

# Enrollment Packet 2012-2013



## **PLC Arts Academy at Scottsdale**

7214 E. Jenan Drive  
Scottsdale, AZ 85260  
(480) 951-3190

Fax: (480) 998-4029

Email: [AASCadmin@plccharterschools.org](mailto:AASCadmin@plccharterschools.org)

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**Charles Boebinger**  
Site Director

**PLC Arts Academy at Scottsdale  
Student Enrollment Form  
School Year 2012-2013**

Primary Student Data					
Name (Last, First, M)			SAIS ID (office use)		
Date of Birth		State of Birth		Student Grade Level	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Age	Country of Birth		
Last School Attended			If born out of country, has student attended one or more schools in any one or more states for more than 3 full academic years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Date of Attendance					

Student Ethnicity and Race	
<b>Ethnicity:</b> Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race:</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native
<b>If Hispanic, you must also select a Race:</b>	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander

Educational Background	
My child was enrolled in a kindergarten program at another school during the 2011-2012 school year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been identified and/or placed in a special education program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the student have a current IEP? (Please bring to enrollment interview)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	

Contact Information			
<b>Primary Contact</b> (Last, First, M)		Relationship to student (please circle)	
Street Address		Apt #	Okay to pick-up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip Code	Home Phone
Mailing Address (if different)			Work Phone
Has legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student lives with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother Father Guardian Other:			
<b>Secondary Contact</b> (Last, First, M)		Relationship to student (please circle)	
Street Address		Apt #	Okay to pick-up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip Code	Home Phone
Mailing Address (if different)			Work Phone
Has legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student lives with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother Father Guardian Other:			
List any siblings attending this school		Parents are	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed

Additional Contact Information			
<b>Additional Contact Name</b>		Relationship to Student	
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Contact Name</b>		Relationship to Student	
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Contact Name</b>		Relationship to Student	
Home #	Work #	Cell #	OK to pick up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Do Not Complete - For Office Use Only			
SDMS #	Official Entry Date	Official Withdrawal Date	
Entry Code	Date Entered in SDMS	Entered By	

**PLC Arts Academy at Scottsdale  
Student Enrollment Addendum**

<b>Student Information</b>			
Student Name		Date of Birth	
<b>Do not release this student to (if applicable):</b>			
Name (Last, First, M)		Relationship to student <i>(please circle)</i>	Parent    Guardian    Self Other:
Reason			
Do you have legal/court documentation preventing this person from associating with this student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you in the process of obtaining legal/court documentation preventing this person from associating with this student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are in the process of obtaining legal/court documentation, what is the expected date of receiving documentation?		Date:	
<b>School must be provided with all current court documentation.</b>			
<b>Do not release this student to (if applicable):</b>			
Name (Last, First, M)		Relationship to student <i>(please circle)</i>	Parent    Guardian    Self Other:
Reason			
Do you have legal/court documentation preventing this person from associating with this student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you in the process of obtaining legal/court documentation preventing this person from associating with this student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are in the process of obtaining legal/court documentation, what is the expected date of receiving documentation?		Date:	
<b>School must be provided with all current court documentation.</b>			
<b>Do not release this student to (if applicable):</b>			
Name (Last, First, M)		Relationship to student <i>(please circle)</i>	Parent    Guardian    Self Other:
Reason			
Do you have legal/court documentation preventing this person from associating with this student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you in the process of obtaining legal/court documentation preventing this person from associating with this student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are in the process of obtaining legal/court documentation, what is the expected date of receiving documentation?		Date:	
<b>School must be provided with all current court documentation.</b>			

I do not want the named student released to the named person(s) in any circumstances. I do understand that if the named person is listed on the named student's birth certificate as one of the parents, the school cannot legally withhold the named student from that parent without legal/court documentation. It is my responsibility to provide to the school the most current legal/court documentation. I understand that the school can only honor the legal/court documents that they have been provided regarding the named student.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
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 \_\_\_\_\_

School \_\_\_\_\_

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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.



**Arizona Department of Education  
Arizona Residency Guidelines  
9/22/11**

**INTRODUCTION**

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education (“Department”) is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils. The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student’s residency status may be required to repay the state aid received for that student.

**VERIFIABLE DOCUMENTATION**

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter’s annual registration process via the district or charter’s annual registration form. The documentation supporting Arizona residency should be maintained according to the school’s records retention schedule.**

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent/legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family’s household is multi-generational. Different documentation is required for each circumstance.

**1. Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian’s full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver’s license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid United States passport
- Property deed

- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

**2. Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit bearing the name and address of the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list above bearing the name and address of the person who maintains the residence. A model affidavit is available for schools at: <http://www.azed.gov/finance/files/2011/10/arizona-residency-guidelines.pdf> .

#### **USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS**

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indicia of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing.



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School PLC Arts Academy at Scottsdale Inc.

School District or Charter Holder PLC Arts Academy at Scottsdale Inc.

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

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
- \_\_\_ Valid U.S. passport
- \_\_\_ 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



**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
- \_\_\_ Valid U.S. passport
- \_\_\_ 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:  
\_\_\_\_\_

# Internet Use Policy PLC Arts Academy at Scottsdale

**Prior to receiving authorization to use the internet, students and their parents/guardians must sign the following permission contract document:**

**To be completed by all Parents/Guardians:**

I give my permission for my son/daughter to participate in the use of the Internet, a worldwide telecommunications network. I realize that he/she will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold PLC Arts Academy at Scottsdale accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Use Policy:

Student's Name: (please print) \_\_\_\_\_

Parent or Guardian's Name: (please print): \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by all Students:**

I will abide by the Internet Use Policy. I understand that the Internet contains material inappropriate for school use and therefore will take personal responsibility not to access this material. I recognize that it is impossible for PLC Arts Academy at Scottsdale to prevent access to all controversial materials and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

Student's Name: (please print) \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed: \_\_\_\_\_

# Physical Activity Consent Form PLC Arts Academy at Scottsdale

## Physical Activities Acknowledgement and Assumption of Risk and Release

Participant's Name: \_\_\_\_\_

Your son or daughter (the "Participant") would like to participate in Physical Activities associated with PLC Arts Academy at Scottsdale. Physical activities requires each Participant's parent/guardian (and if the Participant is 18 years of age, the participant) to sign this Acknowledgement and Assumption of Risk and Release. By signing this document you:

1. Acknowledge that injury may result from the Participant's participation in the physical activity;
2. Represent to the PLC Arts Academy at Scottsdale and their affiliates, that the Participant has no injury, illness, or other medical condition that would prevent him/her from participating in the physical activity, or that would make it dangerous, harmful, or inadvisable for him/her to do so;
3. Assume the risk of and release and hold PLC Arts Academy at Scottsdale harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in physical activity; and
4. Agree that neither PLC Arts Academy at Scottsdale nor the facility at which any game, practice, or other physical activity is held, nor any other person involved in organizing or conducting the physical activity (including coaches, referees, and PLC Arts Academy at Scottsdale) shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledgement that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors, and assigns:

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Participant: (if 18 years of age or older) \_\_\_\_\_

Date: \_\_\_\_\_

# Consent for Off Campus Activities

## PLC Arts Academy at Scottsdale

Please check the boxes of the items you would like to allow your student to participate in and sign below.

Yes No

**Permission to Participate in Off-Campus Activities**

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to ensure against the possibility of accidents. I understand the school or teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost, and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

**Permission to Release News Information**

There may be times during the school year when PLC Arts Academy at Scottsdale, news media, or others may wish to photograph or videotape your child at school for use in print, video, Internet, or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture, or voice to be used for display or in promotional material in a variety of mediums.

**Permission to Use Artwork**

There may be times during the school year when PLC Arts Academy at Scottsdale news media or others may wish to use artwork created by your student at the school for use in print, video, Internet, or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of mediums.

Student's Name: (please print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Consent for Medical/Dental Emergency Treatment and Medical Information

In the event of a medical emergency, we will attempt to contact the primary guardian first, and then the secondary guardian both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive medical emergency treatment should a medical emergency occur at school. Please complete the following medical and insurance information.

Yes, I give permission for my child to receive medical emergency treatment by authorized pre-hospital personnel and members of the hospital staff, as professionally judged to be necessary, or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

<b>Hospital Preference:</b>	<b>Phone Number:</b>
Medical Insurance Carrier:	Policy Number:
Family Physician Name:	Phone Number:
Dental Insurance Carrier:	Policy Number:
Family Dentist Name:	Phone Number:
Please use this space to explain any special procedures or requests:	

No, I do not give permission for my child to receive emergency medical treatment.

Please use this space to explain any special procedures or requests:	
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## Emergency Contact Name and Phone Number

<b>Emergency Contact Name:</b> <i>(This person will be contacted only if the primary and secondary guardians are unavailable)</i>	
Emergency Contact Phone Number:	

## Medical /Allergy Information

Please list any existing medical problems: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

## Consent for Prescription and Over-the-Counter Medication

The office has some acetaminophen (generic Tylenol) that can be given to students for common ailments. They cannot and will not distribute any more than the recommended dosages listed on the packages.

- Yes, I give permission for my child to receive acetaminophen (generic Tylenol) from the school office staff.
- No, I do not give permission for my child to receive acetaminophen (generic Tylenol) from the school office staff.

I understand that if my child needs medication, prescription or anything other than the recommended dosage for over-the-counter medications, the following stipulations must be met:

1. Whether a prescription drug or an over-the-counter drug, the medicine must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
2. The parent must provide signed and written directions to the school regarding medication to be administered.
3. All medications shall be kept in the school office

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Jenan Parking Agreement - Daytime & Evening Events**

I \_\_\_\_\_, hereby promise to drop off my child at PLC Arts Academy at Scottsdale by using the PLC Arts Academy at Scottsdale drive-through. If I need to speak with the teacher or would like to walk my child into class, I will park only in the PLC Arts Academy at Scottsdale parking lot. If the lot is full, I ***must*** drop off my child by using the drive-through, then park in the church parking lot. I will park in a north-facing space which borders Jenan. I will then walk across Jenan Drive. I will exit either parking lot by turning right (northbound) onto Scottsdale Road.

- \* I understand that according to City Code, no child/children may cross Jenan Drive.
- \* I must enter and exit PLC Arts Academy at Scottsdale by using Scottsdale Road.
- \* I may not drive into or through the neighborhood using Jenan Drive.

I understand that this is a City of Scottsdale code that must be enforced by PLC Arts Academy at Scottsdale.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Registration Policy Clarification of the Definition of a “Current Student”**

A “Current Student” is defined as a student who is currently enrolled at PLC Arts Academy at Scottsdale at the time of registration, AND a student who completes that school year at PLC Arts Academy at Scottsdale. All current students will have a priority registration for the following school year, subject to space available, before any students are accepted in Open Registration.

## **Elementary Sibling Registration Agreement**

I understand that the registration of a sibling is contingent upon the currently enrolled sibling attending PLC Arts Academy at Scottsdale in the fall. I understand that this priority is given due to the current sibling’s presence. Siblings registering in this manner will be bumped out should their current sibling student not return to PLC Arts Academy at Scottsdale.

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



**SPECIAL HOURS REQUEST 2012-2013**

**Early Morning Drop-Off - 7:30 a.m.**

	<u>1<sup>st</sup> Child</u>	<u>Sibling</u>
5 days/week	\$80/monthly	\$60.00/monthly
Drop-In	\$7/day - Subject to Availability	

**Clubhouse (After school child care) 2:10 - 6:00**

	<u>1<sup>st</sup> Child</u>	<u>Sibling</u>
5 days/week	\$275/monthly	\$206.25/monthly
1-Hour Drop-In Special	\$12/hour	n/a
Drop-In	\$30/day	\$23/day

All Drop-Ins are Subject to Availability  
(No additional hourly rates available)

\*\*\*\*\*

**Sign Up for Special Hours:**

1. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Please print)
2. Sibling Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Please print)
3. Sibling Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Please print)

**Please Circle Choices:**

**Early Morning Drop-Off:** (monthly)

**Clubhouse:** (monthly)

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

# McKinney-Vento Eligibility Questionnaire

## PLC Arts Academy at Scottsdale

**Student Name:** \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine services for which a student may be eligible. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes\_\_\_\_ No\_\_\_\_
2. Is your temporary address due to a loss of housing or economic hardship? Yes\_\_\_\_ No\_\_\_\_

**If you answered “NO” to both of these questions you may stop here. Thank you.**

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered “yes” to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Where is the student presently living? (Check one box only)
  - Doubled up with relatives or friends
  - In a motel
  - In a shelter
  - Moving from place to place
  - In a place not considered traditional housing (campground, car, public place, etc.)
2. Do you also have pre-school children at home? Yes\_\_\_\_ No\_\_\_\_
3. Are you a high school student who is currently living on your own? Yes\_\_\_\_ No\_\_\_\_  
Unaccompanied youth also qualify for services under this law.

# McKinney-Vento Regulations

If your living arrangement is both temporary and the result of economic hardship, you may qualify for services under the McKinney-Vento Act. The purpose of this law is to provide academic stability for students of families in transition.

You may want to talk with our Homeless Education Liaison if your family's temporary living arrangement is one of the following:

- You are living with friends or relatives, or moving from place to place because you cannot currently afford your own housing.
- You are living in a shelter or a motel.
- You are living in housing without water or electricity.
- You are living in a place not considered traditional housing, like a car or a campground.
- A student may also qualify as an "unaccompanied youth" if he or she is living with someone who is not a parent or guardian, or if he or she is moving from place to place without parent or guardian.

Children who qualify under McKinney-Vento have the right to:

- Attend the school they were attending when their family was forced to move to a temporary address because of economic hardship, even if that school is in another school district. The choice must be a reasonable one that is in the best interest of the children involved. Check with the district Homeless Education Liaison if you are not sure.
- Stay in this school for the duration of the school year if their families are forced to move to another temporary address because of economic hardship.
- Receive assistance with transportation to attend school while they are being temporarily housed.
- Start school immediately while people at the school help families obtain school and immunization records or other documents necessary for enrollment.
- Enroll in school without having a permanent address.
- Participate in the same programs and services that other students participate in.
- Receive any applicable Title 1 services.

**Dispute Resolution:** If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond quickly and it must be a written response. During the dispute, the student must immediately be enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making a decision, providing notice of any special process, and filling out dispute forms. You have the right to appeal a decision to the state level.

If you have questions, call PLC Arts Academy at Scottsdale at 480-951-3190.

**Request for Release of Student Records**  
**to:**  
**PLC Arts Academy at Scottsdale**  
**7214 E. Jenan Drive**  
**Scottsdale, AZ 85260**  
**Phone: 480-951-3190 Fax: 480-998-4029**

Please forward the records of \_\_\_\_\_  
(Student Name)

Date of Birth: \_\_\_\_\_ Who enrolled in grade: \_\_\_\_\_

at PLC Arts Academy at Scottsdale on: \_\_\_\_\_

The parent/guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. ***If this student is a special education student, please forward such records as well.***

Please send the following information:

- Birth Certificate
- Official Withdrawal Form and Withdrawal Grades
- Attendance Records
- Immunization/Health Records
- Special Education Records (including IEP's Psychological Reports, etc.)
- AIMS Student Report Information/Standardized Test Data
- Test Scores (AZELLA)
- Probation Officer/Case Worker Incident Reports
- Explanation of Grading and Credit System. *(Please indicate symbols or letters designating accelerated classes.)*
- Hearing and Vision Screening Results
- Other \_\_\_\_\_

***Please complete the information below:***

Name and address of last school attended:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
School Telephone Number School Fax Number

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

1<sup>st</sup> Request: \_\_\_\_\_ 2<sup>nd</sup> Request: \_\_\_\_\_ 3<sup>rd</sup> Request: \_\_\_\_\_

***State Law 15-828, Paragraph F, states that NO SCHOOLS SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. New Federal Law 99.31 – No parent or signature required for educational records to be sent to another educational agency.***



## Intent to Enroll 2012-2013

**Student Name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):**

**Entering Grade Level:**

**Last School of Attendance:**

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Special Education Category & Service Type (if applicable):**

**English Language Learner (if applicable):**

**Parent/Guardian Information:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian/Student Signature:**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Student

# Customer Satisfaction Questionnaire

## PLC Arts Academy at Scottsdale

Thank you for your interest in PLC Arts Academy at Scottsdale. We are committed to serving all of our customers in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. This information will be used to monitor customer satisfaction and all responses will be kept confidential.

1. How did you hear about us?

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Referral from _____ school | <input type="checkbox"/> Radio     | <input type="checkbox"/> Passed by school   |
| <input type="checkbox"/> Referral from other school | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend or relative |
| <input type="checkbox"/> Flyer                      | <input type="checkbox"/> Counselor | <input type="checkbox"/> Postcard           |

2. If you called for information, was the call answered promptly and in a friendly and courteous manner? Yes\_\_\_\_ No\_\_\_\_

With whom did you speak? \_\_\_\_\_

What date did you call? \_\_\_\_\_

3. Did you receive the information you requested within a reasonable amount of time? Yes\_\_\_\_ No\_\_\_\_

4. When you came into the office to pick up an information packet and/or for your appointment, were you greeted promptly and in a friendly and courteous manner? Yes\_\_\_\_ No\_\_\_\_

5. Were all questions regarding the enrollment process and PLC Arts Academy at Scottsdale answered to your satisfaction? Yes\_\_\_\_ No\_\_\_\_

If the answer is no to any of the above questions, please explain:

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Do you have any suggestions for improving customer service and/or the registration process at PLC Arts Academy at Scottsdale? Please list them below:

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**Thank you for taking the time to complete this questionnaire.  
Your feedback is important to us!**

## **AASC EXCELLENCE**

As a charter school we provide free public education. Charter schools receive a base state funding that is approximately \$1800/student less than the local district public school. In addition, the state currently only provides funding for a half day Kindergarten program. We believe that a full day program combined with a low teacher to student ratio provides the best possible educational experience for Kindergarteners.

### **Ways to Contribute**

- \* Voluntary Contributions Program
- \* Dollar-for-Dollar Tax Credit Program
- \* Classroom Volunteer
- \* PTA Volunteer
- \* Encourage Your Child

- 1. We welcome financial support for Materials in the amount of \$75**
- 2. We welcome financial support for Field Trip Activities/Guest Presenters in the amount of \$30**
3. All students must have a current Immunization Record in the school office prior to the first day of school.
4. Arts Academy at Scottsdale students are required to attend school in proper uniform attire.
5. Arts Academy at Scottsdale is an electronic format school. Parents receive classroom and school information primarily via email.
6. It is the Guardian's responsibility to make sure the office has all current contact information on file in the school's office, including phone numbers and email.
- 7. Please do not sign up for the School unless you are committed to the program. Because space is limited, your registration may prevent others from the opportunity to attend.**

# **Inclusive Education Philosophy**

## **PLC Arts Academy at Scottsdale**

PLC Arts Academy at Scottsdale embraces the philosophy of full inclusion, believing that special education students can best be educated in the regular classroom. Our classroom teachers are trained at what it means to have an exceptional student in their classrooms and they accept responsibility for all students as they modify, accommodate and adjust teaching techniques and classroom activities to meet unique learning abilities. Our full-time Special Education staff supports the regular classroom teacher with this process as part of the continuum of services we provide. There are not two distinctly different types of students, e.g. "special" and "regular". All students are individuals with their own unique set of physical, intellectual and psychological characteristics that influence their instructional needs. There are not two discrete sets of instructional methods – one set for "special" students and another for "regular" students. Individualized instructional programs are designed for each student.

### **Basic Beliefs and Expectations**

- Inclusion is the underlying philosophy by which all students are educated.
- All students are educated with chronologically age appropriate peers.
- All students are educated full time in the general education classroom.
- All students learn and develop individually and the curriculum is modified or adapted to allow students to progress at their individual rates. Students are not penalized for the inability to progress at grade level.
- General education teachers assume responsibility to teach and meet the cognitive, affective and social needs of all students with special education teachers and staff providing support.
- Teaching strategies that facilitate the education of multi-level abilities in each class are used by all teachers (e.g. cooperative learning, project learning, mastery learning, curriculum compacting, independent projects, flexible groupings, learning centers, and teaching to learning styles such as visual, auditory and manipulative).
- Our continuum of services is extensive as we strive to provide all students with Free and Appropriate Public Education. If for some reason our services are not allowing for progress of any student, a team will consider alternative placement options.

**No Child Left Behind  
Notice to Parents  
Professional Qualifications of Teachers**

As a parent of a student at PLC Arts Academy at Scottsdale, you have the right to know the professional qualifications of the teachers who instruct your child. Federal law allows you to ask for certain information about your child's classroom teachers, and requires us to give you this information in a timely manner. Specifically, you have the right to ask for the following information about each of your child's classroom teachers:

- Whether the Arizona Department of Education has licensed or qualified the teacher for the grades and subjects he or she teaches.
- Whether the Arizona Department of Education has decided that the teacher can teach in a classroom without being licensed or qualified under state regulations because of special circumstances.
- The teacher's college major; whether the teacher has any advanced degrees and if so, the subject of the degrees.
- Whether any teachers' aides or similar paraprofessionals provide services to your child and, if they do, their qualifications.

If you would like to receive any of this information, please call 480-951-3190.



# PLC ARTS ACADEMY AT SCOTTSDALE 2012 - 2013

## AUGUST

Meet the Teacher 7:30am.....August 14  
 Teacher In-Service Meeting 7:30am.....August 14  
 First Day of Classes.....August 15  
 Parent Orientation Night.....August 30

## SEPTEMBER

Labor Day Holiday.....September 3

## OCTOBER

End of 1st Quarter.....October 12  
 Fall Break.....October 15 - 19  
 Report Cards Sent Home.....October 24  
 Fall Picture Day.....October 26

## NOVEMBER

Parent/Teacher Conferences, Early Release.....November 1, 2  
 Veterans' Day Holiday.....November 12  
 Early Release.....November 21  
 Thanksgiving Recess .....November 22, 23

## DECEMBER

Picture Retakes.....December 7  
 Early Release.....December 21  
 End of 2nd Quarter / 1st Semester.....December 21  
 Winter Break.....December 24 - December 31

## JANUARY

Winter Break.....January 1 - January 4  
 School Reconvenes.....January 7  
 Report Cards Sent Home.....January 9  
 Re-Enrollment Packets Sent Home.....January 16  
 Martin Luther King Jr. Holiday.....January 21  
 Re-Enrollment Packets Due.....January 23

## FEBRUARY

Open Enrollment .....February 6  
 Presidents' Day Holiday.....February 18  
 Spring Picture Day.....February 27

## MARCH

End of 3rd Quarter.....March 22  
 Spring Break.....March 25 - March 29

## APRIL

Report Cards Sent Home.....April 3  
 State Testing Window.....April 15 - April 26  
 2nd Grade Stanford 10.....April 16 - April 17  
 3rd and 4th Grade AIMS.....April 16 - April 19

## MAY

Memorial Day Holiday.....May 27  
 Early Release.....May 29  
 Early Release/Last Day of Classes.....May 30  
 Possible Make-Up Day.....May 31

Jan 2013						
S	M	T	W	T	F	S
		<del>X</del>	<del>X</del>	<del>X</del>	<del>X</del>	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	<del>21</del>	22	23	24	25	26
27	28	29	30	31		

Feb 2013						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	<del>18</del>	19	20	21	22	23
24	25	26	27	28		

Mar 2013						
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24	<del>25</del>	<del>26</del>	<del>27</del>	<del>28</del>	<del>29</del>	30
31						

Apr 2013						
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27	28	29	30			

May 2013						
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26	<del>27</del>	28	29	30	31	

Jun 2013						
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23	24	25	26	27	28	29
30						

Jul 2012						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Aug 2012						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Sep 2012						
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						1
2	<del>3</del>	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Oct 2012						
S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	<del>21</del>	<del>22</del>	<del>23</del>	<del>24</del>	<del>25</del>	26
27	28	29	30	31		

Nov 2012						
S	M	T	W	T	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	<del>22</del>	<del>23</del>
24	25	26	27	28	29	30

Dec 2012						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	<del>24</del>	<del>25</del>	<del>26</del>	<del>27</del>	<del>28</del>	29
30	<del>31</del>					

### Early Release

Nov. 1, 2 - Conferences  
 Nov. 21  
 Dec. 21  
 May 29, 30

1st Quarter - 42  
 2nd Quarter - 42  
 3rd Quarter - 53  
4th Quarter - 43  
 180 days for students