

Imagine Elementary at Desert West

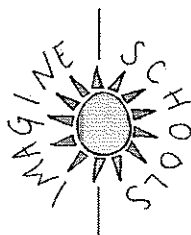
Enrollment Packet 2010-2011



Student's First Name _____ Student's Last Name _____

Grade Level Interest

- All Day Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade



6738 W. McDowell Road • Phoenix, AZ 85035

623-344-7150



Imagine Desert West

February 2, 2010

Dear Parents,

There are so many things to celebrate here at Imagine Schools at Desert West! We know that choosing the right school for your child is an important decision, which is why we wanted to make you aware of why we're celebrating.

Imagine Schools at Desert West is proud to be a Kids at Hope School. This program has been implemented across all grade levels and reinforces the fact that all of our students can succeed -- no exceptions! We're equally proud of our NCA/AdvancED accreditation. This nationally recognized certification means our school is held accountable to the highest standards in several key areas including teaching and learning, governance and leadership, and resources and support systems.

Our emphasis on academic enrichment programs and early intervention has resulted in impressive academic gains for our students. For example, our fourth grade AIMS math scores for 2009 were at 63% -- a 27% increase from the 2008 results. And our eighth grade AIMS writing results for 2009 were at 96% -- 10% higher than the state average! This academic improvement was also seen in the results of the Imagine Schools statewide Science Fair competition. Two of our eighth grade students took first and second place and one of our seventh graders took third place!

Parents like you have seen the results of our hard work and chosen to give their child a higher standard of tuition-free public education. The result has been tremendous growth in our school! In less than five years, we have grown from 240 students to more than 785 students -- and the waiting list continues to grow!

As you can see, there is so much to celebrate here at Imagine Schools at Desert West and we want to ensure your child's place in our exceptional school! Please be sure you turn in your child's completed enrollment packet today. In certain grade levels, we have many families already on a waiting list. **By turning in your enrollment packet today, we can offer your child an opportunity to be part of a tuition-free learning environment of achievement and success!** Thank you for being a part of our celebration and enrolling your child today!

Cordially,

Freddie Villalon
Principal

Bill Heintz
Assistant Principal

Registration Checklist

Imagine Elementary at Desert West
6738 W. McDowell Road
Phoenix, AZ 85035

- Student Enrollment Forms
- Birth Certificate
- Home Language Survey ___ Eng only ___ Other than Eng
- Special Education Form ___ IEP ___ 504 ___ No IEP
- Request for Student Records Date Requested _____
- Parent Survey
- Standard of Dress Form
- Medical Information Form
- First Aid Release
- Immunization Record
- Emergency Card
- Media Release
- Permission to Walk Home

(For Office Use Only)

Date Packet Returned _____

Date Entered into SIS _____

Start Date _____

Orientation Date _____

Assigned Teacher _____

This enrollment packet is not considered complete until the records from the previous school are obtained.

Student Enrollment Form

Imagine Elementary School
3738 W. W. Dowell Road
Phoenix, AZ 85035

STUDENT INFORMATION

Name (Last, First MI)		Social Security Number		
Home Address		Date of Birth	Place of Birth	
City	State	Zip Code	Last School Attended	Home schooled <input type="checkbox"/>
Home Phone ()		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Grade Entering
Student Lives With (Check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parents				
<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other (Please Specify) _____				
Race/Ethnic Background <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian				
<input type="checkbox"/> Hispanic/Latino of any race <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian (White)				

FAMILY INFORMATION

Name: Mother/Guardian			Name: Father/Guardian		
Home Address			Home Address		
City	State	Zip Code	City	State	Zip Code
Home Phone ()			Home Phone ()		
Mobile/Pager ()			Mobile/Pager ()		
Social Security Number			Social Security Number		
Employer			Employer		
Employer Address			Employer Address		
Business Phone ()			Business Phone ()		
Email Address			Email Address		
Hobbies or talents you are willing to share with our students			Hobbies or talents you are willing to share with our students		

OTHERS LIVING IN THE HOME

Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____
Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____

EMERGENCY CONTACT INFORMATION

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.

Name _____	Relationship _____	Address _____		
Home Phone () _____	Work Phone () _____	City _____	State _____	Zip Code _____
Name _____	Relationship _____	Address _____		
Home Phone () _____	Work Phone () _____	City _____	State _____	Zip Code _____
Name _____	Relationship _____	Address _____		
Home Phone () _____	Work Phone () _____	City _____	State _____	Zip Code _____
Name _____	Relationship _____	Address _____		
Home Phone () _____	Work Phone () _____	City _____	State _____	Zip Code _____

I hereby permit the school to release my child to the above name person(s) upon my written or telephoned request.

Parent/Guardian Signature _____ Date _____

The following person(s) may **NOT** remove my child from the school.

Name _____	Custody Papers on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____			
Name _____			

HOW DID YOU HEAR ABOUT THE SCHOOL

Direct Mail
 Newspaper
 Flyer
 Internet
 Passing By
 Magazine
 Word of Mouth
 Yellow Pages
 Other (Please Specify) _____

Home Language Survey

Imagine Elementary at Desert West
6738 W. McDowell Road
Phoenix, AZ 85035

State of Arizona
Department of Education
Office of English Language Acquisition Services

Tom Horne
Superintendent of
Public Instruction

These questions are in compliance with R7-2-306 from the Board Rules.

PHLOTE -Primary Home Language Other Than English
Home Language Survey
(Effective July 1, 2009)

This question is in compliance with A.R.S. 15-756. **Identification of English Language Learners**

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

Language: _____

Student Name _____

Date of Birth _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY:

Student I.D. _____ SAIS I.D. _____

Special Education Form

Imagine Elementary at Desert West
6738 W. McDowell Road
Phoenix, AZ 85035

In order to provide continuity in the educational environment, it is important that Imagine Schools be informed of any special educational services received by your child in the past.

Student _____ Date of Birth _____

School _____ Grade _____

Was your child ever enrolled in any Special Education Programs?

Yes No If yes, please check all that apply.

Speech Learning Disability (LD) If yes, in what areas? _____

Occupational Therapy Physical Therapy Other (Please Specify) _____

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

Yes No

***The Evaluations must be attached to the enrollment packet.**

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

Yes No

*** The current I.E.P. must be attached to the enrollment packet.**


Does your child currently have a 504 Accommodation Plan?

Yes No

*** The current 504 Accommodation Plan must be attached to the enrollment packet.**

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

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

Request for Student Records

Imagine Elementary at Desert West
 6738 W. McDowell Road
 Phoenix, AZ 85035

Student			Social Security Number
Home Address			Date of Birth
City	State	Zip Code	Home Phone
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			Parent/Guardian

Requested From (in order from most recent school attended)

Last School Attended			Last School Attended		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Last School Attended			Last School Attended		
Address			Address		
City	State	Zip Code	City	State	Zip Code

Information requested consists of:

- Withdrawal Form (SAIS # and school CTDS # should be included if last school attended is in Arizona)
- Official transcript
- Immunization Record
- Birth Certificate
- Withdrawal Grades and Date of Withdrawal
- Testing Data and Results
- Legal Guardianship or Custody Papers
- Current IEP and Psych Evaluation
- EII Testing and Results

The Federal Law 99.31 allows for educational records to be sent to other educational agencies without the parent's signature.

Send Records To: **Imagine Elementary at Desert West**
6738 W. McDowell Road
Phoenix, AZ 85035
 Phone (623) 344-7150 Fax (623) 344-7160

<input type="checkbox"/> First Request	<input type="checkbox"/> Second Request	<input type="checkbox"/> Third Request
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Parent Survey

Imagine Elementary at Desert West
6738 W. McDowell Road
Phoenix, AZ 85035

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

Student _____

Date of Birth _____

Last School Attended _____

Grade _____

How did you learn about Imagine Schools?

Has your child ever repeated a grade or been retained by another district?

Yes No

Has your child ever been suspended by another district? If yes, please explain.

Yes No

Has your child ever been expelled from school?

Yes No

From what school _____

Date(s) of Expulsion _____

Comments _____

How does your child relate to authority? Does your child resist authority?

How does your child get along with other children?

Has your child participated in any extra-curricular activities? If yes, please list below.

Yes No

Please describe any special needs your child might have.

I hereby certify that the above information is true and correct. I understand that misinformation may result in dis-enrollment. Imagine Schools does not accept students who have been expelled from other schools. Official enrollment begins on the first day of school.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____

Date _____

Standard of Dress

Imagine Elementary at Desert West
6738 W. McDowell Road
Phoenix, AZ 85035

All students are expected to adhere to the following standard of dress guidelines while on campus or while attending an off campus school sponsored activity. All final decisions regarding appropriateness of the uniform, headwear, shoes, hair style, or appearance in general, is left to the discretion of the principal.

You may select from the following choices.

GIRLS

Polo Shirts (long or short sleeve) *Hunter Green, Navy Blue, or Burgundy*

Skorts, Skirts, or Shorts (no more than 3 inches above the knee) *Navy Blue or Khaki*

Pants (all pants with belt loops require a belt) *Navy Blue or Khaki*

BOYS

Polo Shirts (long or short sleeve) *Hunter Green, Navy Blue, or Burgundy*

Shorts (length not to be below the knee) *Navy Blue or Khaki*

Pants (all pants with belt loops require a belt) *Navy Blue or Khaki*

OPTIONAL

Sweatshirts (solid colors with no writing or logos) *Hunter Green, Navy Blue, or Burgundy*

Cardigan Sweaters *Hunter Green, Navy Blue, or Burgundy*

THE FOLLOWING WILL NOT BE ACCEPTED

Hats or bandanas (The Principal will make exceptions on outdoors sports days or excessive weather)

Beepers, cell phones, hand held games, or portable CD/MP3/tape players

Shoes with heels over 1 inch or sandals without back support strap

Tattoos or facial piercings

Baggie pants or pants with hems dragging on the ground

Oversized shirts or shirts that are "long hanging"

Gum, unnatural hair color or hair styles

I agree to support the Imagine Schools Standard of Dress. I understand that violations of the above dress code as perceived by the administration, may result in disciplinary action.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

_____ Date

Medical Information Form

Imagine Elementary at Desert West
6738 W. McDowell Road
Phoenix, AZ 85035

Medical History (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies (food or otherwise) | |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> TB | |

Doctor's Name _____ Phone _____

Hospital Preference _____ Phone _____

Is your Child Taking Any Medication? Yes No If yes, name the medication(s) and for what condition(s).

**Medication may not be administered without prescription release form, available in the school office.*

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

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

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.

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

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

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

Additional Comments/Other Special Instructions

The above emergency and medical information is provided by:

Parent/Guardian Signature _____ Date _____

First Aid Release

Imagine Elementary at Desert West
6738 W. McDowell Road
Phoenix, AZ 85035

I hereby give consent for my child to receive the following over-the-counter medications (check all that apply) from the Imagine School staff. Imagine School staff will administer first aid only as needed.

Bandages

Antiseptic

Ice Packs

Student's Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature

_____ Date

No Medication will be distributed without a Signed Medication Consent form provided by the Health Office upon request

Emergency Information and Immunization Record Card

Child's Name: _____ Date Enrolled: _____ Updated: _____

Home Address: _____ Date Disenrolled: _____
Street City State Zip

Home Phone: _____ Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____	
Home Address: _____ <small>Street City State Zip</small>	
Home Phone: _____	Cell Phone: _____
Business Name: _____	Work Phone: _____
Business Address: _____ <small>Street City State Zip</small>	
Signature: _____	

Father or Guardian Name: _____	
Home Address: _____ <small>Street City State Zip</small>	
Home Phone: _____	Cell Phone: _____
Business Name: _____	Work Phone: _____
Business Address: _____ <small>Street City State Zip</small>	
Signature: _____	

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? No Yes Name of Insurance Company _____
(Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

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.

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. yes no

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

 Parent or Guardian printed name Signature Date: _____

Immunization Information

Age	Required Vaccine Doses by Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 - 3 months	#1	#1	#1				
4 - 5 months	#2	#2	#2	#2			
6 - 11 months	#3		#2 - #3 ¹				
12 - 14 months		#3	#1 - #4 ²	#3		#1	#1
15 - 59 months	#4						
24 - 71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

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

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

____/____/____
MO /DAY/ YR

____/____/____
MO /DAY/ YR

____/____/____
MO /DAY/ YR

Updated immunizations received and attached

____/____/____
MO /DAY/ YR

____/____/____
MO /DAY/ YR

____/____/____
MO /DAY/ YR

Medical Information

Is child allergic to food or other substances? No Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes _____

Is child subject to convulsions and what should be our procedure if one occurs? No Yes _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? No Yes _____

Additional comments: _____

Other special instructions: _____

Telephone Authorization Code : _____ (optional)

Student Media Release

Imagine Elementary at Desert West
6738 W. McDowell Road
Phoenix, AZ 85035

I hereby agree and give my permission for Imagine Schools, Inc. and/or Imagine Elementary at Desert West (the "School") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by Imagine Schools, Inc. and/or the School, including, without limitation, for posting on the Imagine Schools, Inc. and/or School's website and/or for distribution in print or broadcast media. I hereby further agree that Imagine Schools, Inc. is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as Imagine Schools, Inc. and/or the School shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Imagine Schools, Inc. and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for Imagine Schools, Inc. and/or the School, including without limitation Imagine Schools, Inc. and/or the School, in all manner and media, as Imagine Schools, Inc. and/or the School determines in their sole discretion. I also understand that Imagine Schools, Inc. and School shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Imagine Schools, Inc. and the School shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing Imagine Schools, Inc. and the School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Student Name _____

Grade _____

Teacher _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date _____

Permission To Walk Home

Imagine Elementary at Desert West
6738 W. McDowell Road
Phoenix, AZ 85035

The safety of your child(ren) is a high priority for us at Desert West. Because of this, we need to know if your child will be walking to and/or from school. Please complete the permission slip below.

Student Name _____ Today's Date _____

Grade _____ Phone Number _____

Address _____ Alternate Phone Number _____

I give permission for my student to walk to and from school at Imagine Elementary at Desert West (6738 W. McDowell Rd.)

Yes No

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

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

OFFICE USE ONLY

Teacher _____

Room Number _____