

Thank you for your interest in Champion Schools in Chandler!

After completion of the application please return back to the school front office at 250 S. McQueen Rd., Chandler, AZ 85225 (McQueen & Frye). Our office hours are Monday-Thursday 7:45-4:00pm and Friday 7:45-1:00pm. Please call us with any questions you may have!

Phone: 480.664.3379/ FAX: 480.656. 6445

Along with the completed application we need:

- Birth Certificate
- Immunizations
- Proof of Residency (AZ Driver's License or water/phone bill)
 - Half-Sheet Medical Card
 - Last Report Card (For enrolling 1st-8th Graders)
- Stanford 10 or AIMS Test Scores (For enrolling 3rd-8th Graders)
 - IEP (If applicable)

We will be able to make copies for you in the front office!

Fit Kids Champion Schools Checklist for Registration

2018-2019 School Year

A Student cannot be entered on our application list for enrollment until all forms in the application packet have been completed and submitted to the school office.

1. Checklist for Registration _____
(Lista de Verificación para el Registro)
2. Student Enrollment Form _____
(Forma de Registrar Estudiante)
3. Special Education Form _____
(Forma de Educación Especial)
4. Medical Consent Form _____
(Forma de Consentimiento Médico)
5. Medical Information Form _____
(Forma de Información Médica)
6. Asthma Information Form _____
(Forma de Información sobre el asma)
7. Parent Survey _____
(Encuesta para los Padres)
8. Student/Parent/Teacher Contract _____
(Contrato de Estudiante /Padre /Maestro)
9. Field Trip Form _____
(Forma de Viaje de Campo)
10. Student Media Release Form _____
(Estudiantes Comunicado de prensa forma)
11. Tax Credit/ Activity Fee Form _____
(Crédito Fiscal / Forma de actividad)
12. Request For Student Records or Withdraw _____
(Solicitud de Registros de Estudiantes de la escuela Previo)

Forms from previous School

*Includes (Incluye):

13. Report Cards *(Reporte de Calificaciones)* _____
14. Test Scores *(Resultados de los examenes) (Stanford 10, AIMS)* _____
15. Birth Certificate *(Nacimiento)* _____
16. Immunization Records *(Imunization registros)* _____
17. IEP/ SPED Records *(Expedientes de Educación Especial)* _____

18. PHLOTE _____

For office use only Student Name: _____ Date Received: _____ Date Entered: _____

Date: _____ Time: _____

Grade Entering 2018-19 _____

Student Enrollment Form

Student Information

(Información del Estudiante)

Name (Last, First MI): _____ Date of Birth: _____ Female Male
(Nombre) (Fecha de Nacimiento)

Home Address: _____ City _____ State _____ Zip Code _____
(Dirección) (Ciudad) (Estado) (Código Postal)

Child Resides with (Check all that apply): Father Mother Stepfather Stepmother
(Padre) (Madre) (Padrastra) (madrastra)

Foster Parent Grandparents Other _____
(parientes adoptivos) (abuelos) (otro)

Race/Ethnic Background American Indian Black/ African American White Hispanic/ Latino
(Raza / Origen étnico) Asian Native Hawaiian/Pacific Islander Other _____

Mother/ Guardian (Madre/Tutor)

Name: _____
(Nombre)

Home Address: _____
(Dirección)

City: _____ State: _____ Zip Code: _____
(Ciudad) (Estado) (Código Postal)

Home Phone: _____
(Teléfono de la casa)

Cell: _____
(Teléfono celular)

Employer: _____
(empleador)

Employer Address: _____
(Dirección del empleador)

Business Phone: _____
(Teléfono del trabajo)

Email: _____
(correo electrónico)

Father/ Guardian (Padre/Tutor)

Name: _____
(Nombre)

Home Address: _____
(Dirección)

City: _____ State: _____ Zip Code _____
(Ciudad) (Estado) (Código Postal)

Home Phone: _____
(Teléfono de la casa)

Cell: _____
(Teléfono celular)

Employer: _____
(empleador)

Employer Address: _____
(Dirección del empleador)

Business Phone: _____
(Teléfono del trabajo)

Email: _____
(correo electrónico)

1. What is the primary language used in the home regardless of the language spoken by the student?
(?Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?) _____

2. What is the language most often spoken by the student? _____
(?Cuál idioma habla el estudiante con mayor frecuencia?)

3. What is the language that the student first acquired? _____
(?Cuál fue el primer idioma que aprendió el estudiante?)

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Champion Schools
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Special Education Form

In order to provide continuity in the educational environment, it is important that Champion School be informed of any special educational services received by your child currently or in the past.
(Con el fin de dar continuidad en el ámbito educativo, es importante que "Champion School" ser informada de los servicios especiales de educación recibida por su hijo en la actualidad o en el pasado.)

Student Name: _____ Date of Birth: _____ Grade: _____
(Nombre de Estudiante) (Fecha de Nacimiento) (Grado)

School: _____
(Escuela)

Is your child or has your child ever been enrolled in any Special Education Programs?

(¿Es su hijo o su hijo ha estado alguna vez inscrito en cualquier Programas de Educación Especial?)

Yes

(Si)

No

(No)

If yes, please check all that Apply

(En caso afirmativo, por favor marque todas las que se aplican)

Speech/ Language Therapy

(Habla / Terapia de Lenguaje)

Occupational Therapy

(terapéutica laboral)

Specific Learning Disability (SLD)

(Discapacidad específica de aprendizaje)

If yes, in what areas? _____

(En caso afirmativo, en qué áreas?)

Has your child ever been tested or evaluated for Special Educational Services?

(¿Alguna vez ha probado o evaluado para Servicios de Educación Especial?)

Yes

(Si)

No

(No)

Does your child currently have an Individual Education Plan (IEP)?

(¿Su hijo tiene un Plan de Educación Individual?)

Yes

(Si)

No

(No)

Does your child currently have a 504 Accommodation Plan?

(¿Su hijo tiene un Plan de Acomodación 504?)

Yes

(Si)

No

(No)

***Current Evaluations, I.E.P's or 504 Accommodation Plans must be attached to the enrollment packet.**

(Actual evaluaciones, IEP o 504 planes de alojamiento se debe adjuntar al paquete de inscripción.)

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

(Por la presente certifico que la información anterior es verdadera y correcta.)

Parent/ Guardian Name (Please Print): _____

(Padre / Tutor Nombre (en letra de imprenta))

Parent/ Guardian Signature: _____ Date: _____

(Firma de Padre/ Tutor)

(Fecha)

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Medical Consent Form

Student Name: _____
(Nombre de Estudiante)

Listed below are the usual medications the office has available for use of treating illnesses and minor injuries that may occur at school.

(A continuación se enumeran los medicamentos habituales de la oficina tiene a su disposición para el uso de tratamiento de enfermedades y lesiones menores que pueden ocurrir en la escuela.)

If you **DO NOT** want your child to receive any of these medications, please **CHECK THEM OFF.**
(Si usted **NO** desea que su hijo la reciba cualquiera de estos medicamentos, por favor **táchalas.**)

- | | |
|--|--|
| <input type="checkbox"/> Children's Tylenol | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Children's Pepto-Bismol | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Eye Drops | <input type="checkbox"/> Children's Benadryl |
| <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Bactine Spray |

Known Allergies: _____
(Alergias conocidas)

Medical Conditions/ History: _____
(Condiciones médicas / Historia)

Medical Information Form

Champion Schools

Medical History (Check all that apply)

(Historia Medica (Marque todo lo que corresponda))

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Measles
(Sarampión) | <input type="checkbox"/> Asthma
(asma) | <input type="checkbox"/> Allergies (food or otherwise)
(Alergias (alimentos o de otro tipo)) | <input type="checkbox"/> Mumps
(parótidas) |
| <input type="checkbox"/> Chickenpox
(Varicella) | <input type="checkbox"/> Vision Impairment
(Limitación Visual) | <input type="checkbox"/> Physical Therapy
(fisioterapia) | <input type="checkbox"/> Heart Condition
(Condición del corazón) |
| <input type="checkbox"/> Hearing Impairment
(Discapacidad Auditiva) | <input type="checkbox"/> Diabetes
(diabetes) | <input type="checkbox"/> Scoliosis
(escoliosis) | |
| <input type="checkbox"/> Convulsive Disorder
(Trastorno convulsivo) | <input type="checkbox"/> Ear Infection
(Infección del oído) | <input type="checkbox"/> TB | |

Doctor Name: _____ Phone: _____
(Nombre de Doctor) (Numero de Telefono)

Is your child taking any medication?
(¿Está su hijo tomando algún medicamento?)

Hospital: _____ Phone: _____
(Hospital) (Numero se Telefono)

Yes (Si) No (No)

If yes, list the medication(s) and for what condition(s):

(En caso afirmativo, indique el medicamento (s) y para qué condición (s))

Medication/ Medicación Condition/Condicion

*Medication may not be administered without prescription available in school office.

(Los medicamentos no pueden administrarse sin forma de liberación de prescripción, disponible en la oficina de la escuela)

Medication/ Medicación Release form, Condition/Condicion

Medication/ Medicación Condition/Condicion

Is your child presently under treatment for any physical problem? If yes, please explain:

(¿Está su niño actualmente en tratamiento por algún problema físico? En caso afirmativo, explique)

Is your child allergic to any foods or other substances? If yes, name foods or substances to be avoided. Please explain procedure if reaction occurs.

(¿Su hijo es alérgico a algunos alimentos u otras sustancias? En caso afirmativo, nombre los alimentos o sustancias que deben evitarse. Por favor, explique el procedimiento si la reacción se produce.)

Is your child subject to convulsions, and what should be our procedure if one occurs?

(¿Está su niño sujeto a convulsiones, y cuál debería ser nuestro procedimiento si se produce?)

Is your child usually susceptible to infections and if so, what precautions need to be taken?

(¿Está su niño generalmente susceptibles a las infecciones y si es así, ¿qué precauciones hay que tener?)

Is there any physical condition we should be aware of, and what precautions/procedures should be taken? Additional Comments
(¿Existe alguna condición física que debe tener en cuenta, y qué precauciones y procedimientos deben tomarse? Comentarios adicionales)

The above emergency medical information is provided by/ La información médica de emergencia por encima de lo proporciona

Parent/ Guardian Signature _____ Date _____

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Asthma Information

Student Name: _____ Date: _____
(Nombre de Estudiante) (Fecha)

History of Asthma? Yes _____ No _____
(Historia de asma?) (Si) (No)

Medications used for Asthma:
(Los medicamentos usados para el asma)

Current Medications:
(Los medicamentos actuales)

Physician to be notified: _____
(Médico que se le notifique)

Physician Address: _____
(Dirección del medico)

Physician Phone Number: _____
(Número de teléfono del medico)

If necessary, a labeled inhaler with the students name must be provided to the school health office.
(Si es necesario, un inhalador de etiquetado con el nombre de los estudiantes debe ser proporcionado a la oficina de salud de la escuela.)

The school health aide notifies 911 for severe emergencies.
(El ayudante de salud en la escuela notifica al 911 para emergencias graves.)

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Parent Survey

Please answer the following questions with as much information as possible.

(Por favor conteste las siguientes preguntas con la mayor información posible.)

Student: _____ Date: _____ Grade: _____
(Nombre de Estudiante) (Fecha) (Grado)

Last School Attended: _____
(La última escuela que asistió)

How did you learn about Champion School? TV Radio Magazine Friend Mailing
(¿Cómo se enteró de "Champion School"?) (tele) (Radio) (revista) (amigo) (envío)

Has your child ever repeated a grade or been retained by another school? Yes No
(¿Su niño ha repetido un grado o ha sido retenida por otra escuela?) (Si) (No)

Has your child ever been suspended or expelled by another school Yes No
? If yes, please explain. _____
(Su hijo ha sido suspendido por otra escuela? En caso afirmativo, sírvase explicar.) (Si) (No)

From what School _____ Date(s) of Expulsion _____
(De que Escuela) (Fecha (s) de la expulsión)

Comments: _____
(Comentarios)

How does your child relate to authority? Does your child resist authority? _____
(¿Cómo su hijo se refieren a la autoridad? ¿Tiene su hijo a resistir la autoridad?)

How does your child get along with other children? _____
¿Cómo su hijo a llevarse bien con otros niños?

Has your child participated in any extra-curricular activities? If yes, please list below Yes No
¿Su hijo ha participado en ninguna actividad extra-curricular? En caso afirmativo, indique a continuación

Please describe any special needs your child might have _____
Por favor, describa cualquier necesidad especial que su hijo puede tener

Champion School does not accept students who have been expelled from other schools
"Champion School" no se aceptan estudiantes que han sido expulsados de otras escuelas

PLEASE NOTE: Failure to provide truthful & accurate information regarding the suspensions/expulsion can result in your child being withdrawn from enrollment.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Student/Parent/Teacher Contract

Fit Kids
Champion Schools

Student Name: _____
(Nombre de estudiante)

Teachers' Commitment:
(Compromiso de los profesores)

We will:
(Haremos lo siguiente)

- **Be prepared for class everyday**
(Esté preparado para la clase todos los días)
- **Make ourselves available to students and parents**
(Asegúrese de que nosotros mismos a disposición de los estudiantes y padres de familia)
- **Teach the Arizona State Standards using multiple methods to meet the different learning style of each individual student.**
(Enseñe a los estándares del Estado de Arizona utilizando varios métodos para satisfacer los diferentes estilos de aprendizaje de cada estudiante.)
- **Protect the safety, interests, and rights of all individuals in the classroom.**
(Proteger la seguridad, los intereses y los derechos de todos los individuos en el aula.)

Signature (Teacher's Name): _____

Parents'/Guardians' Commitment:
(Los padres / tutores compromiso)

We will:
(Haremos lo siguiente)

- **Make sure our child is at school every day by 8:00 A.M. (Monday – Friday)**
(Asegúrese de que nuestro hijo está en la escuela todos los días a las 8:00 AM (Lunes - Viernes))
- **Check our child's planner/homework nightly and read any and all papers that the school sends home**
(Compruebe planificador de nuestro hijo / tareas cada noche y leer documentos de cualquiera y todas las que la escuela envía a casa)
- **Make ourselves available to our children if needed**
(Asegúrese de que nosotros mismos a disposición de nuestros hijos, si es necesario)
- **Notify the school of any absences by 11: 00 A.M.**
(Notificar a la escuela de las ausencias por 11: 00)
- **Allow our child to go on Champion Schools field trips, when eligible.**
(Permita que el niño vaya en viajes de "Champion Schools", cuando es elegible).
- **Understand that our child must follow and support Champion Schools rules**
(Entender que nuestro hijo debe seguir y el apoyo "Champion School" reglas)

Print Name: _____ Signature: _____ Date: _____

Students Commitment:
(Compromiso de estudiante)

We will:
(Haremos lo siguiente)

- Arrive at school on time
- Follow classroom, dress code and schools rules
- Be responsible for my own behavior
- Accept responsibility for my own actions
- Try my best at all times
- Complete all my homework assignments

Print Name: _____ Signature: _____ Date: _____

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Transportation Form

Student Name: _____

(Nombre de estudiante)

Grade: _____ Teacher: _____

(Grado)

(profesor)

This grants permission for the above student to attend all school related field trips for the 20_____ - 20_____ school year, including but not limited to; Phoenix Public Library, South Mountain Community Center, Phoenix Art Center, Arizona Science Center, AMC Theatres, Skateland, Alta Vista Community Center, Phoenix College.

(Este permiso se concede para el estudiante arriba a asistir a todos los viajes relacionados con la escuela de campo para el 20_____ - 20_____ años de la escuela, incluyendo pero no limitado a; Phoenix Public Library, South Mountain Community Center, Phoenix Art Center, Arizona Science Center, AMC Theatres, Skateland, Alta Vista Community Center, Phoenix College.)

Parent Signature: _____ Date: _____

(Firma del padre)

(Fecha)

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Student Media Release
Form

There are many times when a reporter or photographer from news media or school personnel may wish to do a story or take pictures for publication involving students. Our website on the Internet may use photos of students involved in school activities. It would be helpful if we knew in advance which children have their parents' permission to be involved.

(Hay muchas veces cuando un reportero o fotógrafo de medios de comunicación o personal de la escuela tal vez desee hacer un cuento o tomar fotos para su publicación involucrar a los estudiantes. Nuestro sitio web en Internet puede utilizar las fotos de los estudiantes involucrados en las actividades escolares. Sería útil si supiéramos de antemano que los niños tienen permiso de sus padres a participar).

Date: _____
(Fecha)

I give permission for _____ to be interviewed and/or have his/her picture taken during the 20_____ - 20_____ school year.

On the provided list below please place a mark next to the different uses for which permission is given.

Doy permiso para que _____ a ser entrevistado y / o tener su foto tomada durante el año escolar 20_____ - 20_____.

En la lista de abajo, por favor coloque una marca de verificación junto a los diferentes usos para los que se acuerdan.

_____ Classroom use (El uso en clase)	_____ Yearbook (anuario)	_____ Videotape (filmar con una videocámara)	_____ Newspaper (periódico)
_____ School use (Uso de escuela)	_____ School Internet website (Escuela sitio web de Internet)	_____ Television (television)	

Parent/Guardian Name (Please Print): _____
(Padre / Tutor Nombre (en letra de imprenta))

Parent/Guardian Signature: _____
(Firma de Padre / Tutor)

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Tax Credit/Activity Fee Form
School Year 20____ - 20____

Name: _____
(Nombre)

Address: _____
(Direccion)

City: _____ State: _____ Zip: _____
(ciudad) (estado) (código postal)

SS#: _____
(número de seguro social)

*Must be included to receive the TAX CREDIT
(Deben ser incluidos para recibir el crédito fiscal)

I am enclosing my donation of \$ _____ now.

Card Information: Circle One **Visa** **MasterCard** **American Express**
(Información de tarjeta) (Marque uno)

Card #: _____ Exp: ____/____ Security code _____
(Número de tarjeta) (fecha de expiration) (Código de seguridad)

Signature: _____ Date: _____
(Firma) (Fecha)

Tax Credits can only be claimed in the year they are paid. You will receive a receipt for each applicable Tax Year
(Créditos fiscales sólo pueden ser reclamados en el año en que se pagan. Usted recibirá un recibo por cada año fiscal aplicable)

Installments/Onetime Credit Card Action
(Cuotas / Tarjeta de Crédito otrora Acción)

I would like to donate \$ _____ to be charged against my credit card in _____ installments

(Me gustaría donar \$ _____ con cargo a mi tarjeta de crédito en _____ tramos)

_____ Please send me information about School Tax Credits

Request for Student Records



250 South McQueen Road, Chandler, AZ 85225
 Phone: (480) 664.3379 Fax: (480) 656.6445

Please send the records for the following Student:

Student Name: _____ Date of Birth: _____

Last Grade Attended: _____ Sex: M _____ F _____ Promoted: Y N

List All Prior Schools

Name of School	Dates Attended	Grade	City/State

Does Student have Special Education Records? Yes _____ No _____

Information request consists of:

	Current IEP and Psych Evaluation		Official Withdrawal Form
	Immunization & Birth Certificate		Official Transcript w/Withdrawal grades
	MET Report (Current)		All Disciple Records including suspensions and expulsions
	MET Eligibility Report		Special Education Placement Statement
	ELL Testing and Results		Test Data and Results

IEP/SPED records are requested to ensure that your student's services are not delayed. The Federal Law 99.31 allows for educational records to be sent to other education agencies without the parent's signature.

Is Student Currently enrolled in an ELL Program? Yes _____ No _____

Copies of all current and past ELL testing _____

I request and authorize you to release any medical, educational and psychological records or any other pertinent information you may have that would help aid in providing educational services for my child.

All records are kept confidential and are available for the parents/ guardian of the student.

Parent/ Guardian: _____ Date: _____

Champion Staff: _____ Date: _____

*Office use only	Date Request Sent: _____	Date Received: _____
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State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



**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 U.S. passport
- ___ 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



Departamento de Educación de Arizona
Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela _____

Distrito Escolar o Escuela Chárter _____

Padre/Tutor Legal _____

Como el padre del estudiante o representante legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- ___ Licencia de conducir válida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- ___ Pasaporte válido de los EE. UU.
- ___ Escritura inmobiliaria o documentos de hipoteca
- ___ Recibo de pago de impuestos sobre la propiedad
- ___ Contrato de renta de casa/residencia
- ___ Factura de cuenta sobre el uso de agua, electricidad, gas, Cable de TV, o teléfono
- ___ Factura de tarjeta de crédito o de banco
- ___ Copia de la forma W-2 sobre declaración de ingresos
- ___ Talón del cheque de paga
- ___ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- ___ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.

- ___ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Firma del padre/tutor legal

Fecha

Nombre impreso del declarante: _____

Firma del declarante: _____

Acknowledgement

Estado de Arizona
Condado de Maricopa

Lo anterior fue reconocido ante me este ____ día de _____, 20____,
Por _____.

Notario Publico

Mi comisión se vence: _____



2018/2019 School Year Home Phone# _____

Cell Phone# _____

Student Name _____ Grade _____ Birthdate _____

Mother's Name _____ Occupation _____ Work# _____

Mother's Address _____ City _____ Zip _____

Father's Name _____ Occupation _____ Work# _____

Father's Address _____ City _____ Zip _____

Place of Birth _____

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

1. _____ Phone# _____ Relationship _____

2. _____ Phone# _____ Relationship _____

3. _____ Phone# _____ Relationship _____

The Following persons may not remove my child from school or aftercare:

Name: _____ Name: _____

Doctor _____ Phone# _____ Hospital _____

Special Instructions _____

Consent for Treatment

Student Name _____

Listed below are the usual medications the office has available for use in treating illnesses and minor injuries that may occur at school.

If you do not want your child to receive any of these medications, please **CROSS THEM OUT.**

- | | | |
|---------------------------------|-----------------|-------------|
| Children's Tylenol | Jr. Advil | Cough Syrup |
| Children's Mylanta/Pepto Bismol | Calamine Lotion | Tums |
| Eye drops | Benadryl | Chap Stick |
| Antibiotic Ointment | Bactine Spray | |
| Anti-Itch Ointment | Cough Drops | |

Known Allergies: _____

Medical conditions/History _____

For Office Use Only: First Day of School _____



Name of Student: _____
Last First Middle

Siblings at Champion: _____

Phone: _____ Birth Date: _____ Grade: _____ Male Female
Include Area Code Month/Day/Year

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive. Eligibility must be reviewed and reevaluated every school year.

Permanent Housing: Is this student living in a housing situation that is...(check all that apply)

... fixed (stationary/not subject to change) Yes No
 ... regular (used on a nightly basis) Yes No
 ... adequate (meets physical and psychological needs typically met in home environments) Yes No

Unaccompanied Youth: Is this student currently living with a parent or legal guardian? Yes No

If you answered **NO** to **ANY** of the above, please complete the remainder of this form.
 If you answered **YES** to **ALL** of the above, please stop here. You are done with this form. **Thank you!**
 If you did not answer yes to all of the above, please fill out the remainder of this form.

Temporary Housing: If this student is **NOT** residing in a fixed, regular, and adequate nighttime situation, where is the student presently living? (Check **one** box).

In a Motel
 In a Shelter or Transitional Housing Program
 Temporarily with another family in their home due to a lack of alternatives (for no more than ONE month)
 In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite
 In a form of foster care that is not presently considered fixed, regular, and adequate

Name of Parent/Guardian/Caregiver/Host: _____
(Circle One)

Address: _____ Zip: _____ Phone: _____
Include Area Code

Unaccompanied Youth: please provide the name and contact information for the person who maintains care, custody, and control of this student: CPS Parent Other _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

Liaison: I certify the above name student qualifies for McKinney Vento services under the provision of the McKinney-Vento Act.

_____ **Date** _____ **Parent Liaison Signature**