

Accelerated Elementary and Secondary Schools



5245 N. Camino De Oeste
Tucson, AZ 85745

PHONE: 520-743-2256
FAX: 520-743-2417

Student Information

Legal Name

(Last) _____ (First) _____ (Middle) _____

Birth Date (MM/DD/YYYY) ____/____/____ **Birth City and State** _____

In the school year _____ **the student will be in the** _____ **grade.**

Mailing Address

Street _____ **City** _____ **Zip** _____ **Primary Phone #** _____

Family Data

Name	Parent/Guardian	Student Resides With:	Has Legal Custody	Email Address	Place of Employment	Work Phone
Last:		Yes	Yes			
First:		No	No			
Last:		Yes	Yes			
First:		No	No			
Last:		Yes	Yes			
First:		No	No			
Last:		Yes	Yes			
First:		No	No			

School Last Attended (please place an X next to the type of school last attended)

Private School Charter School Home-School Public School

School Name _____ School District _____

I, _____ have received/been given instructions on how to access, and understand
(Parent/Guardian Signature) **the Student/Parent Handbook.**

RECORDS

Requested			Received	Entry/Withdrawal
* Birth Certificate _____	Immunization Complete _____		Entry/Code _____	Withdrawal/Code _____
* Documents per A.R.S. 15-828 _____	Medical Alert _____		Custody Papers _____	Legal Alert _____

Accelerated Elementary and Secondary Schools

Emergency Contact Information

Please notify the school any time this information changes.

Student's Last Name	Student's First Name	D O B
Street Address	City, State, ZIP	Grade Teacher

In case of emergency, we will contact persons in the order you designate below to care for your child. A rescue squad may be called in a life-threatening situation.

Name	Relationship	Phone	Phone	Phone
	Mother			
	Father			

List any allergies, their reactions, and the desired treatment below.

Allergen	Reaction	Treatment	Date of Last Occurrence

Primary Physician's Name, Address, Phone Number	Health Insurance Company	Name of Health Insurance Policy Holder
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I give permission to school personnel to administer over-the-counter medications (such as cough drop, pain reliever, antacid) to my child.

I DO NOT give permission to administer any over-the counter medication to my child without my verbal permission on a per-incident basis.

In case of serious illness or injury, I give permission for my child to be taken to our doctor's office or closest hospital by school personnel or ambulance, and emergency care provided there until I can be contacted. By signing below, I affirm that I am the person responsible and able to make these decisions for this child.

Printed Name	Signature	Date
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Accelerated Elementary and Secondary Schools

The State of Arizona asks for student ethnic preference. Please circle one:

Black White Hispanic American Indian/Alaskan Native Pacific Islander or Asian Prefer not to Answer

Which language was the first acquired at home? _____

Which is the student's primary language? _____

What language is most spoken by the parents in the student's home? _____

Has the student ever been enrolled in programs such as Special Education, Bilingual Education, Gifted Program, etc.. Information provided is to help us better meet your child's educational needs:

Yes ___ No ___ Prefer not to Answer ___

If yes, please explain: _____

Was the student expelled or is undergoing expulsion procedures from the last school attended?

Yes ___ No ___ If yes, please explain _____

Please list the student's special talents or interests. _____

Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard?

Yes ___ No ___ Prefer not to Answer ___

Is the student a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force).

Yes ___ No ___ Prefer not to Answer ___

My signature below certifies the following:

- ❖ I am the parent or legal guardian of this student.
- ❖ This student resides with me.
- ❖ All information given on this application is correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Parent/Guardian's PRINTED Name _____



STUDENT RECORD TRANSMITTAL REQUEST

Date: _____

INFORMATION TO BE RELEASED FROM:

School / Agency _____

Address _____

City, State, Zip Code _____

Phone _____

Fax _____

INFORMATION TO BE RELEASED TO:

Accelerated Elementary and Secondary Schools
5245 N. Camino de Oeste
Tucson, AZ., 85745

Phone (520) 743-2256
Fax (520) 743-2417

We are requesting the release of the following records: birth certificate, immunization, medical, social history, educational testing, current IEP, psychological evaluations and special educational program information for use in providing appropriate educational services for the following student:

Name: _____ DOB _____ GRADE _____

Parent Signature

Date

School Official Signature

Date

*Please note: the student information requested will be made available for review to the parent/guardian of the student for it is considered an education record as define in Public Law 93-380, Section 99.3.



Accelerated Elementary and Secondary Schools
Accelerated Learning Laboratory

5245 N Camino de Oeste • Tucson, AZ 85745

Tel: (520) 743-2256 Fax: (520) 743-2417

Email: alctucson@msn.com

Website: [Http://www.allaccelerated.org](http://www.allaccelerated.org)

Video and Photograph Release

I, _____, the Legal Custodial Parent/Guardian of _____,
Name of Parent/Legal Guardian Child's Name

hereby grant Accelerated Elementary and Secondary Schools and Accelerated Learning Laboratory personnel and/or representatives' permission to take digital photographs and/or video recordings of my child as well as any of my child's work. I authorize, without payment or any other consideration, the use of any and all my child's digital photographs, audio recordings, video recordings, etc., to be duplicated, edited, exhibited, published and distributed via, but not limited to, printed brochures, social media, informational presentations, online and video-based marketing materials, in addition to any other company publications.

I hold harmless and release Accelerated Elementary and Secondary Schools' and Accelerated Learning Laboratory's personnel or representatives from any reasonable expectation of privacy or confidentiality related to said images.

I understand and agree that there is neither a time constraint nor a geographic limitation as to when or where published materials may be distributed.

I understand and agree that the distribution of published materials is for research and/or educational purposes, images are used for company marketing materials and/or other company publications and that I will receive no financial compensation of any type nor will I have any rights of ownership or royalties whatsoever.

I am the legal parent or guardian of the above-named child and am authorized to grant this release. I understand that if the box below is NOT checked, my child will be photographed and/or video-taped.

I **DO NOT** grant permission for my child to be photographed or video-taped.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Complete and Return to Office or Scan and Email Completed Form to alctucson@msn.com



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

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

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

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

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

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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

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



Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendizajes del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. **¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

2. **¿Qué idioma habla el estudiante la mayoría del tiempo?**

3. **¿Qué idioma habló o entendió el estudiante primero?**

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Distrito o Charter _____	Fecha _____
Escuela _____	

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

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2022 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA). This form is optional; however the information you provide is strictly confidential and is used to determine extra funding and/or services available to the students and the school. We greatly appreciate you helping us by filling out this form.

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:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature_____

Date: _____

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

ESEA Eligibility Guidelines
Effective from July 1, 2021 to June 30, 2022

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	\$16,744	\$1,396	\$698	\$644	\$322	\$23,828	\$1,986	\$993	\$917	\$459
2	\$22,646	\$1,888	\$944	\$871	\$436	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$28,548	\$2,379	\$1,190	\$1,098	\$549	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$34,450	\$2,871	\$1,436	\$1,325	\$663	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$40,352	\$3,363	\$1,682	\$1,552	\$776	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$46,254	\$3,855	\$1,928	\$1,779	\$890	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$52,156	\$4,347	\$2,174	\$2,006	\$1,003	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$58,058	\$4,839	\$2,420	\$2,233	\$1,117	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For Each Add'l Household Member Add	\$5,902	\$492	\$246	\$227	\$114	\$8,399	\$700	\$350	\$324	\$162



**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
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ 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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid Arizona Address Confidentiality Program authorization card
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this__ day of _____, 20 ,

By _____

My Commission Expires:

Notary Public

15-828. Birth certificate; school records; exception

A. On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

B. If a child is instructed at home pursuant to section 15-802, the person who has custody of the child shall, within thirty days after the home instruction begins, provide to the county school superintendent of the county in which the child resides one of the following:

1. A certified copy of the child's birth certificate.
2. Other reliable proof of the child's identity and age, including the child's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

C. On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the pupil's file and the document that is presented shall be returned.

D. A pupil shall be enrolled in the school or school district, or the county school superintendent shall record the pupil's name, using the name that is printed on the birth certificate, other reliable proof of the pupil's identity, or letter from an agency having custody of the pupil provided pursuant to this section. This subsection does not prohibit a school or school district from calling a pupil by any name the pupil's parent or guardian wishes the pupil to be called.

E. On the failure of a person enrolling a pupil or instructing a child at home to comply with subsection A or B of this section, the school, school district or county school superintendent shall notify that person in writing that, unless the person complies within ten days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten day period, the school, school district or county school superintendent shall refer the case to the local law enforcement agency.

F. The school, school district or county school superintendent shall immediately report to the local law enforcement agency any affidavit received pursuant to this section which appears inaccurate or suspicious in form or content.

G. Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include

in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

H. Any disclosure of educational records by the school district or charter school shall comply with the family educational rights and privacy act of 1974 (20 United States Code section 1232g).

I. The provisions of this section do not apply to homeless pupils as defined in section 15-824, subsection C.

VISITOR INQUIRY



Welcome to Accelerated Learning Laboratory! We are pleased to hear about your interest in our unique educational community. Please take a moment to fill out the short survey below to give us a better understanding of the communities we reach and how we can improve. We appreciate your time. Thank you!

NAME: _____ GRADE LEVEL(S) OF INTEREST: _____

PHONE _____ DATE: _____

HOW DID YOU HEAR ABOUT A.L.L.?

- Internet Search
- Social Media
- Family/Friend
- News/Article
- Business/Colleague
- Even(
- Organization
- Current Student/Alumni
- Other

NAME OF SPECIFIC REFERRAL/SOURCE: _____

ADDITIONAL COMMENTS: _____

