

Checklist for Completing Enrollment Packet

Please Note - It is the Parent/Legal Guardian's responsibility to obtain the following documentation from the previous school prior to the student/parent interview. e-Institute will not fax requests to the previous school at the time of the interview. It is against the law for any school to deny the release of unofficial records of any student to the parent or legal guardian.

- Obtain copies or originals of the following:
 - Immunization Records
 - Birth Certificate
 - Recent Photo
 - 8th Grade Diploma or Certificate (if applicable)
 - Copy of Current IEP (if applicable)
 - Discipline Records (from previous school)
 - Attendance History
 - Withdrawal Slip
 - Copy of Custody Paper (if applicable)
 - Social Security Card
 - Unofficial Transcript

- Student Enrollment Form
- Medication Administration Form
- Academic and Behavior Contract
- Computer Information and Services User Agreement
- PHLOTE Form (Language Survey)
- Documentation of Varicella (Chickenpox) Disease or Immunization
- Race and Ethnicity Data Collection
- Student Record Request Form
- Directory/Photo Release Form
- Confidential Student Information
- Guidelines to Determine Eligible Students (NCLB) Form

Once you have reviewed and signed all required documents, bring all of the items into the school to set up an interview appointment for the student and parent/guardian to meet with a school administrator.

An interview will not be scheduled until all paperwork and documents are submitted.

Date: _____

Student Enrollment Form

e-Deer Valley e-Groves e-Metro e-Surprise e-Buckeye e-Avondale e-Tempe

Student Information

Enrolling for the first time

Re-enrolling

Legal Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Social Security #: _____ - _____ Gender: Male Female

Date of Birth: _____ State of Birth: _____ Country of Birth: _____

Current Age: _____ Grade: 9 10 11 12

In which "traditional" public school district does the student live? _____

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 the student attended school in the United States for more than 3 years? No Yes

Parent/Guardian Information

Mother's Information:

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Father's Information:

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

If parents are divorced or separated, with whom does the student live? _____

Who is/are the student's legal guardian(s)? _____

To whom should correspondence be addressed? _____

Name of the student's step-parent? _____

For enrollment to be complete, please include the following forms:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Prior AIMS Test Scores |
| <input type="checkbox"/> Copy of Immunization Record | <input type="checkbox"/> Unofficial Transcript |
| <input type="checkbox"/> Copy of IEP or Special Ed Documentation | <input type="checkbox"/> Withdrawal Slip From Previous School |

Emergency Information

Emergency Contact Name: _____ Telephone: _____

Relationship to Student: _____

Emergency Contact Name: _____ Telephone: _____

Relationship to Student: _____

Who may pick up your student in your absence: _____

Physician's Name: _____ Telephone: _____

Hospital Preference: _____

Statement of Disclosure

I/We have truthfully answered all questions on this enrollment form.

I/We understand that student grade level placement is based upon his/her previous grades/credits, recommendations, and test scores.

Please feel free to call or fax the Administration Office if you have any questions.

Signature of Parent/Guardian

Date

Signature of Student

Date

e-Institute Charter High School is a non-sectarian, publicly-funded group of charter schools and does not discriminate in its enrollment or hiring practices on the basis of gender, race, religion, or ethnic origin, color or disability.

Signature of Administrator

Date

Administrative Use Only

Have any other relatives previously attended a Learning Matters Educational Group school?

Name(s): _____ Year(s) Attended: _____

Relationship: _____ Carden Elementary e-Institute ISA

e-Institute Academic and Behavior Contract

1. I agree to attend school 20 hours per week and that any absence and tardies shall be reported during my session to the school office by my parent/guardian, regardless of student age.
2. I understand that I may be withdrawn if I accumulate ten (10) days of absence per semester.
3. I understand that if I accumulate seven (7) tardies during a semester, I will be transferred to a different session.
4. I understand that I may be withdrawn if I do not complete a minimum of four (4) courses during each block (60 days long).
5. I agree to maintain scores of 70% mastery or better in my academic work.
6. I agree to be accountable for keeping copies of all academic products.
7. I agree not to copy, forge or plagiarize on any of my assignments, nor will I log onto another student's program on the A+LS.
8. **Hats, caps, bandanas, hoods, pajamas, slippers, studded collars, etc are not to be worn in school. Skirts and shorts are to be no shorter than the tips of the fingers and pants must be worn at the waist. This applies to both male and female students.** Repeat offenders may be suspended.
9. I understand that I am a representative of e-Institute and as such agree to wear the school uniform, which consists of an e-Institute shirt during school hours and activities. **All students are required to wear the designated shirt daily.** Uniform shirt is to be the outermost garment. Furthermore, if I obtain an internship as part of the *School-to-Work* transitions, I agree to dress in a manner that is appropriate to the work setting.
10. **No cell phones during school hours.** Principal and teachers will enforce this policy. For more information, please see the student handbook.
11. **Music players and iPods are allowed in the computer lab ONLY.** Music players and iPods are to be turned off and out of sight while in other classrooms. **No other electronic devices are allowed. e-Institute is NOT RESPONSIBLE for any lost or stolen items.**
12. I agree not to loiter on school grounds before or after school without a legitimate reason.
13. I understand that I may use the restroom once every hour and that I need to sign in and out each time. Special cases will be considered.
14. I agree not to abuse the restroom policy by wandering in the halls, lobby or disturbing other classes in session.
15. I will not bring food or snacks on campus at any time without the approval of the site administrator. **WATER BOTTLES ONLY** are allowed.
16. I agree not to engage in intimidating or threatening behavior directed at another student or staff member, either physically or emotionally. Staring down or acting non-responsive towards a staff member will be considered defiant behavior and may result in suspension.
17. I agree not to engage in behaviors that may injure another student or staff member, either physically or emotionally.
18. I agree to follow reasonable instructions from a person in authority and to act in a respectful manner to any staff member, adult or peer.

20. I agree not to participate in any horseplay, interruptions and/or other actions, which disrupt educational activities or demonstrate disregard for others or their property.
21. I agree not to participate in any gang-related behaviors such as tagging, throwing gang signs or by wearing gang related "colors".
22. I agree not to engage in sexually inappropriate behavior.
23. I agree not to jeopardize e-Institute by having drugs, alcohol, or weapons on campus. I understand that if I violate any of these I will be subject to prosecution under the Arizona Penal code and will be expelled. We adhere to **ZERO TOLERANCE FOR DRUGS, ALCOHOL, OR WEAPONS ON OR NEAR CAMPUS.**
24. I agree not to come to school under the influence of any mind altering chemicals including alcohol.
25. I agree not to bring tobacco and/or tobacco products on campus. **Possession of tobacco on campus is prohibited.** Campus included front, side and rear parking lots including all surrounding businesses. The entire Strip Mall is considered School Campus. A.R.S. 13-3411.
26. I agree not to bring any type or possess any arson related materials such as matches, lighters, etc.
27. I understand that I may be withdrawn if I interfere with the educational process in the classroom/school.
28. I understand that prescription or over-the-counter medication must be kept at the front office. Furthermore, the sharing of any type of medication is prohibited.
29. I agree not to take or borrow anything from the school, another student or staff member without consent or I will be liable for replacement.
30. I agree not to alter, abuse or vandalize any of the technology at e-Institute. I understand that any abuse in these areas may be grounds for immediate expulsion and that I will be liable for restitution.
31. Continued enrollment or re-enrollment is a privilege and contingent on attendance, behavior, grades and promotion.
32. **I have read the above behavior contract and realize that by not meeting the expectations I may lose my status as an e-Institute student. I am aware that I may be suspended or expelled depending on the seriousness of my behavior.**

All students, parents and/or guardians must sign this agreement. Please make sure this form is complete, signed and dated. Any incomplete forms will be returned. Receipt of this form in no way guarantees admission to e-Institute. Students are admitted to e-Institute on a **"FIRST COME-FIRST SERVED"** basis.

Parent/Guardian Initials Student Initials

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Note: NO library time during class session—All work is to be done in class. Research is to be done on student's personal time.

USE OF TECHNOLOGY RESOURCES IN INSTRUCTION COMPUTER INFORMATION SERVICES USER AGREEMENT

Details of this user agreement shall be discussed with each potential user of the computer information services. When the signed agreement is returned to the school and/or district office, the user may be permitted to use computer information services (CIS) resources. **Access to computers will not be granted without a parent/guardian signature on the back of this form. Student's inability to access computers will affect their grade in Technology.**

Terms and Conditions

Acceptable Uses. Each user must:

- Use of the CIS to support personal educational objectives consistent with the educational goals and objectives of Learning Matters Education Group.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Immediately inform their supervisor if inappropriate information is mistakenly accessed.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school-employed persons.
- Not use the CIS in any way that would disrupt the use of the CIS or by others.
- Not use the CIS for commercial or financial gain, political lobbying, or fraud.
- Not attempt to harm, modify, add, or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the CIS and appropriate disciplinary action up to and including expulsion for students.
- Publish information/student work *only* on LMEG servers or district approved web hosting vendors. Users placing information on the Internet using the District's CIS are publishing information on behalf of the District.
- Be responsible for the appropriate storage and backup of their data.
- Only download plug-ins for the purpose of enhancing the visual appeal of educational websites (i.e. Shockwave, RealPlayer, QuickTime, Flash, etc.).

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the CIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance, file, and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Unacceptable Uses.

- Users may not connect or install any computer hardware, hardware components or software, which is their own personal property to and/or in the district's CIS without the prior approval of the District Information Technology Department.
- Users shall not post information that could cause damage or pose a danger of disruption to the operations of the CIS or the District.
- Users shall not access the network for any non-educational purposes.
- Users will not gain or attempt to gain unauthorized access to the files of others, or vandalize the data or files of another user.
- Users will not download and use games, files, documents, music, or software for non-educational purposes. (i.e. Shockwave games/animations, audio and other visual files.)
- Users will not possess any data, which may be considered a violation of these regulations, in paper, magnetic (disk), or any other form.

- Users will not display name *or* photo to personally identify an individual without receiving written permission.
- Users will not reveal full name, address, phone number, or personal email without permission from an adult.
- Users shall not plagiarize works that are found on the Internet or any other electronic resource.
- Users will not harass, insult, attack others or use obscene language in written communications.
- Users will not post anonymous messages.
- Users may not use *free* web based email, messaging, video conferencing, or chat services without written permission from LMEG Network Administrator.

Resource Limitations.

- Activities that are deemed by the network supervisor to cause unreasonable demand on network capacity or disruption of system operation are prohibited.
- Users shall subscribe only to high quality discussion groups or mailing lists that are relevant to their education or career development.
- Users shall not use the District's CIS for commercial purposes or financial gain. This includes the creation, development and offering of goods or services for sale, and the unauthorized purchase of goods or services.
- District approved purchases will be made following District approved procedures.
- The District's portable information systems and educational technology resources such as notebook computer, peripherals, and/or companion devices, will be at the school sites during school hours.

Personal Responsibility.

Your child will report any misuse of the CIS to the administration or system administrator, as is appropriate. He/she understands that many services and products are available for a few and *acknowledge their personal responsibility for any expenses incurred without District authorization.*

Network Etiquette. Your child is expected to abide by the generally acceptable rules of network etiquette.

Therefore, they will:

- *Be polite and use appropriate language.* They will not send, or encourage others to send, abusive messages.
- *Respect privacy.* They will not reveal any home addresses, or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* They will not use CIS in any way that would disrupt the use of the systems by others.
- *Observe the following considerations:*
 - Be brief
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles.
 - Post only to known groups or persons.

Parent or Guardian Cosigner

As the parent or guardian of the student listed below, I have read this agreement and understand it. I understand that it is impossible for the Learning Matters Education Group to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the computer information services (CIS). I also agree to report any misuse of the CIS to a School District administrator. (Misuse may come in many forms but can be viewed as messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.) I accept full responsibility for supervision if, and when, my child's use of the CIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Student Name: _____
Last First

Parent or Guardian Name (print): _____

Parent Signature _____ Date _____

Medication Administration Form

e-Deer Valley
 e-Grovers
 e-Metro
 e-Surprise
 e-Buckeye
 e-Avondale
 e-Tempe

From time to time students unexpectedly need medication during a school day. When this need arises, the school nurse (or person designated by the director) may administer over-the-counter medications, such as those listed below, with parental consent. Although a student may have a signed consent form on file, when symptoms arise at school of which a parent may not be aware, verbal/phone verification may be obtained before administering medications.

Students who need to take a prescription medication during school hours need to indicate this medicine and dosage below. If the dosage and/or medication changes in any way please send a written verification, with doctor's note, of this change to the office.

Please note that it is against school policy for students to carry any prescription or over-the-counter medication with them during the school day. This includes pain relievers and herbs. All medication must be checked into the front office.

Please complete the form below:

Student Name: _____ Grade: _____ Date of Birth: _____

Please list any allergies or allergic reactions that your student has: _____

YES	NO	MEDICATION	DOSAGE	FREQUENCY
		Tylenol (Acetaminophen)		Every four (4) hours if necessary
		Advil/Motrin (Ibuprofen)		Every four (4) hours if necessary
		Aspirin		Every four (4) hours if necessary
		Other: (i.e.: Antacids, Antihistamines, Pepto Bismol, etc.)		
		Other:		
		Prescription Medicine:		

I authorize the school nurse or designee to give the medication(s) checked above to my child when needed.

Parent /Guardian Signature: _____ Date: _____

Documentation of Varicella (Chickenpox) Disease or Immunization

e-Deer Valley
 e-Grovers
 e-Metro
 e-Surprise
 e-Buckeye
 e-Avondale
 e-Tempe

Student Name: _____ Date of Birth: _____

School Name: _____ Grade: _____

Has your child ever had chickenpox? (Please circle one answer)

Yes (go to #1)	No (go to #2)	Don't Recall (go to #2)
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1. Please answer the following questions: (Please circle one answer)

- | | | | |
|---|------------|-----------|---------------------|
| a) Was your child in "face-to-face" contact with other children who had chickenpox? | Yes | No | Don't Recall |
| b) Did your child have a rash on his/her body? | Yes | No | Don't Recall |
| c) Did the rash "itch"? | Yes | No | Don't Recall |
| d) Were there blisters present? | Yes | No | Don't Recall |
| e) Did "scabs" appear toward the end of the rash? | Yes | No | Don't Recall |
| f) When did your child have chickenpox? | Yes | No | Don't Recall |

2. Has your child ever had the chickenpox (varicella) shot? (Please circle one answer)

Yes	No	Don't Recall
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If **YES**, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.

If **NO** or **DON'T RECALL**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Student Records Request

I authorize the release of records for the following student:

Last Name: _____ First Name: _____ DOB: _____
School Name/District: _____ Last Grade Level: _____
Address/City/State/Zip: _____
Telephone: _____ Fax: _____

Please forward the entire record including:

1. Grades – Official Transcript
2. Psychological Records
3. Social History
4. Attendance
5. IEP/Special Ed Records
6. Achievement Scores – Test Scores, AIMS
7. Health History/Medical Evaluation
8. Other _____

Parent/Guardian Signature: _____ Date: _____

PLEASE SEND RECORDS TO:

e-Institute Deer Valley
3515 W. Union Hills Ave. #119
Glendale, AZ 85308
Phone: 602-843-3077
Fax: 602-843-4375

e-Institute Surprise
16578 W. Greenway Rd., Bldg B-Ste 204
Surprise, AZ. 85388
Phone: 623-544-9285
Fax: 623-546-9540

e-Institute Metro Center
9201 N. 29th Ave. Ste. #26
Phoenix, AZ. 85051
Phone: 602-944-1125
Fax: 602-944-1248

e-Institute Grovers
4744 W. Grovers Ave.
Glendale, AZ. 85308
Phone: 602-439-5026
Fax: 602-889-0351

e-Institute Buckeye
6213 S. Miller Rd. Suite #109
Buckeye, AZ 85326
Phone: 623-505-7118
Fax: 623-505-3594

e-Institute Avondale
1435 N. Eliseo C. Felix Jr. Way Suite #111
Avondale, AZ 85323
Phone: 623-760-9061
Fax: 623-760-9068

e-Institute Tempe
1815 E. Southern Ave.
Tempe, AZ 85282
Phone: 480-729-6367
Fax: 480-729-6374

Directory/Photo Release

Please complete and return this form.

The Federal Family Education Rights and Privacy Act of 1974 permits the school to release certain information, known as “Directory Information” to certain people or institutions, unless you request, in writing, that such information not be released.

Photographs and/or video tapes may occasionally be taken of students for use in the media or school publications as well.

e-Institute will not release any “Directory Information” or photos/video tapes for commercial or other purposes not related to school business.

Please initial the items below that you DO NOT want released:

	“Directory Information”		Yearbook Photos
	School Newspaper Photos		Parent Newsletter Photos
	Photos for School Print Publications		Photos for School Internet Publications
	Photos, video tape, film, or slides to be used for presentations to other organizations.		Media Coverage (photo, video tape, film, slide for use by TV, newspapers, or magazines.)

Student Name: _____

Parent/ Guardian Name: _____

Parent/Guardian Signature: _____

Date Signed: _____

Please note:

- *e-Institute teachers and staff members occasionally use videotaping of student presentations as a means of assessing student performance. These video tapes will not be used for any outside promotions or media coverage without prior parental consent.*
- *e-Institute will make every effort to notify parents before any photo, video tape, film, slide, or likeness is used with outside sources; however, situations may arise where this is not possible.*



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.

RACE and ETHNICITY DATA COLLECTION FORM

In accordance with federal guidance, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Child's Name Date: _____

Parent/Guardian Signature: _____

Race/Ethnicity Two-Part Question: Answer BOTH questions.

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

Part 1: Ethnicity Is this student (or is the respondent) Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race What is the student's (or respondent's) race? (Regardless of how respondent answered the first question, choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Child Find

e-Institute Schools will identify, locate and evaluate all children with disabilities within their population served who are in need of special education and related services. In its identification process e-Institute Schools will include children who are suspected of being a child with a disability and in need of special education, even though a student is:

- Advancing from grade to grade
- Highly mobile, including a migrant student.

[34 C.F.R. 300.111]

e-Institute Schools will inform the general public and parents within its population served of the responsibility for the special education services for students aged three (3) through twenty-one (21) years, and how those services may be accessed including information regarding early intervention services for children aged birth through two (2) years. Services for an eligible student with a disability shall extend through conclusion of the instructional year during which the student attains the age of twenty-two (22).

[A.A.C. R7-2-401.C]

e-Institute Schools will require all staff members to review the written procedures related to child identification and referral on an annual basis, and maintain documentation of the staff review.

[A.A.C. R7-2- 401.D]

Identification screening for possible disabilities shall be completed within forty-five (45) calendar days after:

- Entry of each preschool or kindergarten student and any student enrolling without appropriate records or screening, evaluation, and progress in school; or
- Parent notification of developmental or educational concerns.

Screening procedures shall include vision and hearing status and consideration of the following areas:

- Cognitive or academic;
- Communication;
- Motor;
- Social or behavioral; and
- Adaptive development.

Notification of Rights for e-Institute Charter High School

The Family Educational Rights and Privacy Act (FERPA) afford parents and students over 18 years of age (“eligible parents”) certain rights with respect to the students education records.

These rights are:

1. The right to inspect and review the student’s educational records within 45 days of the day e- Institute receives a request for access. Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student’s education records that the parent or eligible student believes is inaccurate or misleading. Parents or eligible students may ask e-Institute to amend a record that they believe is inaccurate or misleading. They should write the school principal (or appropriate official), clearly identify the part of the record they want changed, and specify why it is inaccurate and misleading. If e-Institute decides not to amend the record as requested by the parent or eligible student, e-Institute will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the students records, except to the extent that FERPA authorizes disclosures without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by e-Institute as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement personnel); a person serving on the Governing Board; a person or company with whom e-Institute has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an educational record in order to fulfill his or her professional responsibility. Upon request, e-Institute discloses education records without the consent to officials of another school district in which a student seeks to attend or enroll. (Note: FERPA requires a school district to make a reasonable attempt to notify the parent or eligible student of the records request unless it states in its annual notification that it intends to forward records on request.)
4. The right to file on a complaint with the U.S. Department of Education concerning alleged failures by e-Institute to comply with the requirements of FERPA. The name and address of the office of FERPA:

**Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave., SW
Washington, DC 20202-4605**

Confidential Student Information

e-Deer Valley e-Grovers e-Metro e-Surprise e-Buckeye e-Avondale e-Tempe

In order to provide continuity in your child's educational program, it is important that e-Institute Charter High School is made aware of any issues or concerns that have arisen, any evaluations that have been conducted, and/or any special services that have been provided prior to the current enrollment. Please complete the following to help us expedite proper placement and continuation of services for your child.

Student name: _____ DOB: _____

1) Are there any issues or concerns that the school should aware of? No Yes

If yes, please provide details: _____

2) Does your child need help in order to be successful in school? No Yes

If yes, please provide details: _____

3) Has your child ever participated in any of the following?

Tutoring

No Yes, in Pre-school Elementary school Middle school High school

If yes, when did the most recent tutoring activity occur? _____

An Educational, Psychological, or Psychiatric evaluation

No Yes, in Pre-school Elementary school Middle school High school

If yes, when was the most recent evaluation conducted? _____

A Special education (IEP) program

No Yes, in Pre-school Elementary school Middle school High school

If yes, when was the most recent program written? _____

A 504 accommodation program

No Yes, in Pre-school Elementary school Middle school High school

If yes, when was the most recent program written? _____

Speech or language therapy, Physical therapy, or Occupational therapy

No Yes, in Pre-school Elementary school Middle school High school

If yes, when did the most recent therapy session occur? _____

4) Has your child ever been suspended, dismissed, or expelled from a school?

No Yes, in Pre-school Elementary school Middle school High school

If yes, please provide details: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

To all Parents:

Title I, II, IV and VI funding from the Federal Government as well as specific State funding require schools to collect income data from families. Eligibility for such funding, is determined by using the guidelines established for free and reduced school lunch programs. *Although we do not participate in the free and reduced school lunch program, the data collected is used for educational funding.*

It is important that each student have on record the attached document, “Guidelines to Determine Eligible Students”. **Please complete the attached document and return it with your enrollment documents.**

Even though you may have already completed and returned the Eligibility Document earlier this year, please complete a new one, as the criteria and guidelines change each school year. All the information collected will be kept confidential. Thank you for your assistance in this matter.

Sincerely,



Timothy Smith
Director

Homeless Children and Youth Residency Form

1. Presently, where is the student living?

- In a shelter
- With more than one family in a house or apartment
- In a motel, car or campsite
- With friends or family members (other than parent/guardian)

2. The student lives with:

- 1 Parent
- 2 Parents
- 1 Parent and another adult
- A relative, friend(s) or other adult(s)
- Alone with no adults
- An adult that is not the parent or legal guardian

Name of Student: _____ Male Female

Birth Date: _____ Age: _____ Social Security #: _____
Month/Day/Year

Name of Parent(s)/Legal Guardian(s): _____

Address: _____

City: _____ State: _____ ZIP Code: _____ Phone: _____

Signature of Parent/Legal Guardian: _____

Date: _____

School Use Only:

Campus Administrator's determination of residency circumstances: _____

Administrator: (printed name) _____

Signature: _____ Date: _____

Guidelines To Determine Eligible Students

The Arizona Department of Education provides the following FY 2012 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act, ESEA.

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

NO

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name

Name of School

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all of the above information is true and correct.

Parent Signature: _____

Date: _____

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.

ADE Revised June 1, 2011

**ESEA Eligibility Guidelines
July 1, 2011 to June 30, 2012**

Household Size	Indicator 1					Indicator 2				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$14,157	\$1,180	\$590	\$545	\$273	\$20,147	\$1,679	\$840	\$775	\$388
2	\$19,123	\$1,594	\$797	\$736	\$368	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$24,089	\$2,008	\$1,004	\$927	\$464	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$29,055	\$2,422	\$1,211	\$1,118	\$559	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$34,021	\$2,836	\$1,418	\$1,309	\$655	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$38,987	\$3,249	\$1,625	\$1,500	\$750	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$43,953	\$3,663	\$1,832	\$1,691	\$846	\$62,549	\$5,213	\$2,607	\$2,403	\$1,203
8	\$48,919	\$4,077	\$2,039	\$1,882	\$941	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
For Each Add'l Household Member Add	\$4,966	\$414	\$207	\$191	\$96	\$7,067	\$589	\$295	\$272	\$136

Arizona Department of Education
NCLB Eligibility Indicator