Checklist for Completing Enrollment Packet

Provide copies or originals of the following:

☐ Proof of Residency

☐ Civics Test Scores

☐ Birth Certificate (ARS 15-828)

☐ Withdrawal Form from Previous School (ARS 15-827)

☐ Immunization Records (ARS 15-872)

☐ Unofficial Transcript (ARS 15-828)

☐ Discipline Record (official document verifying student has not been expelled)
  • Pursuant to ARS 15-184: e-Institute has a district policy to honor and uphold the expulsions of another school or district

☐ 8th Grade Certificate (If Applicable) (ARS 15-701: Student will not be denied enrollment if they cannot produce 8th grade certificate)

☐ Copy of Custody Arrangement (if Applicable) (ARS 15-821)

Please Note - Once enrollment packet has been completed and documentation has been submitted, a new student orientation will be scheduled for the parents/guardian and the incoming student. At the time of orientation, parent/guardian will need to complete the following forms:

Medication Administration Form

Documentation of Varicella (Chickenpox) Disease or Immunization

Student Record Request Form

PHLOTE Form (Language Survey)

Race and Ethnicity Data Collection

Confidential Student Information

McKinney - Vento Program - Intake Form

Arizona Residency Documentation Form

Guidelines to Determine Eligible Students (NCLB) Form
Date: _____________  

Student Enrollment Form

☐ e-Union Hills  ☐ e-Grovers  ☐ e-Metro  ☐ e-Surprise  ☐ e-Buckeye  ☐ e-Avondale  ☐ Taylion

Student Information

Legal Last Name: __________________________  First Name: __________________________  Middle: __________________________
Address: __________________________ Apt#: ______  City: __________________________ State: ______ ZIP Code: ______

Student Cell Phone: __________________________  Student Email: __________________________  Gender:  ☐ Male  ☐ Female
Date of Birth: __________________________  State of Birth: __________________________  Country of Birth: __________________________
Current Age: __________________________  Grade:  ☐ 9  ☐ 10  ☐ 11  ☐ 12
Please list the last school the student attended including city and state: ______________________________________________________

Is the student on a current IEP, Special Education or 504 Plan? __________________________________________
Has the student been exited from an IEP, Special Education or 504 Plan? __________________________________________
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?  ☐ Yes  ☐ No
How did you hear about our school? ________________________________________________________________
Please list reasons for enrolling: ________________________________________________________________

Parent/Guardian Information

Mother/Guardian’s Information:
First Name: __________________________  Last Name: __________________________  Home Phone: __________________________
Address: __________________________ Apt#: ______  City: __________________________ State: ______ ZIP Code: ______
Place of Employment: __________________________  Work Phone: __________________________
E-mail Address: __________________________  Cell Phone: __________________________

Father/Guardian’s Information:
First Name: __________________________  Last Name: __________________________  Home Phone: __________________________
Address: __________________________ Apt#: ______  City: __________________________ State: ______ ZIP Code: ______
Place of Employment: __________________________  Work Phone: __________________________
E-mail Address: __________________________  Cell Phone: __________________________

Who is/are the student’s legal guardian(s)? __________________________________________
Who is the primary contact for the student? __________________________________________
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.

I/We (the student and parent/guardian) acknowledge that upon accepting enrollment we will have fully read and understood all policies set forth in this enrollment application. I (the student) allow E-Institute Charter School, Inc. administration and teachers to discuss any pertinent information regarding my academic standing or enrollment with my parent/guardians.

By signing below, I (the parent/guardian) am also granting the student permission to access E-Institute Charter School, Inc. technology resources. We also understand that it is impossible for E-Institute Charter School, Inc. to restrict access to all controversial materials, and will not hold them or related organizations responsible for such incidences.

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 School, Inc. 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
Medication Administration Form

☐ e-Union Hills  ☐ e-Grovers  ☐ e-Metro  ☐ e-Surprise  ☐ e-Buckeye  ☐ e-Avondale  ☐ Taylion

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: ____________________________________________________________

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

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

<table>
<thead>
<tr>
<th>□ e-Union Hills</th>
<th>□ e-Grovers</th>
<th>□ e-Metro</th>
<th>□ e-Surprise</th>
<th>□ e-Buckeye</th>
<th>□ e-Avondale</th>
<th>□ Taylion</th>
</tr>
</thead>
</table>

**Student Name:** ____________________________  **Date of Birth:** ________________

**School Name:** ____________________________  **Grade:** ________________

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Recall</th>
</tr>
</thead>
<tbody>
<tr>
<td>(go to #1)</td>
<td>(go to #2)</td>
<td>(go to #2)</td>
</tr>
</tbody>
</table>

1. **If yes, please write when they last had chickenpox:** ____________________________

**Please answer the following questions:** (Please circle one answer)

a) **Was your child in “face-to-face” contact with other children who had chickenpox?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Recall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) **Did your child have a rash on his/her body?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Recall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c) **Did the rash “itch”?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Recall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d) **Were there blisters present?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Recall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

e) **Did “scabs” appear toward the end of the rash?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Recall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f) **When did your child have chickenpox?**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Recall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Union Hills
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

☐ Taylion Virtual Academy
4744 W. Grovers Ave.
Glendale, AZ. 85308
Phone: 623-688-2296
Fax: 602-889-7806

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

☐ e-Institute Avondale
1035 E. Van Buren, Suite 111
Avondale, AZ. 85323
Phone: 623-760-9061
Fax: 623-760-9068

☐ e-Institute Grovers
4744 W. Grovers Ave.
Glendale, AZ. 85308
Phone: 602-439-5026
Fax: 602-889-0351
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(8)(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.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas
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.)
In order to provide continuity in your child’s educational program, it is important that E-Institute Charter School, Inc. 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 be 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: ____________________________
McKinney – Vento Program – Intake Form
2017 - 2018

Please Print Clearly in the boxes below:

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list siblings or other children in the home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Student #</th>
<th>Grade</th>
<th>Age</th>
<th>School (if not enrolled, please indicate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Where are you and your family currently staying?

**Section A**

- □ Rent/Own my own home.

**STOP: IF YOU HAVE MARKED THAT YOU OWN/RENT YOUR OWN HOME.**
**SIGN UNDER ITEM 2 AND SUBMIT FORM TO SCHOOL PERSONNEL.**

**Section B**

- □ Shelter
- □ Doubled Up
- □ Temporary Placement
- □ Unsheltered
- □ Migrant
- □ Unaccompanied Youth
- □ Foster Care
- □ Transitional Housing

**Explanations Listed Below:**

- 1. Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
- 2. Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations.
- 3. Unaccompanied youth not living with a parent or guardian.
- 4. Child temporarily placed with relative or friend.

- Is your current residence a temporary living situation? □ Yes □ No
- Is your living arrangement due to the loss of housing or economic hardship? □ Yes □ No

Please check the following services that are needed or desired:

- □ Free Lunch
- □ Clothing/Uniform
- □ School Supplies
- □ Gifted/Talented
- □ Visual Referral
- □ Tutoring
- □ Special Education
- □ Missing Enrollment Records

- Birth Certificate
- Immunization/Medical Records
- Prior Academic Records
- Guardianship Issues

2. The undersigned certifies that the information provided above is accurate.

<table>
<thead>
<tr>
<th>Print Parent/Guardian Name/Adult Caring for Student</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(Area Code) Phone Number</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**School Use Only**

- □ Free or Reduced Price Meals Form Submitted/Signed
- □ Referral Form Completed/Submitted

<table>
<thead>
<tr>
<th>Print School Contact</th>
<th>Title</th>
<th>Signature (required)</th>
<th>Date</th>
</tr>
</thead>
</table>
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
___ 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

*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.
Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2018 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?

<table>
<thead>
<tr>
<th>Indicator 1</th>
<th>Indicator 2</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, worker’s 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:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Name of School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Parent/Guardian Signature _____________________________________________ Date: __________________

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.
## ESEA Program Eligibility Guidelines

### July 1, 2017- June 30, 2018

### INDICATOR 1

#### HOW OFTEN INCOME WAS RECEIVED

<table>
<thead>
<tr>
<th>Family Size:</th>
<th>Year</th>
<th>Month</th>
<th>Twice Per Month</th>
<th>Every Two Weeks (Bi-Weekly)</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$15,678</td>
<td>1,307</td>
<td>654</td>
<td>603</td>
<td>302</td>
</tr>
<tr>
<td>2</td>
<td>21,112</td>
<td>1,760</td>
<td>880</td>
<td>812</td>
<td>406</td>
</tr>
<tr>
<td>3</td>
<td>26,546</td>
<td>2,213</td>
<td>1,107</td>
<td>1,021</td>
<td>511</td>
</tr>
<tr>
<td>4</td>
<td>31,980</td>
<td>2,665</td>
<td>1,333</td>
<td>1,230</td>
<td>615</td>
</tr>
<tr>
<td>5</td>
<td>37,414</td>
<td>3,118</td>
<td>1,559</td>
<td>1,439</td>
<td>720</td>
</tr>
<tr>
<td>6</td>
<td>42,848</td>
<td>3,571</td>
<td>1,786</td>
<td>1,648</td>
<td>824</td>
</tr>
<tr>
<td>7</td>
<td>48,282</td>
<td>4,024</td>
<td>2,012</td>
<td>1,857</td>
<td>929</td>
</tr>
<tr>
<td>8</td>
<td>53,716</td>
<td>4,477</td>
<td>2,239</td>
<td>2,066</td>
<td>1,033</td>
</tr>
</tbody>
</table>

Each Additional Member Add: +5,434 +453 +227 +209 +105

### INDICATOR 2

#### HOW OFTEN INCOME WAS RECEIVED

<table>
<thead>
<tr>
<th>Family Size:</th>
<th>Year</th>
<th>Month</th>
<th>Twice Per Month</th>
<th>Every Two Weeks (Bi-Weekly)</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$22,311</td>
<td>1,860</td>
<td>930</td>
<td>859</td>
<td>430</td>
</tr>
<tr>
<td>2</td>
<td>30,044</td>
<td>2,504</td>
<td>1,252</td>
<td>1,156</td>
<td>578</td>
</tr>
<tr>
<td>3</td>
<td>37,777</td>
<td>3,149</td>
<td>1,575</td>
<td>1,453</td>
<td>727</td>
</tr>
<tr>
<td>4</td>
<td>45,510</td>
<td>3,793</td>
<td>1,897</td>
<td>1,751</td>
<td>876</td>
</tr>
<tr>
<td>5</td>
<td>53,243</td>
<td>4,437</td>
<td>2,219</td>
<td>2,048</td>
<td>1,024</td>
</tr>
<tr>
<td>6</td>
<td>60,976</td>
<td>5,082</td>
<td>2,541</td>
<td>2,346</td>
<td>1,173</td>
</tr>
<tr>
<td>7</td>
<td>68,709</td>
<td>5,726</td>
<td>2,863</td>
<td>2,643</td>
<td>1,322</td>
</tr>
<tr>
<td>8</td>
<td>76,442</td>
<td>6,371</td>
<td>3,186</td>
<td>2,941</td>
<td>1,471</td>
</tr>
</tbody>
</table>

Each Additional Member Add: +7,733 +645 +323 +298 +149

### Note:

If all income is received on the same schedule

*Example: alimony = $100–month & pension = $300–month*

**DO NOT** use conversion factors

If family reports income sources from more than one schedule

*Example: alimony = $100–month & pension = $300–week*

Income **MUST** be converted to yearly.

- Yearly Income = Monthly \( \times 12 \)
- Yearly Income = Twice Per Month \( \times 24 \)
- Yearly Income = Every Two Weeks (Bi-Weekly) \( \times 26 \)
- Yearly Income = Week \( \times 52 \)

**DO NOT** round the values resulting from each conversion
Parents:

1. Children must have proof of all required immunizations, or valid exemption, in order to attend the first day of school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity and personal beliefs. Exemption forms are available from schools and at www.azdhs.gov/phs/immun/idr_forms. Homeless students are allowed a 5-day grace period.

2. The record for each vaccine dose must include the date and name of doctor or clinic.

3. The statutes and rules governing school immunization requirements are:
   Arizona Revised Statutes 15-871 - 874; Arizona Administrative Code, R9-6-701 – 708.

4. Check requirements for your child’s age and grade level in the chart below.

<table>
<thead>
<tr>
<th>Age</th>
<th>Under age 7</th>
<th>7 – 10 years</th>
<th>11 years and older</th>
<th>11 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
<td>Kindergarten and above</td>
<td>Kindergarten - 5th grades</td>
<td>6th, 7th, &amp; 8th grades ONLY</td>
<td>9th – 12th grades</td>
</tr>
<tr>
<td>DTaP/DTP/DT</td>
<td>4-5 doses</td>
<td>History of 4 DTaP or a total of 3 tetanus &amp; diphtheria doses given after 12 months of age.</td>
<td>1 Tdap dose is required when 5 years have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus &amp; diphtheria doses must receive only 1 Tdap as part of the 3-dose series.</td>
<td>Students who have not already received Tdap are required to receive 1 Tdap dose when 10 years have passed since the last DTaP, DTP, DT, or Td. Students starting or finishing the first 3 tetanus &amp; diphtheria doses must receive only 1 Tdap as part of the 3-dose series.</td>
</tr>
<tr>
<td>Td</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td>1 dose</td>
<td></td>
<td>1 dose recommended Not required in 2010-2011 school year.</td>
</tr>
<tr>
<td>Polio</td>
<td>3-4 doses</td>
<td>3 doses meet the requirement if the third dose was given at 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>2 doses</td>
<td>A third dose will be required if the first dose was given before 12 months of age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
<td>A fourth dose will be required if the third dose was given before 24 weeks of age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>1 dose if given before 13 years of age</td>
<td>2 doses if first dose was given at 13 years of age or later</td>
<td>Varicella vaccination, or history of chicken pox disease, is required for grades Kindergarten through 12th.</td>
<td></td>
</tr>
</tbody>
</table>
The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may call 1-800-437-0833.

Or you may contact us at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520
The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. § 1232h; 34 CFR Part 98) applies to programs that receive funding from the U.S. Department of Education (ED). PPRA is intended to protect the rights of parents and students in two ways:

It seeks to ensure that schools and contractors make instructional materials available for inspection by parents if those materials will be used in connection with an ED-funded survey, analysis, or evaluation in which their children participate; and it seeks to ensure that schools and contractors obtain written parental consent before minor students are required to participate in any ED-funded survey, analysis, or evaluation that reveals information concerning:

1. Political affiliations;
2. Mental and psychological problems potentially embarrassing to the student and his/her family;
3. Sex behavior and attitudes;
4. Illegal, anti-social, self-incriminating and demeaning behavior;
5. Critical appraisals of other individuals with whom respondents have close family relationships;
6. Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers; or
7. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Parents or students who believe their rights under PPRA may have been violated may file a complaint with ED by writing the Family Policy Compliance Office. Complaints must contain specific allegations of fact giving reasonable cause to believe that a violation of PPRA occurred. For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339. Or you may contact us at the following address:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-5920
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 School, Inc.

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
Student Acceptable Use Policy

Terms and Conditions

The terms and conditions outlined below apply to E-Institute Charter School, Inc. courses, communication systems, learning management systems, and other technological resources, which include but are not limited to learning center computers, Internet access, network resources, printers, scanners, and cameras.

- Use resources only in order to achieve relevant educational goals.
- Immediately inform staff if inappropriate information is mistakenly accessed.
- Acknowledge that E-Institute Charter School, Inc. email and other communication tools and resources are not private and may be read and monitored by school-employees as needed.
- Follow guidelines set forth in the Digital Citizenship course, including etiquette standards.
- Families are responsible for the appropriate storage and backup of data.
- Inappropriate use may result in disciplinary action up to and including expulsion.
- E-Institute Charter School, Inc. provides filtered Internet access at established learning centers. While at home, the parent/guardian assumes responsibility for monitoring student activity.

Unacceptable use includes:

- Submitting, displaying, or attempting to retrieve defamatory, inaccurate, abusive, obscene, profane, pornographic, sexually oriented, threatening, racially offensive, or illegal material.
- Posting or revealing student name, home or email address, phone number, photos, or other personal information, unless authorized to do so by staff and with permissions on file.
- Sharing password information with anyone other than parents and staff.
- Disrupting the educational process or negatively affecting students or staff, which includes non-essential use of excessive learning center bandwidth.
- Using resources for financial gain, political lobbying, fraud, or other illegal or activities.
- Attempting to harm, modify, add, or destroy information or devices, access confidential information belonging to students or staff, or in any way interfere with system security.
- Downloading or installing any programs, music, videos, or other files to learning center computers without permission or instructed to do so in course materials.
- Connecting or installing external devices to learning center computers without permission.
- Attempting to gain unauthorized access to or vandalizing files of another user.
- Committing plagiarisms or in any way infringing on copyright or trademark laws.
- Harassing, insulting, or attacking others or using obscene language.
Acknowledgement

1. I verify that all information provided on the enrollment forms is correct and all questions were answered truthfully.

2. I have read the rights under the FERPA (Family Educational Rights Privacy Act) and PPRA (Protection of Pupil Rights Amendment).

3. I understand and agree that students may have a minimum weekly time requirement for course work and attendance. Failure to meet these requirements will affect the student’s enrollment status in the E-Institute Charter School, Inc. programs.

4. I read and understand E-Institute Charter School, Inc.’s policies and procedures as stated in the student handbook.

5. I understand and agree that all school work must be original and performed by the student that is enrolled. It is the responsibility of the parent/guardian and student to uphold E-Institute Charter School, Inc.’s virtue of integrity.

6. Standardized Testing (AIMS, Stanford 10) acknowledgement for applicable students, as stated by Arizona law:

   “Upon enrollment, the school shall notify the parents or guardians of the pupil of the state testing requirements. If a pupil fails to comply with the testing requirements and the school administers the tests pursuant to this subsection to less than ninety-five per cent of the pupils in Arizona online instruction, the pupil shall not be allowed to participate in Arizona online instruction.”

Student will:
- Attend testing dates and take all required tests
- Arrange transportation to required testing
- Be withdrawn if they do not participate in required testing
- Pass all required exams to receive a diploma