

# Phoenix Advantage Charter School

3738 N. 16<sup>th</sup> Street, Phoenix, AZ 85016

Phone: (602) 263-8777 Fax: (602) 792-0495



## 2017-2018 ENROLLMENT PACKAGE

Dear Prospective Family,

Thank you for choosing to enroll your child at **Phoenix Advantage Charter School**. Only the legal guardian of the child is allowed to enroll a student at our school. Completing each of the forms (attached) of our new student enrollment package is required to reserve your child's seat at our school for the 2017-2018 school year. Please be assured that all student information is protected by the *Family Educational Rights to Privacy Act* for the purpose of protecting student confidentiality. In addition to this cover letter, you will find 12 pages of forms. All forms must be completed for your child to begin school and are accepted on a first come/first served basis. We welcome you to our school community and look forward to working with your family. Please do not hesitate to call me with any questions you may have about our school or the enrollment process—our door is always open.

**The checklist below is for your use to make certain all documents are complete and in the order presented. Please fill out one set of forms for each child you wish to enroll and return to our school's main office. Please retain a copy of the completed forms for your own record.**

### Forms that must be submitted to complete the enrollment package:

- Admissions Profile (2 pp)
- Emergency Contact & Student Health Form (2pp)
- Special Education History Form
- Ethnicity & Race Identification Form
- AZ Residency Documentation Form
- Home Language Survey
- Parent Language and School Reach Form
- Media Release Form
- Arrival & Dismissal Form
- Release of Student Records Form

### Other essential documents that must be submitted for enrollment:

- Copy of birth certificate
- Copy of immunization records
- Copy of proof of residency
- Copy of parent photo ID
- Withdrawal form from previous school

### Additional documents to be submitted ONLY if they apply to your child:

- Individual Education Plan (IEP) or Individual Learning Plan (ILP)
- Legal Custody Papers

### Enrollment documents that are NOT NEEDED AT THIS TIME, but will be required prior to the first day of school:

- Acknowledgement of Code of Conduct Form
- Application for Free and Reduced Lunch (if applicable)
- Food Allergy Form (if applicable)
- Consent to Administer Medication At School Form (if applicable)
- Student Residency Questionnaire (McKinney-Vento Form)

Thank you again for choosing **Phoenix Advantage Charter School** and allowing us to serve your family.

Sincerely,

*Leanne Bowley*

**Leanne Bowley**

Head of School/Principal

**602-263-8777**

ADMISSIONS PROFILE (P 1 OF 2)

**FOR OFFICE USE ONLY**

Process Date: \_\_\_/\_\_\_/\_\_\_ Student's First Day of School: \_\_\_/\_\_\_/\_\_\_ Student's Last Day of School: \_\_\_/\_\_\_/\_\_\_ Student Number \_\_\_\_\_  
Enrollment Code: \_\_\_\_\_ Previous School ID#: \_\_\_\_\_ Previous School Student #: \_\_\_\_\_ Letter to Release Records sent: \_\_\_/\_\_\_/\_\_\_  
School Records Received: \_\_\_/\_\_\_/\_\_\_ Sp. Ed. Records Received: \_\_\_/\_\_\_/\_\_\_ Code of Conduct Acknowledgement Returned:  Yes  
Evidence of Enrollment Received:  Yes Input into PS:  Yes \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

**GENERAL STUDENT INFORMATION**

List student's name fully as it appears on the birth certificate:

Legal Last Name: \_\_\_\_\_ Legal First Name \_\_\_\_\_:  
Legal Middle Name: \_\_\_\_\_ Nickname (optional): \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Must Provide Birth Certificate) Gender:  M  F  
Country of Birth: \_\_\_\_\_ U.S. State of Birth (if applicable): \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_  
Anticipated Grade Level for 2017-2018  K  1  2  3  4  5  6  7  8

**STUDENT EDUCATION INFORMATION**

Legal School District of Residence: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
Name of Most Recent School: \_\_\_\_\_ Previous Grade: \_\_\_\_\_  
Address of Most Recent School: \_\_\_\_\_  
Type of School:  Public  Private  Homeschool  Charter  Online  Daycare  N/A  
Is your child currently under long term suspension or in the process of being expelled?  No  Yes  
Has your child ever been expelled from any school?  No  Yes – If yes, which school? \_\_\_\_\_  
Has your child ever been retained in any grade?  No  Yes – If yes, which grade? \_\_\_\_\_  
Was your child receiving Special Education Services?  No  Yes\*  
\*Do you have your child's special education records (504 or IEP)?  No  Yes -- **If yes, please submit a copy with this packet.**

**STUDENT RESIDENCE INFORMATION**

Student Address (where student lives) Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address  Same as above -OR-  Use the mailing address below:  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Language 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? \_\_\_\_\_  
Technology Computer in student's home?  Yes  No Internet access in student's home?  Yes  No  
Printer in student's home?  Yes  No Tablet (iPad, Kindle, etc) device in student's home?  Yes  No

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Guardian Name Guardian Signature Date

**PARENT/GUARDIAN INFORMATION**

Parent Custody Child lives with (**check one only**):

Both Biological Parents  One Biological Parent Only  Legal Guardian

Both Biological Parents Alternately *(if Both Parents Alternately, please indicate Custodial Parent below)*

Custodial Parent's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

**Please check if applicable:**

Non-custodial Parent does not reside locally

Non-custodial Parent is legally prohibited from contact *(legal documentation must be provided for school records)*

**PRIMARY PARENT/GUARDIAN CONTACT**  Needs to Receive Mailings (check if YES)  May Access Records (check if YES)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Highest Level of Education:

Some High School  High School Diploma/GED  Vocational Certificate/Degree  Some College  2-Year College Degree (Associate's)

4-Year College Degree (BA, BS)  Some Graduate Studies  Master's Degree  Doctoral Degree  Professional Degree (MD, JD)

**SECONDARY PARENT/GUARDIAN CONTACT**  Needs to Receive Mailings (check if YES)  May Access Records (check if YES)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Highest Level of Education:

Some High School  High School Diploma/GED  Vocational Certificate/Degree  Some College  2-Year College Degree (Associate's)

4-Year College Degree (BA, BS)  Some Graduate Studies  Master's Degree  Doctoral Degree  Professional Degree (MD, JD)

**OPTIONAL THIRD PARENT/GUARDIAN CONTACT**  Needs to Receive Mailings (check if YES)  May Access Records (check if YES)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

I do  or do not  give my permission to include our child and family in the school directory.

\_\_\_\_\_  
Guardian Name Guardian Signature Date

**EMERGENCY CONTACT & STUDENT HEALTH FORM 2017-2018 (PART 1)**

*I understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this form certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contacts, within 24 hours of any change, to the school administrative assistant/secretary and my child's classroom teacher(s).*

**STUDENT** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

**PRIMARY PARENT/GUARDIAN** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best Daytime Phone Number: \_\_\_\_\_ Best Language:  English  Spanish  Other: \_\_\_\_\_

**SECONDARY PARENT/GUARDIAN** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best Daytime Phone Number: \_\_\_\_\_ Best Language:  English  Spanish  Other: \_\_\_\_\_

**LOCAL EMERGENCY CONTACTS** (Adults, 18 years or older, who may be contacted in the event of an emergency):

First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby give permission to the staff of Phoenix Advantage Charter School to secure emergency medical treatment for the above named child while under their supervision:**

Name of child's physician or health clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ After-Hours Emergency Number: \_\_\_\_\_

Preferred Hospital for Emergency Treatment: \_\_\_\_\_

Health Insurance Policy Name and Number: \_\_\_\_\_

Please list any critical health issues: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name(s) of Person other than Parent or Legal Guardian to Whom Child may be released (must be 18 years or older) in emergency:

\_\_\_\_\_

*In the event emergency medical treatment is required, I give consent for my child to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. I understand that Phoenix Advantage Charter School will **NOT** transport my child(ren) to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that Phoenix Advantage Charter School will telephone 911 for emergency medical assistance, for which I will be financially responsible.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Guardian Name Guardian Signature Date

**EMERGENCY CONTACT & STUDENT HEALTH FORM 2017-2018 (PART 2)**

**STUDENT** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

**MEDICAL INFORMATION**

**Has your child ever been diagnosed with (check if YES):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD                            | <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Heart Condition                     |
| <input type="checkbox"/> Allergies                           | <input type="checkbox"/> Emotional Disorder            | <input type="checkbox"/> Bleeding Disorder                   |
| <input type="checkbox"/> Asthma                              | <input type="checkbox"/> Frequent Ear Aches/Infections | <input type="checkbox"/> Neuro Disorder (includes migraines) |
| <input type="checkbox"/> Autism                              | <input type="checkbox"/> Hearing/Ear Disorder          | <input type="checkbox"/> Seizure Disorder                    |
| <input type="checkbox"/> Birth Defect/Developmental Disorder | <input type="checkbox"/> Vision/Eye Disorder           | <input type="checkbox"/> Speech Disorder                     |

**Is the child allergic to any medications, including over the counter ointments?**

No  Yes, please list: \_\_\_\_\_

**Does the child have any allergies (food\*, latex, insect bites/stings, animals, seasonal, other)?**

No  Yes, please list: \_\_\_\_\_

*\*Please request and complete the Food Allergy Form for the Lunch Program staff if student has food allergies.*

**Does the child have any other medical conditions or restrictions?**

No  Yes, please list: \_\_\_\_\_

**Does the child require daily medicine or other health maintenance while at school?**  No  Yes\*, please specify:

Inhaler  Breathing treatment  Blood glucose check  Other, describe: \_\_\_\_\_

*\*If your child needs to take prescription medicine at school, you must provide the medication in the original prescription bottle with the child's name on it. If your child needs to take any over-the-counter medication, you must provide the specific, age-appropriate medication in the original sealed container. All medication must be brought to the health office by a parent or guardian and a Consent for Giving Medication at School Form must be completed and signed by the parent.*

**Does the child take daily medicines at home?**  No  Yes\*, please specify:

Inhaler  Breathing treatment  Blood glucose check  Other, describe: \_\_\_\_\_

*To the best of my knowledge, the above named child does not have any health problems that would be harmful to him/her while participating in Physical Education or which would require a physical exam. I hereby give permission for the exchange of information regarding the child's medication and medical issues. Be it known that I, the undersigned parent or legal guardian of the student named above, do hereby and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as in the judgment of said authority should the student be injured or stricken ill.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Guardian Name Guardian Signature Date



Special Education Program Membership

2017-2018

All student information is protected by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality.

PLEASE PRINT

\_\_\_\_\_ Last Name First Name Middle Name

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Male or Female  
Grade Level Age as of 8/4/2016 Date of Birth (mm/dd/yyyy) Gender (circle one)

Has the child ever received Special Education services?  No  Yes

Speech/SLI  ED  LD/SLD  Other

During which year(s)? \_\_\_\_\_

At what school(s)? \_\_\_\_\_

Do you have your child's special education records (Individualized Education Plan)?  
 No  Yes

IEP Start Date: \_\_\_\_\_

IEP End Date: \_\_\_\_\_

IEP Renew Date: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Print Parent/Guardian Name: Parent Signature Date (mm/dd/yyyy)

# PHOENIX ADVANTAGE CHARTER SCHOOL

## Ethnicity and Race Identification Form

To Parents/Guardians: Please complete and return this form to your student's school immediately.

STUDENT NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

SCHOOL BUILDING ATTENDING: Phoenix Advantage Charter School STATE: Arizona

### COMPLETE BOTH PARTS 1 AND 2

#### Part 1 of 2: Ethnicity Designation

**Directions:** Read the definition below and check the box that indicates this student's heritage.

**Is this student Hispanic or Latino? (Select one answer here.)**

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic** or **Latino**.

**No**, not Hispanic or Latino       **Yes**, Hispanic or Latino

#### Part 2 of 2: Race Designation

**Directions:** Read the descriptions below and check the box(es) that indicate the student's race. You must select at least ONE race, regardless of ethnicity designation. More than one response can be selected.

**Indicate this student's race: (Can select more than one.)**

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who 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 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.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

***Sign the area below to indicate that you either verify or refuse to re-identify:***  
*If refusal to identify or re-identify, determination will be made by the school principal.*

I verify that the information on this form is accurate.      -or-      I refuse to re-identify the race and ethnicity of this student

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

#### FOR SCHOOL USE ONLY

I am the observer who completed this form due to parent/guardian refusal to re-identify.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
Signature of Observer      Date



**Phoenix Advantage Charter School**  
3737 N. 16<sup>th</sup> Street Phoenix, AZ 85016  
P: (602)263-8777 F: (602)263-7279

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Grade Level

**PARENT LANGUAGE SURVEY**  
**2017-2018**

Parent's preferred language for newsletters and other documents:

ENGLISH

SPANISH

Parent's preferred language for School Reach recordings:

ENGLISH

SPANISH

**SCHOOL REACH PREFERENCES**

**Phoenix Advantage Charter School** uses School Reach to contact parents with recorded messages regarding student absences and upcoming school events. Please complete the information below regarding how you would like to be contacted.

Primary Absence Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**I hereby certify that the above information is accurate. I understand that it is the parent/ legal guardian's responsibility to update the school office with information changes.**

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Phoenix Advantage Charter School**  
3737 N. 16<sup>th</sup> Street Phoenix, AZ 85016  
P: (602)263-8777 F: (602)263-7279

Child's Name: \_\_\_\_\_ Grade in 17-18: \_\_\_\_\_

### PHOTOGRAPHS/VIDEO (MEDIA)

From time to time **Phoenix Advantage Charter School** staff records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at our school or as a backdrop to employment recruitment efforts.

In order for the school to product materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following.

Please check **only ONE (1)**:

\_\_\_\_\_ **Public Display** .....My child may be photographed/ videotaped and the photographs/ video may be publicly displayed and/or published. (Social media, web media, news media, marketing, etc.)

OR

\_\_\_\_\_ **School Use Only** .....If you give your consent to your child's photo appearing in a yearbook and/or being posted within the school building, but do not want his/her picture published to the public, please mark "School Use Only". (Bulletin boards, class wall with photos, awards, yearbook/memory book, etc.)

OR

\_\_\_\_\_ **No Media**..... If for any reason you object to your child being photographed while he/she is participating in school activities, please mark "No Media". This option exludes all items from options "School Use Only" and "Public Display"

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

\_\_\_\_\_ Full name of parent/guardian (printed)      \_\_\_\_\_ Parent/Guardian Signature      \_\_\_\_\_ Date



## Arizona Department of Education Arizona Residency Documentation Form

Student's Name: \_\_\_\_\_

District or Charter Holder: PHOENIX ADVANTAGE CHARTER SCHOOL

School Name: Phoenix Advantage Charter School

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_, AZ \_\_\_\_\_  
City ZIP

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
- 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

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.

**ARRIVAL & DISMISSAL FORM 2017-2018**

**STUDENTS IN FAMILY** *(Only one form is required per family)*

Last Name	First Name	Grade Level

**TRANSPORTATION**

Please select the one method you will use for each of the three time periods:

**MORNING (ALL DAYS)**

- Parent/Guardian Driver
- Carpool
- School Bus/Van
- Walk
- Parent/Guardian Walker
- City Bus
- Day Care Name \_\_\_\_\_
- Eagles Nest Care

**AFTERNOON (REGULAR DISMISSAL DAYS)**

- Parent/Guardian Driver
- Carpool
- School Bus/Van
- Walk
- Parent/Guardian Walker
- City Bus
- Day Care Name \_\_\_\_\_
- Eagles Nest Care

**AFTERNOON (HALF DAYS)**

- Parent/Guardian Driver
- Carpool
- School Bus/Van
- Walk
- Parent/Guardian Walker
- City Bus
- Day Care Name \_\_\_\_\_
- Eagles Nest Care

Bus Color: \_\_\_\_\_

Bus Stop: \_\_\_\_\_

Parent must pick up at the bus stop: Yes  No

**RELEASE APPROVAL**

*My child(ren) may be released to:*

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

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

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

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

**STUDENT TRANSPORTATION RULES**

- Parents or other persons picking up students must show ID.
- Parents/Guardians must walk with their students unless the student is in Grade 3 or older or is walking with a sibling in Grade 3 or older.
- Students will only be released to those individuals listed on the form above. Parents/Guardians are responsible for updating this list as needed.
- The family is responsible for paying their own city bus fares in most cases.

Please contact me with information regarding the school bus transportation options. ***(Bus transportation is not guaranteed.)***

My Phone Number: \_\_\_\_\_ My Email Address: \_\_\_\_\_

**I have read and agree to follow the rules for the arrival and dismissal methods I have chosen for my child(ren).**

\_\_\_\_\_  
 Parent or Guardian Name

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

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



## Permission to Release School Records

Formulario para solicitar los archivos escolares

The school listed below ("Previous School") has been named as the last school the student attended.

The student's prior school, as listed below, is required by the above provision to disclose all student records, including but not limited to:

- Withdrawal Form (from AZ school)
- Academic and Health Records
- Individual Education Plan or 504 Plan -- *(Please forward request to Special Education Department)*
- AZELLA Scores/ ELL Program Information
- Discipline information

The student's records will be kept on file at **Phoenix Advantage Charter School**. These records will be subject to the confidentiality rules of the State of Arizona. Only authorized personnel will have access to this student's records.

Per A. R. S. 15-828 Paragraph F, please send all of the student's records within ten (10) days from receipt of this form. Under the provisions of Section 99.30 of the Family Educational Rights and Privacy Act (FERPA), this document authorizes the release of all school and health records for the student listed below. A. R. S. §15-828 Paragraph F states that no school shall withhold records due to financial debts. Federal Law 99.31 states that no parent signature is required for educational records to be sent to another educational agency.

**To mail:**      **Attn: Student Records**  
**Phoenix Advantage Charter School**  
**3738 N. 16<sup>th</sup> ST**  
**Phoenix, AZ 85016**

**To fax:**      **602-792-0495/Email [kpaulley@phoenixadvantage.org](mailto:kpaulley@phoenixadvantage.org)**

If you have any questions, please call the school office at **602-263-8777**.

### Student Information:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Date of Birth  
*Apellido*                      *Nombre*                      *Segundo Nombre*                      *Fecha de nacimiento*

\_\_\_\_\_  
 District/State of Previous School                      Name of Previous School  
*El distrito/estado de la escuela anterior*                      *La escuela previa*

\_\_\_\_\_  
 Street Address of School                      City                      State                      ZIP  
*Dirección de la escuela*                      *Ciudad*                      *Estado*                      *Código postal*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 School Phone Number                      School Fax Number                      Last grade attended  
*Teléfono de la escuela*                      *Fax de la escuela*                      *Grado en esta escuela*

As the parent or legal guardian of the student named above, I am giving permission for all student records to be released to **Phoenix Advantage Charter School**.

*Al padre/madre o tutor del estudiante arriba, yo regalo mi permiso de todos los documentos de la escuela ha  
soltado a la escuela **Phoenix Advantage Charter School**.*

\_\_\_\_\_  
 Print Parent/ Guardian Name                      Parent/ Guardian Signature                      Date Signed  
*Nombre completo del padre/madre/tutor*                      *Firma del padre/madre/tutor*                      *Fecha*