



Burke Basic School

131 E. Southern Avenue, Mesa AZ 85210

Telephone: (480) 964-4602

Fax: (480) 964-6566

The registration application and required documents must be completed and returned to the school within 10 days, however, you have 30 days to submit proof of age and identity documents. Returning families have priority for class placement.

For Office Use Only

- Proof of Age and Identity
- Immunization
- Proof of AZ Residency
- Legal Documents
- Special Ed (IEP)

Start Date _____
Student AZ ID #: _____

Grade Level Applying For: _____

NEW STUDENT INFORMATION – School Year 2023-2024				
Last Name:		First Name:		Middle Name:
Home Phone w/Area Code:	Date of Birth:	Place of Birth: City, State		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
PARENT/GUARDIAN INFORMATION				
NAME of Mother/Legal Guardian:(Contact Priority #1)			NAME of Father:/Legal Guardian:(Contact Priority #2)	
<input type="checkbox"/> Mother <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Foster			<input type="checkbox"/> Father <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	
<i>Please check one below</i> <input type="checkbox"/> Lives with (primary residence of student) <input type="checkbox"/> Has legal custody* Address :			<i>Please check one below</i> <input type="checkbox"/> Lives with (primary residence of student) <input type="checkbox"/> Has legal custody* Address:	
City/State/Zip:			City/State/Zip:	
Employer:			Employer:	
Primary Phone:			Primary Phone:	
Cell/Text Phone:			Cell/Text Phone:	
Work Phone:			Work 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)				
First Name:	Last Name:	Phone #:	Relationship:	Ok to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:	Phone #:	Relationship:	Ok to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:	Phone #:	Relationship:	Ok to Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> 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.				
RACE/ETHNIC GROUP (Requested by the Arizona Department of				
<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native: <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Tribe Name: _____				
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? No <input type="checkbox"/> Yes <input type="checkbox"/> Submit legal documents.				
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:



Burke Basic School

131 E. Southern Avenue, Mesa AZ 85210

Telephone: (480) 964-4602

Fax: (480) 964-6566

PROGRAM BACKGROUND INFORMATION

(OPTIONAL)

Student Name (Last, First, Middle):

Grade

Birth Date:

Please select yes or no for each question

Do you have any concerns about your student's educational performance?

Yes No

Do you have any concerns about your student's behavior/social-emotional skills?

Yes No

Has a teacher or professional ever expressed concerns about your student's academic or behavior skills?

Yes No

Has your student ever been evaluated for special education services?

Yes No

Has your student ever been evaluated for a disability?

Yes No

Please explain any "YES" answers:

Has your student ever received services or support in the following areas (select all that apply):

- Academic Intervention Speech-Language Therapy Occupational Therapy
 Psychological Testing Counseling/Mental Health Physical Therapy

Please be advised:

- Federal Regulation 34 C.F.R. 300.302 requires that students be routinely screened for difficulties that may impede their access to learning as a part of early intervention and support. This is not an evaluation or a determination of eligibility for services.
- Arizona Administrative Code R7-2-401(D)(8) requires that all new and transfer students are also screened for concerns within 45 calendar days of enrollment. If any concerns are presented at that time, parents are notified within 10 school days.
- Arizona Revised Statute §15-249.10 requires that all students in grades Kindergarten through 3rd grade are screened regularly for reading problems including dyslexia.

I understand that my signature below is for verifying the accuracy of the information above. This is not an authorization for evaluation and/or testing or to place your child in special education.

Parent/Guardian Signature:

Date:



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student takes the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)

STUDENT HEALTH HISTORY UPDATE & CONSENT FORM 2023-2024

NAME: LAST _____ FIRST, MIDDLE _____	DOB: _____ Age: _____ Grade: _____	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 TREATMENT	
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:	

CURRENT MEDICATIONS USED (Continue on next page if needed)

MEDICATIONS	DOSE	TIME GIVEN	SPECIAL INSTRUCTIONS

!! I ALLOW SCHOOL NURSE OR SUBSTITUTE NURSE TO GIVE MY CHILD MEDICATIONS THAT I HAVE SUPPLIED. Y N

!! I ALLOW SCHOOL NURSE OR SUBSTITUTE TO GIVE MEDICAL CARE/FIRST AID AND TO CALL 911, IF NEEDED. Y N

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 SALTWATER 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.

Does your child have their 5-year-old shots? YES NO

PARENT/GUARDIAN (PRINT) _____ SIGNATURE _____ DATE _____



Burke Basic School

131 E. Southern Avenue, Mesa AZ 85210

Telephone: (480) 964-4602

Fax: (480) 964-6566

Release of Student Information

If you have more than one student registered in 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, artwork, special programs, marquee, social media (i.e. Facebook) and other announcements.

Yes, I do give consent for Burke Basic School to use my son/daughter's name, image or likeness for the above-mentioned items.

No, I do not give consent for Burke Basic School to use my son/daughter's name, image or likeness for the above-mentioned items.

Student Name: _____

Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____



Burke Basic School

131 E. Southern Avenue, Mesa AZ 85210

Telephone: (480) 964-4602

Fax: (480) 964-6566

You must provide an Official Notice of Pupil Withdrawal form from the last school the student attended on the first day of school.

STUDENT RECORDS TRANSMITTAL REQUEST

Student Name (Last, First, Middle):		Date of Birth:	
Previous School Attended:		Previous School FAX #:	
Previous School District:		Last Grade Completed:	
Previous School Address:		Last Day of Attendance:	
City/State/Zip:		Happy Valley School Start Date:	
<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">• Regular Educational Cumulative Files• Withdrawal Form• Permanent Record Card• Legal Documents• Arizona Home Language Survey (PHLOTE)• Social Services• Special Education Records/504 Plans• Psychological Records• Health/Medical/Immunization Records• Gifted Education Records• Standardized Test Scores• Discipline Records			
Parent/Guardian Signature:		Date:	

Records for student are to be released to:

Burke Basic School

131 E. Southern Ave.85210

Telephone: (480) 964-4602

Fax: (480) 964-6566

Email: lhernandez@burkebasicschool.com



Arizona Department of Education Arizona Residency Documentation Form

Student: _____ School: Burke Basic School

School District or Charter Holder: American Basic Schools

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 ONE of the following documents 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 Arizona Address Confidentiality Program authorization card
- 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)
- Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- 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. See next document for affidavit.

Signature of Parent/Legal Guardian

Date

* For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



State of Arizona Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ 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 Arizona Address Confidentiality Program authorization card
- 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- 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:



Burke Basic School

131 E. Southern Avenue, Mesa AZ 85210

Telephone: (480) 964-4602

Fax: (480) 964-6566

McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

OPTIONAL

PART 1: _____

Student Name: _____

Birth Date ____/____/____ Grade _____

1. Is your current address a temporary living arrangement?

yes no

2. Is this living arrangement due to economic hardship?

yes no

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, please move to Part 3.

PART 2: _____

Where is the student presently living? In a motel In a shelter With more than one family in a house, mobile home, or apartment. Other location not ordinarily for sleeping (park, car, etc.)

PART 3: _____

Parent/Legal Guardian Name: _____

Address _____ Zip _____ Phone # _____

By signing, I attest this information is true and accurate

Signature of Parent/Guardian _____ Date _____

For Office Use Only:

Instructions for school staff:

1. If part two is checked, please give a copy of this form to the Homeless Liaison.
2. The original document must be in the student's cumulative folder filed by the Registrar.

Homeless Liaison's determination of qualifications:

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



Burke Basic School

131 E. Southern Avenue, Mesa AZ 85210

Telephone: (480) 964-4602

Fax: (480) 964-6566

MILITARY CONNECTED STUDENT

School Year – 2023-2024

Please fill out the following form, sign and return to the office for your K-6th Grade student.

Student Name: _____

Date of Birth: _____

Name of Mother/Legal Guardian: _____

Name of Father/Legal Guardian: _____

Student is a dependent of a member of the United States military service Air Force, Army, Marine Corps, Navy, or Coast Guard on **Active Duty**.

Student is a dependent of a **fulltime** member of the National Guard, or Reserve force of the United States military (Air Force, Army, Marine Corps, Navy).

Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Air Force, Marine Corps, Navy, or Coast

None of the above

Parent's/Legal Guardian's signature below affirms the information provided is accurate and complete.

Signature of Parent/Legal Guardian _____

Date: _____



Burke Basic School

2023-2024 Bus Enrollment

Student Name _____ Teacher _____ Grade _____

Student Name _____ Teacher _____ Grade _____

Student Name _____ Teacher _____ Grade _____

Address _____

Major Crossroads _____ / _____

Primary Phone: _____

Cell Phone: _____

Does parent need to be present for drop off?

YES

NO

For office use only

Bus Route # _____

Bus Stop

_____ / _____

Proof of Age 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.
- 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.
- H.** Any Disclosure of educational records by the school district or charter school shall comply with the family educational rights and privacy act of 1974 (20 United States Code section 1232g)
- I.** The provisions of this section do not apply to homeless pupils as defined in section 15-824, subsection C.