



# Burke Basic School

## 2020-2021

Please Print Clearly and Fill Out Completely

- For Office Use Only**
- Proof of Age and Identity
  - Immunization
  - Proof of residency
  - Legal Documents
  - Special Ed (IEP)
- Start Date August 4, 2020  
**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 04 thru November 08, 2019.*

**Grade Level Applying For:**

NEW STUDENT INFORMATION – School Year 2020-2021			
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:	
<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.			
Military Connected Student (please check the box that applies to you)			
<input type="checkbox"/> Student is a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard.			
<input type="checkbox"/> Student is a dependent of a full time member of the National Guard, or Reserve force of the United States military (Army, Navy, Air Force, Marine Corps).			
<input type="checkbox"/> Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Air Force, Marine Corps).			
<input type="checkbox"/> None of the above.			
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 <b>OR</b> the address listed below.		<input type="checkbox"/> I would like to receive text messages from my child's principal at the number listed above <b>OR</b> the number listed below.	
Email Address: _____@_____		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:	

## 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.



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.



# Student Residency Questionnaire

**Part One:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

**The answers to the following questions can help determine the services for which this student may be eligible to receive under the McKinney-Vento Act 42/U.S.C. 11435.**

Is this student's home addressing a temporary living arrangement?  Yes  No

Is this a temporary living arrangement due to a loss of housing or economic hardship?  Yes  No

Is this student in a temporary foster care placement or awaiting foster care?  Yes  No

Is this student living with someone other than your parent or legal guardian?  Yes  No

If you answered **NO** to all of the above questions, you may stop here.

If you answered **YES** to **any** of the above questions, please complete the remainder of this form.

**Part Two:**

### Where is the student currently living?

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park, or campsite
- Transitional housing
- Group home

Address of Current Residence: \_\_\_\_\_

or

Address of Motel/Shelter: \_\_\_\_\_

or

Name of "General Area" of Current Residence: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone or Contact Number: \_\_\_\_\_

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

**For Office Use Only:**  
**Instructions for school staff:**

- If Part two are checked, please give original form to Manager of Operations (MO).
- After verifying information, MO will send a copy to the Homeless Liaison in the Federal Programs Department.
- Appropriate staff must file original form in student's cumulative folder.

**For Office Use Only:**  
**Homeless Liaison's determination of qualifications:**

- This student does not qualify as homeless under McKinney Vento Act.
- This student qualifies as home homeless under the McKinney Vento Act. I certify the above student qualifies for the Child Nutrition Program under provisions of the McKinney Vento Act.

Signature of Homeless Liaison: \_\_\_\_\_ 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:

# Release of Student Information

## School Year 2020-2021

*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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Newsletter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Webpage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Artwork:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Programs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Health History and Consent Form 2020/2021

Last Name _____ First _____	DOB: _____	Age: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade: _____	Home: Mobil Phone: _____	Date: _____

DOES YOUR CHILD HAVE OR HAS RECENTLY HAD ONE OF THE FOLLOWING?	IF THE ANSWER IS YES, EXPLAIN AND GIVE APPROXIMATE DATE		
An ongoing medical condition      YES      NO	PLEASE EXPLAIN:		
Seen a specialist doctor      YES      NO	PLEASE EXPLAIN:		
Attacks or convulsions      YES      NO	PLEASE EXPLAIN:		
Have been hospitalized      YES      NO	PLEASE EXPLAIN:		
Head Injury      YES      NO	PLEASE EXPLAIN:		
Had an operation      YES      NO	PLEASE EXPLAIN:		
VISION problem or condition      YES      NO <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	PLEASE EXPLAIN:		
Problem or condition of HEARING      YES      NO <input type="checkbox"/> Hearing aid <input type="checkbox"/> cochlear implant	PLEASE EXPLAIN:		
Braces, mouth piece or major work      YES      NO	PLEASE EXPLAIN:		
ASTHMA      YES      NO  <input type="checkbox"/> INHALER <input type="checkbox"/> SVN TREATMENTS	INSTRUCTIONS FOR TREATMENT OF ASTHMA CONDITION:		
ALLERGIES: FOOD _____ INSECTS _____ MEDICATION _____ MOLD _____ GRASS _____ OTHER _____	PLEASE EXPLAIN:		
SPECIAL DIETARY NEDDS      YES      NO	PLEASE EXPLAIN:		
MEDICATIONS	DOSE	TIME GIVEN	SPECIAL INSTRUCTIONS

**\*\* Medication / Dose is given courtesy for one day. The nurse will notify you by note or phone call \*\***

I allow the substitute nurse to give medication to my child that I have provided. \_\_\_\_\_

I allow the nurse or nurse substitute for medical care and first aid and call 911 if required. \_\_\_\_\_

I will give the nurse any additional medication, with instructions that my child may need. \_\_\_\_\_

**I ask that you NOT give my child "over-the-counter medication.** \_\_\_\_\_

I allow the nurse or substitute nurse over-the-counter medication such as:  
 TYLENOL  IBUPROFEN  BENADRYL  COMMON COLD/COUGH MEDICINE  1ST AID OINTMENT  EYE WASH  
 AMBESOL FOR TOOTH PAIN  SALT WATER GARGLE OR NOSE SPRAY

PARENT/GUARDIAN \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# 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 4, 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> <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><li>• PHLOTE Form</li><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>		
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: bcastro@burkebasicschool.com





# Burke Basic School

## 2020-2021 Bus Enrollment

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Major Cross Roads \_\_\_\_\_ / \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Does parent need to be present for drop off?

YES

NO

I would be interested in volunteering in the cafeteria.

**For office use only**

Bus Route # \_\_\_\_\_

Bus Stop

\_\_\_\_\_ / \_\_\_\_\_