Thank you for your interest in Champion Schools!

After completion of the application, please return to our Chandler location.

250 S. McQueen Rd., Chandler, AZ 85225
Office: 480.664.3379
Fax: 480.656.6445

Regular School Office Hours:
Monday- Thursday 7:30am- 3:30pm
Friday 7:30am- 1:00pm

Required documents for enrollment:

- Original Birth Certificate
- Immunization Card
- Proof of Residency
- Most Recent Report Card
- Attendance Record of previous/current school year
- Disciplinary Record of previous/current school year (If student does not have any disciplinary records, please have the school write a letter stating so)
- State Testing Scores (for enrolling 3rd-8th grade students)

Applicable Documentation:
- IEP/504
- Custody Court Paperwork

**Please Note:** If enrollment packet is not complete when turned in, or is missing any required documents, it will be considered incomplete and will not be reviewed until all required documents have been turned in.
Champion Schools shall enroll all eligible students who submit a timely application, unless the number of applications exceeds the capacity of a program, class, grade level or building. A.R.S. 15-184 (A)

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)

13. PHLOTE
    (Primary Home Language Other Than English) Survey

14. Arizona Residency Form

15. Immunization Records
    (Inmunización registros)

16. One of the following: certified copy of Birth Certificate; other reliable proof of student’s identity and age including baptismal certificate application, a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the Birth Certificate. A letter from the authorized representative of an agency having custody of the pupil pursuant to the Title 8, Chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

Email: info@championschools.org
Additional Forms obtained from previous Schools:

*Includes (Incluye):
17. Report Cards (Reporte de Calificaciones)
18. Test Scores (Resultados de los exámenes) (AIMS, AZMerit)
19. IEP / SPED Records ( Expedientes de Educación Especial)
20. Discipline Records

*For office use only* Student Name: __________________________  Date Received: ____________  Date Entered: ____________
**Student Enrollment Form**

### Student Information

*(Información del Estudiante)*

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Name (Last, First M.I.)</td>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>City</td>
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<td>State</td>
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<td>Zip Code</td>
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<tr>
<td>Home Address</td>
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<tr>
<td>Child Resides with</td>
<td>[ ] Father                     [ ] Mother                          [ ] Stepfather                   [ ] Stepmother</td>
</tr>
<tr>
<td></td>
<td>[ ] Foster Parent              [ ] Grandparents                       [ ] Other</td>
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<tr>
<td></td>
<td>(Padre)                       (Madre)                           (Padrastro)                      (madrasta)</td>
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<td></td>
<td>(parientes adoptivos)         (abuelos)                        (otro)</td>
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<tr>
<td>Race/Ethnic Background</td>
<td>[ ] Native American            [ ] Black/ African American             [ ] White                       [ ] Hispanic/ Latino</td>
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<td></td>
<td>[ ] Asian/ Pacific Islander    [ ] Other</td>
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### Mother/Guardian (Madre/Tutor)

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<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Home Address</td>
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<td>City</td>
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<td>State</td>
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<td>Employer</td>
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<tr>
<td>Employer Address</td>
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<tr>
<td>Business Phone</td>
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### Father/Guardian (Padre/Tutor)

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<th>Field</th>
<th>Information</th>
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<td>Home Phone</td>
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<td>Employer</td>
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<tr>
<td>Employer Address</td>
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<tr>
<td>Business Phone</td>
<td></td>
</tr>
</tbody>
</table>

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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?)*

---

Email: info@championschools.org
Special Education Form

To provide continuity in the educational environment, it is important that Champion Schools is informed of any special educational services received by your child currently or in the past. This information is requested solely for purposes of ensuring continuity of services upon enrollment and it will not be considered in making enrollment decisions. (Con el fin de dar continuidad en el ámbito educativo, es importante que “Champion School” se informe de los servicios educativos especiales recibidos por su hijo en la actualidad o en el pasado. Esta información se solicita únicamente para garantizar la continuidad de los servicios al momento de la inscripción y no se tendrá en cuenta al tomar decisiones sobre la inscripción.)

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 hija ha estado alguna vez inscrito en cualquier Programas de Educación Especial?)

[ ] Yes [ ] No If yes, please check all that Apply
(Si) (No) (En caso afirmativo, por favor marque todas las que se aplican)

[ ] Speech/ Language Therapy [ ] Occupational Therapy [ ] Specific Learning Disability
(Habla / Terapia de Lenguaje) (terapéutica laboral) (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 [ ] No
(Si) (No)

Does your child currently have an Individual Education Plan (IEP)?
(¿Su hijo tiene un Plan de Educación Individual?)

[ ] Yes [ ] No
(Si) (No)

Does your child currently have a 504 Accommodation Plan?
(¿Su hijo tiene un Plan de Acomodación 504?)

[ ] Yes [ ] No
(Si) (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)
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 WANT your child to receive any of these medications, please CHECK THEM OFF.
(Si usted desea que su hijo/a recibe cualquiera de estos medicamentos, por favor táchalas.)

[ ] Children's Tylenol     [ ] Ibuprofen
[ ] Children's Pepto-Bismol [ ] Itch Cream
[ ] Tums                   [ ] Children's Benadryl
[ ] Antibiotic Ointment    [ ] Lip Ointment
[ ] Eye Wash               [ ] Cough Drops

Known Allergies: ______________________________
(Alergias conocidas)

Medical Conditions/History: ______________________________
(Condiciones médicas / Historia)
Medical Information Form

Medical History (Check all that apply)  
(Historia Médica (Marque todo lo que corresponda))

- [ ] Measles  
  (Sarampión)
- [ ] Chickenpox  
  (Varicela)
- [ ] Hearing Impairment  
  (Discapacidad Auditiva)
- [ ] Convulsive Disorder  
  (Trastorno convulsivo)
- [ ] Asthma  
  (Asma)
- [ ] Vision Impairment  
  (Limitación Visual)
- [ ] Allergies (food or otherwise)  
  (Alergias (alimentos o de otro tipo))
- [ ] Physical Therapy  
  (Fisioterapia)
- [ ] Diabetes  
  (Diabetes)
- [ ] Ear Infection  
  (Infección del oído)
- [ ] Mumps  
  (Parotídas)
- [ ] Heart Condition  
  (Condición del corazón)
- [ ] Scoliosis  
  (Escoliosis)
- [ ] TB

Doctor Name:  
(Nombre de Doctor)
Phone:  
(Número de Teléfono)

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

- [ ] Yes  
  (Sí)
- [ ] No  
  (No)

Hospital:  
(Hospital)
Phone:  
(Número de Teléfono)

If yes, list the medication(s) and for what condition(s):  
(En caso afirmativo, indique el medicamento(s) y para qué condición(s))

*Medication may not be administered without prescription available in school office.  
(administrarse sin forma de liberación de prescripción, disponible en la oficina de la escuela)

Medication/ Medicación  
Condition/Condición

Release form, 
Medication/ Medicación  
Condition/Condición

Los medicamentos no pueden

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 susceptible 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?

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

Parent/ Guardian Signature:  
__________________________  
Date:  
__________________________
Asthma Information

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

History of Asthma?  Yes ________  No ________
(Historia de asma?)  (Sí)  (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 médico)

Physician Phone Number: __________________________
(Número de teléfono del médico)

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.)
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?)

Has your child ever been suspended by another school? [ ] Yes [ ] No

If yes, please explain. _______________________________________________________

Has your child ever been expelled by another school? [ ] Yes [ ] No

If yes, please explain. _______________________________________________________

(Su hijo ha sido suspendido por otra escuela? En caso afirmativo, sírvase explicar.)

From what School________________________ Date(s) of Suspension/Expulsion_____________________
(De que Escuela) (Fecha(s) de la expulsión)

“A charter school may refuse to admit any student who has been expelled from another educational institution or who is in the process of being expelled from another educational institution” ARS 15-184 (I)

How does your child relate to authority? Does your child resist authority? ___________________________
(¿Cómo su hijo se referen 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):________________________________________ Date:________________________

Parent/Guardian Signature:________________________________________
Student/Parent/Teacher Contract

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 esté 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: _____________
Field Trip 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 2020-2021 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 2020-2021 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)
Fit Kids
Champion Schools
250 S McQueen Rd
Chandler, AZ 85225
(480) 664-3379

Student Media Release

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 2020-2021 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 2020-2021.

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

______ Classroom use  ________ Yearbook  ________ Videotape  ________ Newspaper
(El uso en clase)       (anuario)       (film en una videocámara)       (periódico)

______ School use  ________ School Internet website  ________ Television
(Uso de escuela)       (Escuela sitio web de Internet)       (televisión)

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

Parent/Guardian Signature: ______________________________________________________
(Firma de Padre / Tutor)
Tax Credit/Activity Fee Form
School Year 2022-2023

Name: ____________________________________________
(Nombre)

Address: __________________________________________
(Dirección)

City: ______ State: _____ Zip: ______
(mi 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 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

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 expiración) (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)
Request for Student Records

Champion Schools
250 S McQueen Rd
Chandler, AZ 85225
(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

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Dates Attended</th>
<th>Grade</th>
<th>City/State</th>
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</tbody>
</table>

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
- MET Eligibility Report
- Special Education Placement Statement
- ELL Testing and Results
- Test Data and Results

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: ____________

Email: info@championschools.org
2022-2023 School Year

Student Name ___________________ Grade _______ Birthday ________________

Mother's Name ___________________ Occupation ______________ Work # __________

Mother's Address ___________________ City __________ Zip __________

Father's Name ___________________ Occupation ______________ Work # __________

Father's Address ___________________ City __________ Zip __________

Student's 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: ___________________________

Student's Doctor: _________________ Phone # __________ Hospital __________

Special Instructions ________________________________

Consent for Treatment

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 Anti-itch Ointment Tums
Children's Pepto Bismol Children's Ibuprofen Chapstick
Eye drops Children's Benadryl Cough Drops
Antibiotic Ointment

Known Allergies ______________________________

Medical Conditions/History ______________________________
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)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas
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 aprendices 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?

<table>
<thead>
<tr>
<th>Distrito</th>
<th>Nombre del estudiante</th>
<th>Núm. de identificación</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSID</td>
<td>Fecha de nacimiento</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Firma del padre o tutor</td>
<td>Fecha</td>
</tr>
<tr>
<td></td>
<td>Distrito o Charter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Escuela</td>
<td></td>
</tr>
</tbody>
</table>

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)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0733 • www.azed.gov/uelas
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

________________________________________
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
- Tarjeta vigente del Programa de Confidencialidad de Dirección de Arizona
- 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 presentado 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
- Instalación temporal de alojamiento en la base (para familias militares)

Firma del Padre/Custodio legal ____________________________ Fecha ____________________________
Estado de Arizona
Declaración Jurada de Residencia Compartida

Nombre del Estudiante: 

Nombre del Padre/Custodio Legal: 

Nombre de la Escuela: 

Distrito Escolar o Propietario de Escuela Subvencionada: 

Nombre del Residente de Arizona: 

Yo, (nombre del residente de Arizona) juro o afirmo que soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, descrito de la siguiente manera:

Las personas que viven conmigo: 

Ubicación de mi residencia: 

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad.

☐ Licencia de conducir válida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
☐ 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
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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.

Nombre impreso del declarante: ________________________________

Firma del declarante: ________________________________
Acknowledgement

Estado de Arizona
Condado de ______________________

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

Por ________________________________

______________________________
Notario Publico

Mi comisión se vence: __________________
Clear Backpack Policy

In an effort to improve the safety measures currently in place, Champion Schools requires all students to use clear backpacks. Students participating in varsity sports, are permitted to carry non-transparent bags to store their items, such bags will need to remain in the coach’s offices in the gym. If your student’s backpack rips, a one-week grace period will be given to replace the backpack.

By signing below, you acknowledge that you understand our clear backpack policy.

En un esfuerzo por mejorar las medidas de seguridad actualmente vigentes, Champion Schools require que todos los estudiantes use mochilas transparentes. Los estudiantes que participan en deportes varsity pueden traer bolsas que no sean transparentes para mantener sus cosas, tales bolsas deberán permanecer en las oficinas de los coaches en el gimnasio. Si la mochila de su estudiante se rompe, se le otorgará un periodo de gracia de una semana para reemplazar la mochila.

Al firmar a continuación, usted reconoce que comprende nuestra política clara de mochila.

Student Name/Nombre de estudiante

Student Signature/Firma de estudiante

Date/Fecha

Parent Name/Nombre de padre

Parent Signature/Firma de padre

Date/Fecha
Cell Phone Policy

Please review and discuss with your student the Champion Student Cell Phone and/or any other Communication Device Policy for the safety and accountability of all students. Cell phones are to remain in the off position and in backpacks or in the teacher designated area during the School Day. Additionally, cell phones may not be used while on campus. We have school phones available if a student needs to contact a parent/guardian.

- Revise y discuta con su estudiante el teléfono celular Champion estudiante y/o cualquier otra política de dispositivos de comunicación para la seguridad y la responsabilidad de todos los estudiantes. Los teléfonos celulares deben permanecer en la posición de apagado y en las mochilas o en el área designada por el maestro durante el día escolar. Además, los teléfonos celulares no pueden usarse mientras se encuentre en el campus. Tememos teléfonos escolares disponibles si un estudiante necesita contactar a un padre/tutor.

1st Offense: Cell phone confiscated, and parent must pick it up in the office. Student will be assigned 30 minutes of Campus Community Service.

1ª Ofensa: Teléfono celular sera confiscado y los padres deben recogerlo en la oficina. Al estudiante se le asignara 30 minutos de servicio comunitario en el campus.

2nd Offense: Cell Phone confiscated, and student will receive a 1 day in school suspension.

2ª ofensa: Teléfono celular confiscado, y el estudiante recibirá 1 de suspension en la escuela.

3rd Offense: Parent and Student will meet with administration to discuss further action.

3ª ofensa: El padre y el estudiante se reunirán con la administración para discutir acciones adicionales.

Student Name / Nombre de Estudiante

Student Signature / Firma de Estudiante

I understand that if my son or daughter uses the cell phone in a way not specified in the policy that he or she may face disciplinary actions and the cell phone will be confiscated.

Entiendo que si mi hijo/a usa el teléfono celular de una manera no especificada en la política, el o ella pueden enfrentar acciones disciplinarias y el teléfono celular sera confiscado.

Parent Name / Nombre de Padre

Parent Signature / Firma de Padre

Date / Fecha
STUDENT HOUSING QUESTIONNAIRE

The information on this form is required to meet the Education for Homeless Children and Youth (EHCY) program, authorized under Title VI-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act. Information on this form is confidential. Eligibility must be reviewed and reevaluated every school year.

Student Name: ____________________________ Grade Level: ____________ Teacher: ________________

The student lives with (CHECK ONE):
___ Parent/Legal Guardian (In a house or apartment, in Section 8 housing, or military housing)
___ With an adult that is not a parent or legal guardian
___ Alone without a parent (unaccompanied youth).

List all siblings enrolled at Champion Schools Chandler

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION A:

Please "X" all boxes below that best describes where the student sleeps at night. IF NONE APPLY, LEAVE SECTION A & B BLANK AND SIGN BELOW:

___ In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded.
___ Staying with a friend or relative because of loss of housing, economic hardship or similar reason - not personal choice or convenience
___ In a shelter or transitional housing program (name of shelter or program):

___ In an unsheltered location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.
___ In a hotel/motel (Name of hotel/motel):

SECTION B ONLY FILL OUT IF YOU SELECTED AN OPTION IN SECTION A:

Last School attended (if applicable): ____________________________ Birth Date of Student: ____________

Current Address: ____________________________________________

Name of Parent/Guardian/Adult Caring for Student: _______________ Relationship: _______________ Home Phone Number: _______________ Cell Phone Number: _______________

Email Address: ______________________________________________

Is the student's address a temporary living arrangement other than a rental? YES _____ NO

The undersigned certify that the information provided above is accurate.

Signature of Person Providing Information

Parent/Legal Guardian/Caregiver/Unaccompanied Student: _______________ Date ____________

For School Use Only
Liaison Signature: ____________________________________________ Date of Review: ____________
# ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

## Grades K-12 (School year 2021-2022)

- Requirements are shown below as stated in [Arizona Administrative Code, R9-6-702, Table 7.1 and Table 7.2](#).
- Please review the [Arizona Immunization Handbook for Schools and Child Care Programs](#) along with the [Vaccine Catch-up Flowcharts & FAQs](#) for further information and details about immunization requirements and exemptions.
- Vaccines must follow ACIP minimum intervals and ages to be valid. See page 2 for minimum interval and catch-up schedule information.
- The 4-day grace period only applies to vaccine-administration minimum age and intervals. Refer to the Handbook for questions.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>4-6 Years Old and attendance in Kindergarten or 1st grade</th>
<th>7-10 Years Old</th>
<th>11 Years and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HepB</strong></td>
<td>3 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>The final dose of HepB must be given at 24 weeks of age or older. Only 3 doses are required if the 3rd dose was received at or after the child was 24 weeks of age; otherwise 4 doses are required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Polio</strong></td>
<td>4 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis (IPV)</td>
<td>The final dose of polio must be received at/after 4 years of age and at least six months after the previous dose. Only 3 doses are required if the 3rd dose was received on/after the child's 4th birthday and at least six months after the 2nd dose. Additional doses may be needed to meet requirements. See pg. 2 for retrospective history guidance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For OPV see page 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MMR</strong></td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps and Rubella</td>
<td>Minimum recommended age for dose 1 is 12 months. A 3rd dose will be required if dose 1 was given more than 4 days before 1st birthday.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VAR</strong></td>
<td>1 dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>Minimum recommended age for dose 1 is 12 months.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 doses, at least 4 weeks apart, are required if dose 1 was given at 13 years of age or older.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DTaP, Tdap, Td</strong></td>
<td>5 doses of DTaP</td>
<td>4 doses of tetanus-diptheria-containing vaccine (or combination of DTaP, Td or Tdap doses). At least one dose at/after 4 years of age and at least 6 months from previous dose. 3 doses (with one at/after 4 years) is acceptable if the first dose was given on/after 1st birthday; otherwise refer for an additional dose.</td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, and Pertussis</td>
<td>The final dose of tetanus-diptheria containing vaccine must be received at/after 4 years of age and at least six months after the previous dose. Only 4 doses are required if the 4th dose was received on/after 4 years of age; in certain situations an additional dose may be required, up to a maximum of 6 doses (before age 7).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MenACWY or MCV4</strong></td>
<td>Retrospectively: Menomune (Meningococcal Polysaccharide) vaccine was a quadrivalent vaccine so is acceptable; however, production of this vaccine was discontinued in February 2017. Menomune doses are considered acceptable for school requirements.</td>
<td>1 dose of MenACWY is required</td>
<td></td>
</tr>
<tr>
<td>Quadrivalent Meningococcal</td>
<td></td>
<td>A dose administered at 10 years of age will meet the requirement.</td>
<td></td>
</tr>
</tbody>
</table>

Arizona Immunization Program Office • 150 North 18th Avenue, Suite 120
Phoenix, AZ 85007 • (602) 364-3630
Last reviewed/revised June 2021
## ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY – Minimum Interval/Catch-up Guidance
### Grades K-12 (School year 2021-2022)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose #</th>
<th>Minimum Age</th>
<th>Minimum Interval Between Doses</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HepB Hepatitis B</strong></td>
<td>dose 1</td>
<td>Birth</td>
<td>At least 4 weeks between dose 1 &amp; 2</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>dose 2</td>
<td>4 weeks</td>
<td>At least 8 weeks between dose 2 &amp; 3 (or final)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>dose 3</td>
<td>24 weeks</td>
<td>At least 16 weeks between dose 1 &amp; 3 (or final) AND at/after 24 weeks of age</td>
<td>-</td>
</tr>
<tr>
<td><strong>Polio IPV or OPV</strong></td>
<td>dose 1</td>
<td>6 weeks</td>
<td>At least 4 weeks between dose 1 &amp; 2</td>
<td>Retrospectively: 1) A final dose given on or after August 7, 2009, must be given at or after 4 years of age and a minimum interval of 6 months from the previous dose. 2) Students who received 4 doses (with at least 4 weeks minimum intervals between doses and/or before the age of 4 years) PRIOR to August 7, 2009 have met the requirement. OPV given prior to April 1, 2016 will be presumed to be trivalent and therefore acceptable, regardless of age, or country, of administration. Any OPV doses administered on or after April 1, 2016 are presumed to be bivalent and therefore unacceptable. Poliomyelitis vaccine is not recommended in the U.S. for individuals 18 years of age or older; however, a complete series is still required for school attendance.</td>
</tr>
<tr>
<td></td>
<td>dose 2</td>
<td>10 weeks</td>
<td>At least 4 weeks between dose 2 &amp; 3</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>dose 3</td>
<td>14 weeks</td>
<td>At least 4 weeks between dose 3 &amp; 4</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>dose 4</td>
<td>4 years</td>
<td>At least 6 months between final dose and previous dose (could be final dose 3 or final dose 4)</td>
<td>-</td>
</tr>
<tr>
<td><strong>MMR Measles, Mumps and Rubella</strong></td>
<td>dose 1</td>
<td>12 months</td>
<td>At least 4 weeks (28 days) between dose 1 &amp; 2</td>
<td>If MMR dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).</td>
</tr>
<tr>
<td></td>
<td>dose 2</td>
<td>13 months</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>VAR Varicella (chickenpox)</strong></td>
<td>dose 1</td>
<td>12 months</td>
<td>At least 3 months between dose 1 &amp; 2 4 weeks (28 days) between doses if administered at age 13 or older</td>
<td>If varicella dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).</td>
</tr>
<tr>
<td><strong>DTaP, Tdap, Td Tetanus, Diphtheria, and Pertussis</strong></td>
<td>dose 1</td>
<td>6 weeks</td>
<td>At least 4 weeks between dose 1 &amp; 2</td>
<td>DTaP is licensed for children through age 6. If catch-up doses are needed at age 7 or older, Tdap or Td should be used to start/complete the series. A Tdap given at age 7-9 years of age does not count for the 11-12 year old Tdap requirement; a Tdap should be given once 5 years has passed since last dose of tetanus-diphtheria containing vaccines was given. Retrospectively, if a child received a Tdap at age 10 as part of a catch-up series, or inadvertently earlier than the recommended age of 11-12, the dose may be counted as the adolescent dose and is acceptable to meet school requirements. Once a valid adolescent Tdap dose has been received, a tetanus booster is recommended when 10 years has passed since last dose of tetanus-containing vaccine.</td>
</tr>
<tr>
<td></td>
<td>dose 2</td>
<td>10 weeks</td>
<td>At least 4 weeks between dose 2 &amp; 3</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>dose 3</td>
<td>14 weeks</td>
<td>At least 6 months between dose 3 &amp; 4</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>dose 4</td>
<td>12 months</td>
<td>At least 6 months between dose 4 &amp; 5</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>dose 5</td>
<td>4 years</td>
<td>In general, a child should not receive more than 4 doses prior to the 4th birthday or a total of 6 doses prior to the 7th birthday; however, the child should still receive a dose at/after 4 years of age and at least 6 months from previous dose</td>
<td>-</td>
</tr>
<tr>
<td><strong>MenACWY, MCV4 Meningococcal</strong></td>
<td>dose 1</td>
<td>10 years</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

- Only quadrivalent meningococcal ACWY vaccine doses will be accepted. The vaccines given currently in the U.S. are Menactra, Menevo, and MenQuadrix. No monovalent or bivalent meningococcal vaccinations will be accepted (MenA, MenB, MenC, or MenC/Y).
Dear Champion Families,

We are so excited to begin a new school year! Thank you for becoming Champions and allowing us to serve your student(s). We have taken time this summer to collaborate with students, parents and staff and as we begin the busy first weeks of the school year, we would like to remind and notify families of policies that will be enforced this year. We appreciate your continued cooperation in keeping our campus safe and running smoothly. **We look forward to seeing everyone in July!**

Thank you,

Ms. Bulger

**TARDIES**

- School starts at 8:00 am. Please have your child here on time! Students will be considered tardy at 8:05 am. At that time ALL parents MUST park, escort, and sign their child(ren) in at the front desk. Any student(s) that comes in without a parent will be called to come back and sign their student(s) in per school regulations. Neither the front desk nor the students themselves will be allowed to sign them/themselves in.
- Breakfast will only be **served until 8:15 am**. Any students arriving after 8:15 will not be permitted to get breakfast outside of the classroom.
- All tardies and absences will be enforced and followed by Maricopa County C.U.T.S. (Court Unified Truancy Suppression) Program.

**DISMISSAL AND STUDENT PICK UP**

- Any student that needs to leave school early must be picked up by 2:30 pm. There will not be any students dismissed from the front office between 2:30-3:00 pm.
- Dismissal is at 3:00 pm. Families are given a fifteen minute grace period and students must be picked up by 3:15, Monday-Thursday and by 12:15 on Friday/Noon Dismissal days. There will be a $1.00 per minute charge (PER STUDENT) after 3:15 pm or 12:15 pm, for any students in the office. Students will not be permitted to leave the building after 3:15 pm until an adult signs them out from the office.
  - ALL late fees will need to be paid in current for any student to participate in any outside school activities (including but not limited to field trips, Fall Festival, Book/Math Challenge, Sport etc.)
- Students will not be able to use the phone to call for parent pick-up until after 3:15 or 12:15 on Noon Dismissal day.
- Students will not be permitted to cross the street into the parking lot without an adult. If you are not waiting in the pick-up line, you must park and get your student from their dismissal line.
- **FOR SAFETY REASONS, THE NORTH CROSSWALK IS THE ONLY LOCATION STUDENTS AND FAMILIES SHALL USE TO CROSS THE STREET.**
UNIFORMS
- Uniform shirts K-3rd grade are $45/pack of 5 - 4-8th grade are $55/pack of 5
- Uniform bottoms are ONLY khaki or navy blue. **please note that black pants/shorts are no longer included in the uniform policy. NO LEGGINGS PERMITTED.**
- ALL students must wear complete uniform every day (proper shirt, shorts, and athletic shoe) otherwise parent/guardian will be notified to either bring clothes or pick up the student. **NO EXCEPTIONS WILL BE MADE.**
- Students will only be allowed to wear the Champion Schools sweatshirt or solid black outerwear. No printed/logos or inside out will be allowed on hoodies or sweatshirts. A Uniform shirt is still required under all outerwear/jacket.

SPORT
- K-3rd grade students are REQUIRED to play 1 sport throughout the school year.
- 4-8th grade students are REQUIRED to play 2 sports throughout the school year.
- Siblings are not permitted to stay on campus after school for practices unless they are supervised by a parent or responsible adult - teacher coaches are not responsible for children not included on their team's roster.
- All Junior Varsity Sports will be $60/sport and **must be paid in FULL before student receives their uniform or is allowed to play in a game.**
- Varsity Sports will be $90/sport. Once the child is chosen for a Varsity sport the sport fee must be paid by the first game. If payment is not received by the first game, the student will not be allowed to play. If payment is not received by the second game, the player will be removed from the roster. **NO EXCEPTIONS WILL BE MADE.**
- Volunteer coaches are needed. Any parent that coaches a sport will receive a sports scholarship for their student/s. Please contact Coach Ross at oross@championschools.org if you are interested.

BREAKFAST AND LUNCH
- No outside breakfast is permitted in the classroom. This includes ALL drinks other than water.
- Students will not be permitted to have food delivered to the school. **They must bring a lunch from home or purchase a school lunch. No exceptions.**

SCHOOL SUPPLIES
- The teachers will send out the supply lists and families may obtain these supplies where they choose. All students should come prepared with their supplies the first day of school.
- Champion Schools as a district are transitioning to CLEAR BACKPACKS for all grades. Please provide your student with a clear backpack for the 2022-2023 school year.
Uniform Policy

To promote an attitude of good grooming, healthful living, and a positive learning environment, the following personal appearance standards have been established:

Student Uniform Policy
Champion Schools believes it is beneficial to create a uniform policy that will assist in creating a successful environment for Student-Athlete learning at Champion Schools.

Uniform Tops
- Girls and boys must wear a school APPROVED shirt that can be purchased online.
- All students will wear the designated Champion Schools collared polo.
- Boys and Girls Uniform shirts must be tucked in at all times. Girls are not allowed to tie their shirts.

Uniform Bottoms
- Shorts or pants, the only approved colors are navy blue and khaki. (No Jeans, No Leggings)
- Belts are optional as long as the shorts and pants fit the student correctly.

Girls additional attire
- Skirts, skorts, capri’s are optional, The only approved colors are navy blue and khaki.
- A-line jumpers are acceptable in uniform colors as long as they are worn with shorts and school uniform underneath.
- Shorts and skirts may not be more than 4” above the knee.
- Leggings will not be allowed with additional attire, such as shorts, skirts, or over the top of the leggings.

Dress Code
All clothes need to be:
- Clean and neat.
- The appropriate size (not too tight or too big).
- Not be torn, tattered or written on.

Jackets/ Coats/ Sweaters/ Sweatshirts will be:
- Students may only wear a “Champion” issued sweatshirt or a plain black sweatshirt with no writing or art on it.

Jewelry/ Piercings will be:
- Need to be kept to a minimum.
- Include only appropriate neckwear, bracelets, belts, and sweatbands.
- No excessive number of wristbands, bracelets, or anklets.
- All jewelry is worn at your risk.

Footwear will be:
- Closed toe shoes are required at all times.
• No shoes or sandals with open backs due to safety concerns.

**Headwear will be:**
• Only worn outside the building(s).
• Restricted to school appropriate designs that are not vulgar, violent, obscene, or gang related.
• “Do-rags” or, bandanas will not be allowed.

**Special Dress Day**

**Dress Down Day**
We will have designated school fundraisers throughout the year, where students can pay $1 to dress down.

**Spirit Week**
We will have school spirit weeks every term. Students can dress according to spirit week or wear school uniform during these weeks.

**Field Trips**
Students will have an assigned uniform shirt by the teacher or school to wear on field trips.

**UNIFORM POLICY VIOLATIONS**
All uniform policy violations will result in consequences associated with Champion Schools student code of conduct.

Grades K-8th violations will result in a consequence including, Uniform Referral to the office, call to parents, and possibly suspension from school.

**Students who violate the school dress code will not be allowed in class until they’re in compliance with the school’s dress code.**

**Parents will be called and required to bring proper school attire.**

**School suspension will result after three uniform referrals given.**