



2018-2019 Enrollment Instructions

Thank you for choosing our charter schools for your student(s) education. Copper Canyon and Desert Pointe Academies maintain high standards and strive for excellence in education. We offer smaller class sizes, dedicated teachers, and a positive atmosphere that is conducive to learning

To enroll your child, please complete the attached forms (ONE SET PER CHILD) and return them to our office along with the following documents:

- ➔ Your student's BIRTH CERTIFICATE
- ➔ Your student's CURRENT Immunization Record
- ➔ Your student's TRANSCRIPT from the previous school (9th -12th only)
- ➔ A WITHDRAWAL FORM from your student's most recent school
- ➔ The Arizona Residency Documentation Form **with a copy of one of the required documents from the list on the form***
- ➔ If your student is/has received Special Education services, provide IEP, MET, and Psych. Eval. with this packet.

Please understand that the state and federal regulations prohibit us from admitting your child until all of these documents have been received and verified by our school office.

In addition, if your student is pending an expulsion, is in the process of expulsion, or has ever been expelled from another school, we will not accept the student without a formal interview, assessment, and approval of the Executive Director or designee.

NOTE: Per the Title X, Part C *McKinney-Vento Homeless Education Assistance Improvement Act of 2001*, students in homeless situations will be enrolled immediately, even if required documents are not all present. Please contact the CCA/DPA Homeless Liaison, Mr. MacDonald, and/or consult the Student Handbook for further information.

* Per A.R.S. § 15-802(B), effective with the 2012-13 school year, all school districts and charter schools are required to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. *This is related to being a resident of the state of Arizona, not U.S. citizenship.*

**Copper Canyon and Desert Pointe Academies
Student Enrollment Form**

Please Fill in All Spaces Legibly Using Blue or Black Ink

Student Information

Name: _____ Date of Birth: _____

Address: _____

City _____ State _____ Zip _____ Primary Phone _____

Student lives with: Both parents Mother Father Foster parent
 Stepfather Stepmother Other: _____

Last grade student completed: _____ Enrolling into which grade: _____

Ethnicity (circle one): Hispanic or Latino Not Hispanic or Latino

Race (circle one): White Black/African American American Indian/Alaska Native
 Asian Native Hawaiian/other Pacific Islander Other: _____

Please list all students' sibling information below:

Name	School Attending	Grade	Age

Previous School Name: _____

Address: _____

City _____ State _____ Zip _____ Phone () _____ Fax () _____

Reason for leaving: _____

Previous School Name: _____

Address: _____

City _____ State _____ Zip _____ Phone () _____ Fax () _____

Reason for leaving: _____

COPPER CANYON & DESERT POINTE ACADEMIES

FAMILY CONTACT INFORMATION SHEET, SY 2018-19

Student First and Last Name	Grade	Birth Date

Street Address and Apartment: _____

City: _____ State: _____ Zip Code: _____ Primary Phone: _____

Are you living in temporary housing? No Yes
 If you answered "yes" to the above, is it due to hardship? No Yes

Emergency Contacts

Please list below individuals willing to assume responsibility for the above students in case of illness or accident. Specify if individuals are relative or friends. Notify the school immediately of any emergency contact changes.

Primary Guardian Information (adult(s) living with student):

Person #1 (First Contact)
Name:
Relationship to Student:
Employment:
Primary Phone:
Secondary Phone:
Work Phone:
E-mail:

Person #2 (Second Contact)
Name:
Relationship to Student:
Employment:
Primary Phone:
Secondary Phone:
Work Phone:
E-mail:

Persons Other than Primary Guardian who have permission to take responsibility for the above student(s):

Person #3 (Third Contact)	Person #4 (Fourth Contact)	Person #5 (Fifth Contact)
Name:	Name:	Name:
Relationship to Student:	Relationship to Student:	Relationship to Student:
Primary Phone:	Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:	Secondary Phone:

Emergency Health Information - Copper Canyon and Desert Pointe Academies

Please Print:

Student Name: _____ Phone: (____) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Father/Guardian: _____ Primary Phone: (____) _____
 Mother/Guardian: _____ Primary Phone: (____) _____

In accordance with State Law (HB2336), the schools may give my child over-the-counter medication for fever, pain, and discomfort. Listed below are some of the medications that may be available at the school. **Please circle the ones that you give permission for your child to receive while at school.** Personal medications not on this list (either prescription or over-the-counter) must be brought to the office in the original labeled container, along with signed CCA/DPA Medication Consent Form, before the student will be allowed to take it while on campus.

ACETAMINOPHEN – Yes / No IBUPROFEN – Yes / No ANTACID – Yes / No ANTI-ITCH SPRAY – Yes / No
 OTHER – (Will bring to office): _____

Physician: _____ Phone: _____ Hospital: _____ Insurance Co: _____ ID#: _____

HEALTH HISTORY

Known or suspected ALLERGIES: _____
 Please mark all that apply:

	YES	NO
ASTHMA	_____	_____
ARTHRITIS	_____	_____
ALLERGY TO BEE STING	_____	_____
ANEMIA	_____	_____
CHEST CONDITIONS	_____	_____
CONCUSSION	_____	_____
CONVULSIVE DISORDERS	_____	_____
DIABETES	_____	_____
DIAGNOSED ADD/ADDH	_____	_____
EPILEPSY	_____	_____
EMOTIONAL PROBLEMS	_____	_____
FAINTING	_____	_____
HEART CONDITION/MURMUR	_____	_____
HERNIA	_____	_____
HEPATITIS	_____	_____
HIVES	_____	_____
KIDNEY TROUBLE	_____	_____
MENINGITIS	_____	_____
MIGRAINE HEADACHES	_____	_____
PNEUMONIA	_____	_____
SEIZURES	_____	_____
SKIN CONDITION/ECZEMA	_____	_____
TUBERCULOSIS	_____	_____

Please fill out all that apply:
 Current medications (Including any inhalers): _____

Date & Description of any serious injuries/accidents/fracture//surgeries: _____

Other medical concerns/conditions: _____

Restrictions: _____

If student is now under medical treatment, list reason and attending Doctor: _____

My student is physically able to participate in Physical Education ___ Yes ___ No

If "No", medical documentation is required in order to be excused from participation

Other health-related information that may be useful to the school: _____

As part of the health screening program at the schools, all students are screened annually for potential hearing and vision issues. By signing below, I give consent for my child to participate in this process as scheduled by the school. I understand that the results of these screenings will be specifically shared with me only in the event that my child does not pass the screenings.

Parent Signature _____ Date _____

CONSENT FOR EMERGENCY CARE

To the best of my knowledge, the above named student does not have any health problems that would be harmful to him/her while participating in Physical Education. BE IT KNOWN that I, the undersigned parent and/or legal guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor or hospital, may be required on an emergency basis, in the event that said student should be injured or stricken ill while under the care and/or supervision of school staff. IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend through the current school year or until withdrawal from the schools. IT IS FURTHER understood that any expenses incurred as a result of said aid, treatment, or care are my responsibility and as such shall be paid by me and/or student's insurance coverage. Payment of any expenses related to said care is not a school responsibility.

Parent Signature _____ Date _____

Acknowledgement Form, SY 2018-2019

Please read and initial each section below and sign at the bottom of the form.

_____ **Parent-Student Handbook**

I have read the Parent/Student Handbook. I understand that all rules and expectations of the school, including the dress code, code of conduct, and computer use agreement are required any and all times my child and I are on campus, not just during regular school hours. I understand that as a parent/guardian, it is my responsibility to read and review the handbook with my son/daughter to ensure that he/she understands the expectations. I agree to form a partnership with the schools and support them in academic programming, discipline and consequences.

_____ **Transportation To and From School**

I understand that it is my responsibility to arrange timely and appropriate transportation for my child in the event that he/she becomes ill while at school, participates in extracurricular activities, and/or is required to be picked up from school for disciplines reasons.

_____ **School Uniform**

I have reviewed and understand the school's dress code, and understand that it is required at all times unless specifically stated by school leadership. I further understand that students who are not in compliance with the dress code must come in to compliance before being allowed to be on campus, as deemed acceptable by a member of school staff. Consequences for failing to follow dress code are as follows:

- 1st offense: Call home to parent + Verbal Warning + Pass Given
- 2nd and 3rd offenses: Call home to parent + student must make changes in attire to be in compliance with dress code before being allowed to participate in the school day. Students who do not have their own clothing will be required to wear "dress code violation" clothing provided by the school (refusal to do so will result in ISS for the day)
- 4th and beyond offense: Call home to parent + In School Suspension (ISS) for the day

I understand that should I receive clothing from the school to wear due to a dress code violation, I am responsible for its care and maintenance from the time it is signed out to the time it is returned to a front office staff person at the end of the school day.

_____ **Photographic Consent**

I hereby agree and consent on my behalf, and the behalf of my minor child, that photographs or videotape may be taken of me and/or my child and used for the public relations purposes or for teacher training purposes of CCA/DPA. Those purposes may include, but are not limited to, use in various school communications such as brochures, the school web page and yearbook, internal and external public publications, videos, and news reports. I further give Copper Canyon and Desert Pointe Academies permission to use my name in connection with the photographs or videotape. By signing this agreement I understand that I will not receive money for the publication or airing of the photos or videotapes, and that I will not be notified in advance of their use. I further agree that this consent is in effect throughout the duration of my child's enrollment in Copper Canyon and/or Desert Pointe Academy, unless specifically revoked in writing by me.

_____ **Sports Requirement (6th-12th grades)**

I understand that these requirements must be met before my student(s) participates in practice or team sports:, signed Code of Conduct, maintain a C or better and have satisfactory behavior, determined by the Executive Director, throughout the season. If all requirements are not met, student(s) will **NOT** be allowed to participate.

	Printed Name	Initial		Printed Name	Initial
Student #1:			Student #4		
Student #2:			Student #5		
Student #3:			Student #6		

Parent/Guardian: _____ Date: _____

Copper Canyon & Desert Pointe Academies Parent/Guardian Questionnaire

Student Name: _____

Grade: _____

1. How did you hear about us?
- Friend/Relative Internet Search Flier/Mailer (which one?) _____
 - AZ Dept of Education Drove By
 - Another school referred me (which one?) _____
 - Advertisement (which one?) _____

2. For what reason(s) did you choose to enroll your child in our school?

3. Has your child ever repeated a grade or been retained by another school? YES NO
If "YES":

- What grade? _____ What year? _____
- What reason? slow academic performance
 attendance issues
 behavior issues
 other: _____

4. Has your child ever been suspended or expelled by another school? YES NO
If YES, please explain:

5. Please list any special needs that your child might have (hearing, vision, speech, or physical impairment):

6. What is the most important thing you hope that we can do for your child?

The above is a true and accurate representation of my child's background information. I understand that any false or misleading information given may be cause for denial of enrollment and/or future disciplinary action, up to and including expulsion of my child from the schools.

Parent/Guardian Signature: _____ Date: _____

Copper Canyon and Desert Pointe Academies
Special Education Questionnaire

Student Name: _____

Grade: _____

In order to provide continuity in the educational environment, it is important that we are informed of any special education services previously received by your child. It is also important that we have copies of any and all special education records for your child.

1. Has your son or daughter received special education services in the last 3 years? YES NO

If you answered yes, please identify your child's special education classification:

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Mild Intellectual Disability |
| <input type="checkbox"/> Moderate Intellectual Disability | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Severe Intellectual Disability |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Other: _____ |

If you answered "Yes" to the above, please provide a copy of your child's current Individual Education Plan (IEP), Multidisciplinary Evaluation Team Report (MET), and Psychological Evaluation with this packet.

2. If not currently receiving special services, do you believe that your child may need special services?
YES NO

If yes, what service(s) do you think your child might need? _____

Parent/Guardian Signature

Date

Please note: We may be contacting you to follow up on the information you provided above.

To be completed by school staff

Records received: Forwarded to _____ on _____ by _____.

IEP Staff Name Date initials

MET

Psych Eval Student SpED Classification: _____ (Primary)

Date: _____ (Secondary)

Initials: _____

Received from CCA/DPA SpED Department on _____.

State of Arizona
Department of Education

Office of English Language Acquisition Services
These questions are in compliance with R7-2-306 from the Board Rules.

PHLOTE -Primary Home Language Other Than English
Home Language Survey

Your response to the question below will be used to determine whether your child 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: _____ Grade: _____

Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

District: Employ-Ability Unlimited, Inc., dba Copper Canyon Academy

School: Copper Canyon Academy Desert Pointe Academy

Student SAIS ID#: _____

Above Information reviewed by: _____ Date: _____

Immunization Record Form

Child's Name: _____ Date of Enrollment: _____

Street Address: _____ Date of Birth: _____ Gender: _____

City/State: _____ Zip Code: _____

Primary Phone: _____ Alternate phone: _____

PLEASE COMPLETE OR ATTACH CURRENT IMMUNIZATION RECORD.

Type of Vaccine	Month/Day/Year Each Dose was Received				
	1 st Mo/Day/Yr	2 nd Mo/Day/Yr	3 rd Mo/Day/Yr	4 th Mo/Day/Yr	5 th Mo/Day/Yr
(DTP) Diphtheria, Tetanus & Pertussis	/ /	/ /	/ /	/ /	/ /
(DT) Diphtheria & Tetanus	/ /	/ /	/ /	/ /	/ /
(Td) Tetanus & Diphtheria	/ /	/ /	/ /	/ /	/ /
(OPV) Oral Polio	/ /	/ /	/ /	/ /	/ /
(IPV) Inactivated Polio	/ /	/ /	/ /	/ /	
(MMR) Measles/Mumps/Rubella	/ /	/ /	/ /		
(Hib) Haemophilus Influenzae B	/ /	/ /	/ /	/ /	
(HepB) Hepatitis B	/ /	/ /	/ /	/ /	
(TB) Skin Test (include results)	/ /	/ /			
Other	/ /	/ /			

I further attest that the Immunization Record noted above or copy submitted is accurate and complete.

Parent/Guardian: _____ Date: _____

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

Check One:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	“Religious Beliefs” exemption form signed by parent/guardian attached
<input type="checkbox"/>	“Medical Exemption” form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed “Laboratory Proof of Immunization” form attached

I certify the immunizations documented above have been verified through careful review of record (or records) issued by the state by: _____

Name and signature of person reviewing above record

Date

Notification of immunizations needed sent to Parent(s) or Guardian(s):

_____/_____/_____
Mo- Day- Year

_____/_____/_____
Mo- Day- Year

_____/_____/_____
Mo- Day- Year

Copper Canyon and Desert Pointe Academies

REQUEST FOR STUDENT RECORDS

Authorization for Release of Student Records

In compliance with the Family Educations Right and Privacy Act of 1974, I authorize the release of my child's cumulative education records, including both general and Special Education Records, to Copper Canyon & Desert Pointe Academies. This consent is in effect throughout the duration of my child's enrollment at the Academies, or until specifically revoked in writing by me as the legal guardian.

Student Name (Last)	(First)	Date of Birth
Name of Previous School		
Address of Previous School		City, State, Zip Code
()	()	
Previous School Phone Number	Previous School Fax Number	
Parent/Guardian Signature		Date

For School Use Only... Please do not write below this line.

Pursuant to the above parental consent, please send the following documents to Copper Canyon and Desert Pointe Academies at the address listed below:

- | | |
|---|--|
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Discipline/Safety Records |
| <input type="checkbox"/> State/Standardized Test Scores | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Report Cards/Progress reports/Transcript | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> ELL Testing |

Previous School, Please check what applies below:

- | | |
|--|---|
| <input type="checkbox"/> Student is NOT Special Education | <input type="checkbox"/> Student IS Special Education |
| <input type="checkbox"/> Student has 504 Plan | <input type="checkbox"/> Forwarded request to district office |
| <input type="checkbox"/> Forwarded request to district office | <input type="checkbox"/> Records enclosed as follows: |
| <input type="checkbox"/> 504 plan enclosed | <input type="checkbox"/> Evaluations |
| | <input type="checkbox"/> IEP |
| | <input type="checkbox"/> Most recent MET |
| | <input type="checkbox"/> Behavior Plans |

Copper Canyon and Desert Pointe Academies

7785 W. Peoria Ave

Peoria, AZ 85345

Phone Number: 623-930-1734

Fax Number: 623-930-8709

Thank you in advance for your cooperation and timely response!

1st Request: _____ 2nd Request: _____ 3rd Request: _____