctor Visit: Month: _____ Year: _____

Parent/Guardian Signature: _____ Date: _____

If you filled out this box then your child will not need to get the chickenpox vaccine for school admission. Present this to the school nurse as proof of chickenpox disease.

If you think your child had chickenpox even though he or she was not taken to the doctor, please fill out this box.

Approximate Date of Illness: Month: _____ Year: _____

Did your child have a rash on his/her body for 3 or more days? Yes No Don't Know

Did the rash have blisters? Yes No Don't Know

Did the blisters itch? Yes No Don't Know

Did the blisters turn into scabs? Yes No Don't Know

Parent/Guardian Signature: _____ Date: _____

If you answered "Yes" to all the questions in this box then your child will not need the chickenpox vaccine for admission to school. Present this to the school nurse as proof that your child already had chickenpox.

If you answered "No" or "Don't Know" to any of the questions in this box, then your child will need the chickenpox vaccine for school admission.