



# Burke Basic School

## 2019-2020

**Please Print Clearly and Fill Out Completely**

**For Office Use Only**

- Proof of Age and Identity
- Immunization
- Legal Documents
- Special Ed (IEP)
- Start Date August 8, 2019
- Student SAIS # \_\_\_\_\_

*A completed enrollment packet, with other required forms and documents, must be submitted within 10 days to finalize your student's enrollment. Returning families have priority for class placement from November 5 thru November 09, 2018.*

**Grade Level Applying For:**

NEW STUDENT INFORMATION – School Year 2019-2020			
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*	
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:	
<b>*Official court documents must be submitted to the school in cases of divorce, separation, custody or other legal issues.</b>			
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	<input type="checkbox"/> Asian	
Tribe Name:	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
Has the student ever been expelled or in the process of being expelled from any school? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are there any parental custody issues involving the 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:
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**SPECIAL EDUCATION PROGRAM INFORMATION  
(Must be completed)**

Student Name (Last, First, Middle):	Birth Date:
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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:
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**STUDENT HEALTH HISTORY UPDATE & CONSENT FORM 2018-2019**

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

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

<b>MEDICATIONS</b>	<b>DOSE</b>	<b>TIME GIVEN</b>	<b>SPECIAL INSTRUCTIONS</b>

- 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 \_\_\_ 1<sup>st</sup> 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

## School Year 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

# Proof of Age and Identity for Students

## Birth Certificate and Exception A.R.S. 15-828

**A.** On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

**B.** If a child is instructed at home pursuant to section 15-802, the person who has custody of the child shall, within thirty days after the home instruction begins, provide to the county school superintendent of the county in which the child resides one of the following:

1. A certified copy of the child's birth certificate.
2. Other reliable proof of the child's identity and age, including the child's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

**C.** On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the pupil's file and the document that is presented shall be returned.

## Birth Certificate and Exception A.R.S. 15-828, Continued

**D.** A pupil shall be enrolled in the school or school district, or the county school superintendent shall record the pupil's name, using the name that is printed on the birth certificate, other reliable proof of the pupil's identity, or letter from an agency having custody of the pupil provided pursuant to this section. This subsection does not prohibit a school or school district from calling a pupil by any name the pupil's parent or guardian wishes the pupil to be called.

**E.** On the failure of a person enrolling a pupil or instructing a child at home to comply with subsection A or B of this section, the school, school district or county school superintendent shall notify that person in writing that, unless the person complies within ten days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten day period, the school, school district or county school superintendent shall refer the case to the local law enforcement agency.

**F.** The school, school district or county school superintendent shall immediately report to the local law enforcement agency any affidavit received pursuant to this section which appears inaccurate or suspicious in form or content.

**G.** Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

# STUDENT RECORDS REQUEST

Student Name ( <b>Last</b> , First, Middle):		Birth Date:
<b>PREVIOUS SCHOOL</b>		
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: <b>August 8, 2019</b>
<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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <ul style="list-style-type: none"> <li>Birth certificate</li> <li>Immunization records</li> <li>Official transcript</li> <li>Withdrawal form</li> <li>Withdrawal grades</li> </ul> <ul style="list-style-type: none"> <li>Standardized test scores</li> <li>Discipline records</li> <li>Health/Medical Records</li> <li>Attendance records</li> <li>Legal documents regarding custody</li> <li>IEP/SPED records – if applicable</li> </ul> </div>		
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](mailto: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 \_\_\_\_\_

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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.