



Burke Basic School

2018-2019

Please Print Clearly and Fill Out Completely

For Office Use Only

- Birth Certificate
- Immunization
- Legal Documents
- Special Ed (IEP)
- Start Date August 8, 2018
- Student SAIS # _____

A completed registration packet, with other required forms, must be submitted before a student is registered. Returning families have priority for class positions until December 19, 2017.

Grade Level Applying For:

NEW STUDENT INFORMATION – School Year 2018-2019			
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone w/Area Code:	Date of Birth:	Place of Birth:	
PARENT/GUARDIAN INFORMATION			
NAME of Father/Guardian:		NAME of Mother/Guardian:	
<input type="checkbox"/> Father <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		<input type="checkbox"/> Mother <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	
<i>Please check one below</i>		<i>Please check one below</i>	
<input type="checkbox"/> Lives with (primary residence of student) <input type="checkbox"/> Has legal custody*		<input type="checkbox"/> Lives with (primary residence of student) <input type="checkbox"/> Has legal custody*	
Address :		Address:	
City/State/Zip:		City/State/Zip:	
Employer:		Employer:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Cell/Text Phone:		Cell/Text Phone:	
Email:		Email:	
*Official court documents must be submitted to the school in cases of divorce, separation, custody or other legal issues.			
IN CASE OF EMERGENCY CONTACT INFORMATION (minimum of 2 contacts required; cannot be parent or guardian)			
Name:	Telephone(s):	Relationship:	Ok to Pick Up: Yes No
Name:	Telephone(s):	Relationship:	Ok to Pick Up: Yes No
If you are unable to reach me in an emergency, I give permission for my child to be transported to the nearest hospital by ambulance. I further realize that I am responsible financially for the payment of all ambulance and hospital charges. Students who become ill or have an emergency at school must be picked up within a half hour of parent/emergency contact being notified.			
LANGUAGE SURVEY			
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?	
Has your child been enrolled in any language acquisition or ELL programs? <input type="checkbox"/> No <input type="checkbox"/> Yes			
ETHNIC GROUP (Requested by the Arizona Department of Education)			
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Black or African American	
Tribe Name: _____		<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White <input type="checkbox"/> Hispanic	
Has Student ever been suspended, placed on long-term suspension or expelled from any school? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are there any legal or custody issues involving student? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify on reverse. Submit current legal documents.			
Would you like to apply for busing? <input type="checkbox"/> No <input type="checkbox"/> Yes (space is limited, busing is not guaranteed)			
EMAIL AND TEXT COMMUNICATION FROM THE SCHOOL			
<input type="checkbox"/> I would like to receive email messages from my child's principal at the address listed above OR the address listed below. Email Address: _____ @ _____		<input type="checkbox"/> I would like to receive text messages from my child's principal at the number listed above OR the number listed below. Cell Phone #: () _____	
I agree to abide by the policies of the school published in the Parent Handbook and other official materials, and will support school policies and rules in guiding my student. I certify by my signature that all statements in this packet are true and complete to the best of my knowledge.			
Parent/Guardian Printed Name:	Signature:	Date:	

SPECIAL EDUCATION PROGRAM INFORMATION
(Must be completed)

Student Name (Last, First, Middle):

Birth Date:

Does your child have a **CURRENT**, previous, in the process of, OR an outside evaluation for an Individualized Education Plan (I.E.P.)? All documents must be provided at the time of enrollment.

You **MUST** mark either "Yes" or "No." Yes No

Is your child currently on a 504 Plan? Yes No

If YES is the answer to either of the above questions, the current IEP or 504 Plan and any other related details must be provided at the time of enrollment.

The Individual Education Plan (IEP) or 504 Plan that is applicable to my child includes the following:
(Please check all that apply)

- Autism (A)
- Emotional Disability (ED)
- Hearing Impairment (HI)
- Mild/Moderate/Severe Mental Retardation (MIMR – MOMR - SMR)
- Multiple Disabilities (MD) Please state: _____
- Multiple Disabilities with Severe Sensory Impairment (MDSSI)
- Occupational Therapy (OT)
- Orthopedic Impairment (OI)
- Other Health Impairment (OHI) Please state: _____
- Developmental Disabilities (DD)
- Speech/Language Impairment (SLI)
- Specific Learning Disabled (SLD) [Please circle: Math, Reading, Written Language]
- Traumatic Brain Injury (TBI)
- Visual Impairment (VI)

Please elaborate with any information that would be helpful for placement: _____

*Your signature below is to verify accuracy of the information above, not to authorize testing or to place your child in Special Education.

Parent/Guardian Signature:

Date:

STUDENT HEALTH HISTORY UPDATE & CONSENT FORM 2018-2019

NAME: LAST _____ FIRST _____	DOB: _____ Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Home Phone: _____ Cell Phone: _____	Date: _____

DOES YOUR CHILD HAVE or HAVE THEY RECENTLY HAD <u>ANY</u> OF THE FOLLOWING?	If Yes, please explain Give approximate date
An ongoing medical condition	
Seen a medical specialist	
ANY ALLERGIES-SPECIFICALLY TO: FOOD _____ INSECT _____	MEDICATION _____ DUST _____ MOLD _____ GRASS _____ OTHER _____
Been hospitalized	
Had an operation	
Had an injury NEEDING EMERGENCY TX	
BROKEN BONE MUSCLE SPRAIN/STRAIN	
SEIZURE OR CONVULSION	
PASSED OUT OR HEAD INJURY	
SPECIAL DIETARY NEEDS	
Had a VISION problem or condition	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a HEARING problem or condition	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
BRACES, mouthpiece or major work	
ASTHMA _____ INHALER USE _____	SVN TREATMENTS _____ SUPPLIES AT SCHOOL _____
INSTRUCTIONS FOR ASTHMA CONDITION:	

MEDICATIONS	DOSE	TIME GIVEN	SPECIAL INSTRUCTIONS

- I ALLOW SCHOOL NURSE OR SUBSTITUTE NURSE TO GIVE MY CHILD MEDICATIONS THAT I HAVE SUPPLIED. _____
 - I ALLOW SCHOOL NURSE OR SUBSTITUTE TO GIVE MEDICAL CARE/FIRST AID AND TO CALL 911, IF NEEDED. _____
 - I ALLOW SCHOOL NURSE OR SUBSTITUTE NURSE TO GIVE OVER THE COUNTER MEDICATIONS SUCH AS: _____
- PLEASE CHECK:**
- TYLENOL ___ IBUPROFEN ___ BENADRYL (ALLERGY) ___ COMMON COLD/COUGH MEDICINE ___ 1st aid OINTMENT ___
 EYE WASH ___ AMBESOL FOR TOOTH PAIN ___ SALT WATER GARGLE OR NOSE SPRAY ___
- *** GIVEN AS A 1 DAY COURTESY DOSE***NURSE WILL NOTIFY ME BY NOTE OR CALL. *****
- I WILL SUPPLY ANY FURTHER "OVER THE COUNTER" MEDICATION, WITH INSTRUCTIONS, THAT MY CHILD MAY NEED. THIS WILL BE TURNED INTO THE NURSE OFFICE. _____
 - I DO NOT WANT ANY "OVER THE COUNTER MEDICATIONS" GIVEN TO MY CHILD. _____

PARENT/GUARDIAN (PRINT) _____ **SIGNATURE** _____ **DATE** _____

Release of Student Information

SY 2018-2019

If you have more than one student registered at Burke Basic School you will need to complete this form for each student.

Information for School-Sponsored Purposes:

The school may want to use student information for the following school-sponsored purposes: yearbook, school newsletter, school webpage, art work, special programs, and other announcements. If you do not want Burke Basic School (BBS) to disclose any information about your child without your prior written consent, you must notify the school in writing within ten school days of your child's first day of instruction for this school year.

I, the parent of _____ (student name), give BBS permission to use the information noted in the list below for the specified school-sponsored purposes.

Yearbook: Yes No

School Newsletter: Yes No

School Webpage: Yes No

Artwork: Yes No

Special Programs: Yes No

Print Name: _____

Signature: _____

Date: _____



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

Student _____ School _____

School District or Charter Holder _____

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

STUDENT RECORDS REQUEST

Student Name (Last , First, Middle):		Birth Date:
PREVIOUS SCHOOL		
Previous School Attended:	Previous School Phone:	
Previous School District:	Last Grade Completed:	
Previous School Address:	Last Day of Attendance:	
City/State/Zip:	Burke Basic School Start Date: August 8, 2018	
<p>I hereby authorize the above referenced school and district to release the following records to Burke Basic School. All psychological/confidential data will be maintained as such. It will not be transferred to any person or agency without parental permission or legal requirement.</p> <ul style="list-style-type: none">• Birth certificate• Immunization records• Official transcript• Withdrawal form• Withdrawal grades• Standardized test scores• Discipline records• Health/Medical Records• Attendance records• Legal documents regarding custody• IEP/SPED records – if applicable		
Parent/Guardian Signature	Date	

Records for student are to be released to:

Burke Basic School
131 East Southern Avenue
Mesa, AZ 85210
Phone: 480-964-4602 Fax: 480-964-6566
Email: apayan@burkebasicschool.com



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 _____

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.