



Intent to Enroll

Academic Year 2023-2024

6535 E. Osborn Rd. Suite #401 Scottsdale, AZ 85251
(480) 488-9362

Student Name:

First: _____ MI: _____ Last: _____

Entering Grade (K - 6): _____ Birthdate (mm/dd/yyyy): ____/____/____ Gender: _____

Last School of Attendance:

School Name: _____ City: _____ State: _____

Primary Home Language:

English Spanish

Other _____

Military Student Information: Is the parent or guardian a member of the armed services and transferring to Arizona?

Yes

No

Initial McKinney-Vento Eligibility Questionnaire

Please answer the questions to help us determine if you may be eligible to receive support under McKinney-Vento Homelessness Education Act 42 U.S.C. 11435. **All information is confidential.**

Is your current address a temporary living arrangement?

Yes

No

If it is temporary, is it due to loss of housing or economic hardship?

Yes

No

Please list siblings who will be enrolling at Hirsch Academy for the first time in 2023-2024:

Name: _____ Birthdate: ____/____/____ Grade: _____

Name: _____ Birthdate: ____/____/____ Grade: _____

Please fill out a separate Intent to Enroll for each student listed above.

Primary Parent/Guardian Contact:

Parent/Guardian Name: _____ Relation to Student: _____

Parent/Guardian Signature _____ Date: _____

Phone Number _____ Email _____

Acknowledgement of Enrollment

My child WILL be attending Hirsch Academy in the 2023-2024 school year

ENROLLMENT PACKET



HIRSCH
ACADEMY

A Challenge Foundation ✨ Academy

6535 E. OSBORN RD. #401

SCOTTSDALE, ARIZONA 85251

Phone 480-488-9362

Fax 480-284-4247

Gina DiSipio, SCHOOL DIRECTOR



HIRSCH ACADEMY

CHECKLIST FOR COMPLETING ENROLLMENT PACKET

Please Note:

It is the Parent/Guardian's responsibility to obtain the following documentation from the previous school prior to submitting the Enrollment Packet. It is against the law for any school to deny the release of unofficial records of any student to the parent or guardian.

Obtain copies or originals of the following:	<u>Forms to be completed by parent/guardian:</u>
<ul style="list-style-type: none">● Immunization Records● Birth Certificate, or Other reliable proof of the pupil's identity and age, 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. Any documentation that complies with Arizona Law A.R.S. 15-828● Proof of Residency● Report Card (most recent)● Unofficial Transcripts● Withdrawal Slip● Attendance History● Discipline Records (from Previous School)● Copy of Custody Paper (if applicable)● Copy Of Current IEP (if applicable)	<ul style="list-style-type: none"><input type="checkbox"/> Checklist<input type="checkbox"/> Enrollment Form<input type="checkbox"/> Consent for Medical/Dental Emergency Treatment<input type="checkbox"/> Health and Wellness Survey<input type="checkbox"/> Request for Release of Student Records Form<input type="checkbox"/> McKinney-Vento Eligibility Questionnaire<input type="checkbox"/> Physical Activity Consent Form<input type="checkbox"/> Consent for Off Campus Activity<input type="checkbox"/> Hirsch Academy Permission to Walk Home<input type="checkbox"/> Internet Use Policy<input type="checkbox"/> Arizona Residency Documentation Form<input type="checkbox"/> Home Language Survey (PHLOTE)<input type="checkbox"/> Blue Emergency Information Card

SAIS ID #: _____

STUDENT INFORMATION							
LAST NAME		FIRST NAME		MIDDLE INITIAL	GRADE LEVEL APPLYING FOR		
ETHNICITY: (Mark ONLY ONE)		RACE: (Mark ONE or MORE of the following)			AGE:	STUDENT LIVES WITH:	
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American			GENDER:	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER	
<input type="checkbox"/> NOT Hispanic/Latino		<input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White				<input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY	
<input type="checkbox"/> Prefer Not to Answer		<input type="checkbox"/> Prefer Not to Answer					
STUDENT DATE OF BIRTH (MM/DD/YYYY)		BIRTH CITY		BIRTH STATE	BIRTH COUNTRY		
/ /							
PREVIOUS SCHOOL INFORMATION							
NAME OF SCHOOL LAST ATTENDED		PREVIOUS SCHOOL INFORMATION (City, State, Zip if known)			WITHDRAWAL DATE (MM/DD/YYYY)		
					/ /		
PARENT/LEGAL GUARDIAN INFORMATION							
PRIMARY CONTACT NAME (Last, First)				SECONDARY CONTACT NAME (Last, First)			
<input type="checkbox"/> OK to Pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mail				<input type="checkbox"/> OK to Pick-up <input type="checkbox"/> Legal Custody <input type="checkbox"/> Lives with <input type="checkbox"/> Receives Mail			
HOME ADDRESS				HOME ADDRESS			
CITY		STATE	ZIP CODE		CITY		STATE ZIP CODE
MAILING ADDRESS (If Different From Above)				MAILING ADDRESS (If Different From Above)			
CITY		STATE	ZIP CODE		CITY		STATE ZIP CODE
HOME PHONE () Check if Primary		WORK PHONE () Check if Primary		HOME PHONE () Check if Primary		WORK PHONE () Check if Primary	
CELL PHONE () Check if Primary		RELATIONSHIP TO STUDENT		CELL PHONE () Check if Primary		RELATIONSHIP TO STUDENT	
EMAIL ADDRESS				EMAIL ADDRESS			
PERSONS OTHER THAN PARENT WHO CAN ASSUME TEMPORARY RESPONSIBILITY IN CASE OF EMERGENCY							
EMERGENCY CONTACT 1 NAME (Last, First) *AUTHORIZED TO PICK UP STUDENT*				EMERGENCY CONTACT 2 NAME (Last, First) *AUTHORIZED TO PICK UP STUDENT*			
HOME PHONE ()		WORK PHONE ()		HOME PHONE ()		WORK PHONE ()	
CELL PHONE ()		RELATIONSHIP TO STUDENT		CELL PHONE ()		RELATIONSHIP TO STUDENT	
STUDENT BACKGROUND				HOME LANGUAGE SURVEY			
If parents are separated/divorced, who has legal custody? _____ Does the non-custodial parent have restricted visitation rights? ___Yes ___No (If "yes" a copy of the legal paperwork must be provided) Does your child currently receive Special Services? ___Yes ___No ___Prefer Not to Answer <input type="checkbox"/> Special Education/IEP <input type="checkbox"/> 504 <input type="checkbox"/> ELL or LEP Has your child ever been expelled from another school? ___Yes ___No				1. What is the primary language used in the home REGARDLESS of the language spoken by the student? _____ 2. What is the language the student first acquired? _____ 3. What language is most often spoken by the student? _____			
TO THE BEST OF MY KNOWLEDGE THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY §ARS 13-2407).				X _____ SIGNATURE OF PARENT/GUARDIAN DATE			
THIS SECTION IS FOR OFFICE USE ONLY							
<input type="checkbox"/> Proof of Birth Documentation		Entry Date: ___/___/___		Entered into SIS: ___/___/___		Extended Care: ___AM ___PM	
<input type="checkbox"/> Proof of Residency		Entry Code: _____		Entered into SIS by: _____		Withdrawal Date: ___/___/___ Code: _____	



**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.



HIRSCH ACADEMY

MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

Students Name _____

Date of Birth _____

Grade _____

Teacher _____

Please answer the questions below to help us determine the services your child may be eligible to receive under the McKinney-Vento Homeless Education Act 42 U.S.C. 11435.

1. Is your current address a temporary living arrangement? Yes No
2. If temporary, is this living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to both questions above, please complete the remainder of this form.
If you answered NO, you may stop here.

Parent/Guardian Signature _____

Date _____

Where is the student presently living (check one)

- In a motel _____ (name of motel)
- In a shelter _____ (name of shelter)
- Living with another family in their house or apartment
- In a place not ordinarily used for sleeping (car, park, etc.)
- Unaccompanied youth (without parents or legal guardians)

Parent/Guardian Name _____

Address _____ Zip _____ Tel. _____

I certify the above named qualifies for the Child Nutrition Program under provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature _____

Date _____



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student 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)

SIGNATURE PAGE

Students must turn in this signature page to the homeroom teacher **BEFORE** they can participate in any school activities, including use of HA-CFA computers.

Please check each box to confirm that you will abide by the policy.

- Inclement Weather, Arrival and Dismissal
- Absence and Tardy Policy
- Field Trip Policy
- Uniform Policy
- Medication Administration Policy
- Student Code of Conduct
- Academic Accountability Policy
- Plagiarism Policy
- Lice/Nit Policy
- Family Agreement Policy
- Media Release Policy (PLEASE see reverse and complete Media Form)
- HA-CFA Acceptable Use Policy – Use of Computers

We the undersigned parent and student have read and agree to abide by ALL the above policies outlined in this Parent/Student Handbook.

PARENT NAME _____

PARENT SIGNATURE _____ Date: _____

STUDENT NAME _____

STUDENT SIGNATURE _____ Date: _____

Should you have any questions or concerns about any of these policies, please call the office at 480.488.9362

(Media release must be completed on the reverse side of this page!)



HIRSCH ACADEMY CONSENT FOR EMERGENCY MEDICAL TREATMENT

CONSENT FOR MEDICAL/DENTAL EMERGENCY TREATMENT

In the event of a medical emergency, we will attempt to contact the primary guardian first and then the secondary guardian, both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school.

STUDENT NAME: _____ **Date of Birth:** _____

- Yes, I give permission** for my child to receive emergency medical treatment by authorized pre-hospital personnel and members of the hospital staff, as may, in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference

Medical Insurance Carrier

Policy #

Family Physician Name

Phone #

Dental Insurance Carrier

Policy #

Family Dentist Name

Phone #

Please use this space to explain any special procedures or requests:

- No, I do not give permission** for my child to receive emergency medical treatment.

MEDICAL HISTORY (Check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Convulsive Disorder |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> TB |

Please use this space to explain any special procedures or requests:

PRESCRIPTION MEDICATION

I understand that if my student needs prescription medication or anything other than the recommended dosage for over-the-counter medication, the following stipulations must be met:

- Whether a prescription drug or an over-the-counter drug, the medication must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
- The parent must provide signed and written directions to the Health Aide regarding medication to be administered.
- All medications shall be kept in the Health Aide office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

*The Health Aide office has limited over-the-counter medication that can be given to students for common ailments in emergency situation. They **cannot** and **will not** distribute any more than the recommended dosages listed on the packages.*

Legal Guardian Signature

Date



SIBLING INFORMATION

Please list the following information for ALL siblings, including those not attending Hirsch Academy.

Name _____ Grade _____ Current School _____

Name _____ Grade _____ Current School _____

Name _____ Grade _____ Current School _____

Name _____ Grade _____ Current School _____

HEALTH OFFICE / MEDICAL INFORMATION

IS STUDENT ALLERGIC TO FOOD, MEDICATION OR OTHER SUBSTANCES? Yes No *(If yes, list allergens to be avoided and procedures to follow if a reaction occurs. If anaphylaxis reaction is possible, please make an appointment with the Hirsch Academy Health Aid office to create a care plan)*

Has student been diagnosed with asthma? Yes No *(If yes, list names of medications and any required physical activity modifications needed)*

Are there any medical condition that we should be aware of? Yes No *(If yes, please describe the condition and any precautions that should be taken: , epilepsy, vision/hearing impairment, arthritis, diabetes, etc)*

CONSENT FOR OVER THE COUNTER MEDICATION

The following treatments may be utilized for my students during the school year:

****PLEASE INITIAL ALL THAT APPLY****

_____ Ice packs

_____ Bandages

All manufacturer guidelines will be followed, parent/guardian contact will be made when over-the-counter medication is dispensed and medications will be dispensed on a very limited basis. It is the parent/guardian's responsibility to inform Hirsch Academy of any new allergies or conditions that may arise during the school year.

Please list any special instructions relating to the dispensing of any of the above: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

X _____
Parent/Guardian Signature

_____/_____/_____
Date (MM/DD/YYYY)



HIRSCH ACADEMY

PHYSICAL ACTIVITIES ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

Your son or daughter (the "Participant") would like to participate in physical activities associated with Hirsch Academy. Physical activities require each Participant's parent or guardian to sign this Acknowledgment and Assumption of Risk and Release. By signing this document you:

- (1) Acknowledge that injury may result from the Participant's participation in the physical activity;
- (2) Represent to the Hirsch Academy, and their affiliates, schools, officers, employees, and members (the "Hirsch Academy") that the Participant has no injury, illness or other medical condition that would prevent him/her from participating in physical activities or that would make it dangerous, harmful, or inadvisable for him/her to do so;
- (3) Assume the risk of and release and hold the Hirsch Academy harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in physical activity; and
- (4) Agree that neither the Hirsch Academy, nor the facility at which any game, practice or other activity is held, nor any other person involved in organizing or conducting the activity (including coaches, referees, and schools) shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns.

Student's Name (Please print)

Date

Name of Parent / Guardian (Please print)

Signature of Parent / Guardian



HIRSCH ACADEMY CONSENT FOR OFF-CAMPUS ACTIVITIES

Please check the boxes of the items you would like to allow your student to participate in and sign below:

Yes No

Permission to Participate in Off-Campus Activities

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to ensure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

Permission to Release News Information

There may be times during the school year when the school, Hirsch Academy, news media, or others wish to photograph or videotape your child at school for use in print, video, internet or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums.

Permission to Use Artwork

There may be times during the school year when the school, Hirsch Academy, news media, or others wish to use artwork created by your student at the school for use in print, video, internet or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of mediums.

Student's Name (Please print)

Signature of Parent or Guardian

Date

HIRSCH ACADEMY



HIRSCH ACADEMY

INTERNET USE POLICY

Prior to receiving authorization to use the internet, students and their parents/guardians must sign the following permission and contract document:

To be completed by all Parents/Guardians:

I give my permission for my son/daughter to participate in the use of the Internet, a worldwide telecommunications network. I realize that s/he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold Hirsch Academy accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Use Policy.

Student's Name (Please print)

Date

Name of Parent / Guardian (Please print)

Signature of Parent / Guardian



HIRSCH ACADEMY REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the transcript(s) of:

Student name: _____

Date of birth: _____

Who enrolled in grade: _____

At Hirsch Academy on: _____

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well.

Please send the following information:

- Official Withdrawal Form
- Official Transcript
- Birth Certificate
- Immunization Records/Health Records
- Hearing and Vision Screening Results
- Grades to Date of Withdrawal
- Discipline and Attendance Records Test Scores (SELP/AZELLA Scores – oral, reading, writing)
- AIMS Student Report Information
- Special Education Records (IEP's, Psychological Reports, etc.)

Please sign and complete the information below:

Name and address of last school attended

School name	Address
Telephone Number	City State Zip

Signature of Parent/Guardian _____

Date _____

Please Forward Records to:

Hirsch Academy
6535 E. Osborn Rd. Suite #401
Scottsdale, AZ 85251

Phone: 480-488-9362 Fax: 480-284-4247

<i>For Office Use Only</i>		
First Request:	Second Request:	Third Request:
Initials:	Initials:	Initials:

*State Law ARS §15-828 Paragraph F States that NO SCHOOL SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. * Federal Law 99.31 -- No parent or signature required for education records to be sent to another educational agency.