



Learning Matters Educational Group

Calibre Academy of Surprise

15688 W. Acoma Dr., Surprise, AZ 85379
Phone: (623) 556-2179 Fax: (623) 556-2806
Surpriseoffice@calibreacademy.com

- ☐ Student Enrollment Forms
- ☐ Medication Administration Form
- ☐ **Arizona Residency Form – (Must submit a copy of the appropriate documentation along with this enrollment form)**
- ☐ Home Language Survey
- ☐ Race and Ethnicity Data Collection Form
- ☐ Request for Student Records
- ☐ Directory/Photo Release Form
- ☐ Special Education Form
- ☐ After School Release Form
- ☐ Parent Volunteer Services Form
- ☐ Standard of Dress Form
- ☐ Computer Information Services User Agreement
- ☐ Guidelines To Determine Eligible Students Survey
- ☐ **Immunization Record**
- ☐ **Student's Proof of Identity and Age** –This includes one of the following: birth certificate, student's baptismal certificate, an application for a social security number, a letter from the authorized representative of an agency having custody of the student or the original registration records and an affidavit explaining the inability to provide a copy of the birth certificate.

(For Office Use Only)

Date Packet Returned _____

Start Date _____

Assigned Teacher _____

Accepted by _____

Staff Initials

Data Input by _____

Staff Initials



Date _____

Student Enrollment Form

In-person _____ Online _____

Student Information

First Name: _____ Middle: _____ Legal Last Name: _____

Student Address: _____ City: _____ ZIP Code: _____

Gender: ☐ Male ☐ Female Grade: _____ Home Phone: _____

Date of Birth: _____ State of Birth: _____ Country of Birth: USA Other: _____

School Last Attended: _____ Address: _____ Phone #: _____

Has your child ever received any of the following:

Special Education Services ☐ No ☐ Yes Gifted Services ☐ No ☐ Yes Disciplinary: ☐ Suspension

504 Plan Services ☐ No ☐ Yes IEP ☐ No ☐ Yes ☐ Attendance ☐ Expulsion

Parent/Guardian Information

Custody of Student: ☐ Joint ☐ Mother ☐ Father ☐ State ☐ Temporary ☐ Other

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ State ☐ Temporary ☐ Other

Mother's Information: Contact 1st _____ Contact 2nd _____

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Father's Information: Contact 1st _____ Contact 2nd _____

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Legal Guardian/Other Information: Legal Guardian Step-Parent Other

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

SCHOOL USE ONLY

Date of Entry: _____ Entry Code: _____ Grade: _____ Teacher: _____ Room: _____

Immunization Records: ☐ Yes ☐ No SAIS ID#: _____ Birth Certificate: ☐ Yes ☐ No

Interview: Scheduled for: _____ at: _____ Previous Report Card: ☐ Yes ☐ No

Interviewer: _____ Date: _____

Statement of Disclosure



I/We have truthfully answered all questions on this enrollment form.

I/We understand that student grade level placement is based upon his/her previous grades/credits, recommendations, and test scores.

Please feel free to call or fax the Administration Office if you have any questions.

Signature of Parent/Guardian

Date

Calibre Academy is a non-sectarian, publicly-funded group of charter schools and does not discriminate in its enrollment or hiring practices on the basis of gender, race, religion, or ethnic origin, color or disability.

Signature of Administrator

Date



Medication Administration Form

From time to time students unexpectedly need medication during a school day. When this need arises, the school nurse (or person designated by the director) may administer over-the-counter medications, such as those listed below, with parental consent. Although a student may have a signed consent form on file, when symptoms arise at school of which a parent may not be aware, verbal/phone verification may be obtained before administering medications.

For students needing a prescription medication during school hours, indicate this medication and dosage below. If the dosage and/or medication changes in any way, immediately send a written verification, with doctor's note, of this change to the office.

Please note that it is against school policy for students to carry any prescription or over-the-counter medication with them during the school day. This includes pain relievers and herbs. All medication must be checked into the front office and will be kept in the health specialist's office.

Please complete the form below:

Student Name: _____ Grade: _____ Date of Birth: _____

Please list student's **allergies or allergic reactions**: _____

Please list student's **medical conditions**: _____

Check each box yes or no (if left blank, will be considered no)

YES	NO	MEDICATION	DOSAGE	FREQUENCY
		Tylenol (Acetaminophen)		Every four (4) hours if necessary
		Advil/Motrin (Ibuprofen)		Every four (6) hours if necessary
		Tums or other antacids		Every four (4) hours if necessary
		Other: Benadryl (Antihistamine)		
		Other:		
		Prescription Medicine (must be in original pharmacy bottle/package) :		

I authorize the school health specialist or designee to give the medication(s) checked above to my child when needed.

Parent /Guardian Signature: _____ Date: _____



Student Records Request

I authorize the release of records for the following student:

Last Name: _____ First Name: _____ DOB: _____

Prior School Name/District: _____ Grade Level: _____

Address/City/State/Zip: _____

Telephone: _____ Fax: _____

Please forward the entire record including:

1. Birth Certificate
2. Immunizations/Health History/Medical Evaluation
3. Attendance Records
4. IEP/Special Ed Records/504 Plan/ELL Records
5. Psychological Evaluation Records
6. Grades – Official Transcript
7. Achievement Scores- Test scores, AZ Merit
8. Withdrawal Form

Parent/Guardian Signature: _____ Date: _____

PLEASE SEND RECORDS TO:

☐ **Calibre Academy Surprise**
15688 W. Acoma Dr.
Surprise, AZ 85379
Phone: 623-556-2179
Fax: 623-556-2806
surpriseoffice@calibreacademy.com

1st request _____

2nd request _____



Student Directory Information Release Form

During the school year, school district or charter school staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the district governing board or charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter operator is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information containing the student's names, addresses, and telephone listings.*

If you *do not* want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District/charter in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form, or October 31, whichever occurs first. If the school district or charter school does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son/daughter's designated directory information.

TO: Principal

I *do not* want any or all the information I have indicated below concerning (student's name) _____ designated as directory information and released to any person or organization without my prior written consent:

- | | |
|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Honors and awards received |
| <input type="checkbox"/> Telephone Listing | <input type="checkbox"/> Enrollment status (e.g. part time or fulltime) |
| <input type="checkbox"/> Date and place of birth | <input type="checkbox"/> Address |
| <input type="checkbox"/> Dates of attendance | <input type="checkbox"/> Weight and height (members of athletic teams) |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Most recent educational agency or institution attended |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Major field of study |
| <input type="checkbox"/> Grade level | <input type="checkbox"/> Participation in officially recognized activities/sports |

Parent/Guardian Signature

Date



Special Education Form

In order to provide continuity in your child's educational program, it is important that Calibre Academy is made aware of any Special Education services he/she has received. Please complete the following information to help us expedite your child's proper placement.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Was your Child ever enrolled in any Special Education Programs?

☐ Yes ☐ No If yes, please

specify: _____

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

Does your child currently have a 504 Accommodation Plan?

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

☐ Yes ☐ No

Has the student ever been suspended, dismissed, or expelled from a school?

☐ Yes ☐ No

If yes, please provide

details: _____

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

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____



After School Dismissal Plan

To insure the safety of your children after school releases, we are asking for you to provide the following information:

My Child, _____ will, (check one please)

- ☐ Attend Aftercare at Calibre/ see front office personnel for details
- ☐ Walk/Ride bike home
- ☐ Be picked up by:

_____ relationship: _____ Contact # _____

_____ relationship: _____ Contact # _____

_____ relationship: _____ Contact # _____

After School Dismissal:

So that dismissal runs as smoothly as possible, afternoon dismissal times are staggered as follows:

_____ **2:30 PM** Kindergarten students **without** siblings ***Wednesday release will be at 12:00 for Kindergarten.**

Kindergarten students with siblings will be released to the cafeteria to wait for older siblings, released as follows:

- Kindergarten students with **1st-3rd** grade siblings will be picked up in the south parking lot at 2:45 P.M.
- Kindergarten students with **4th-8th** grade siblings will be picked up in the south parking lot at 3:00 P.M.

_____ **2:45 PM** 1st-2nd grade students without older siblings are released from the **South Parking lot.**

3rd grade students with no siblings are released from the **North Parking lot.**

3rd grade students with a younger sibling are released from the **South Parking lot.**

_____ **3:00 PM** 4th-8th grade students without a younger sibling are released from the **North Parking lot.**

4th-8th grades students with a 3rd or younger sibling are released from the **South Parking lot.**

It is very important that parents arrive at the time your student(s) are dismissed. You should remain in your cars and we will release your student(s) right to you. Please do not leave your cars unattended or park in areas other than designated parking spaces. Each family will receive colored placards with numbers. These must be displayed in the car windshield or carried with you in order to pick up your children.

Emergency Information

Emergency Contact Name: _____ Telephone: _____

Relationship to Student: _____

Emergency Contact Name: _____ Telephone: _____

Relationship to Student: _____

Physician's Name: _____ Telephone: _____

Hospital Preference: _____



Calibre Bus Transportation*

Student's Name: _____ Grade Level: _____

Please **check one of the appropriate boxes.**

- ☐ No, I do not need to have transportation for my child
- ☐ Yes, I would like to have bus transportation for my child. If yes, please provide your contact information.

My major cross streets are:

Name:

Address:

Contact Phone Number:

Please return completed form to the school's main office.

Thank you!

****Please note: Our bus only services a limited area. Please contact the office for further details.***



Volunteer Services Form

Calibre Academy encourages volunteer assistance in a variety of ways. Calibre Academy desires and needs volunteers at the school. If you are interested in volunteering in any of the areas listed below, please check the box that applies and complete the contact information below.

- ☐ Office
- ☐ Classroom Aide
- ☐ Lunchroom Aide
- ☐ Athletic Events
- ☐ Fundraising for Classes
- ☐ Playground Aide
- ☐ Parents Club (Parent/Teacher organization)
- ☐ Other: _____

Name: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

E-mail: _____

Student Name(s): _____ Grade(s): _____

Best time to contact you: _____



DRESS CODE

Uniform Guidelines

Calibre Academy is a uniform school. **Alert to Parents-** If your student is not in uniform, you will receive a phone call from the office. If it is not possible for you to bring appropriate clothing, your student will be required to wear an appropriate alternative shirt or slacks supplied by the school. The student will change into clothes from the health aide office. The student will change back to his or her own clothes at the end of the day.

Please label all uniforms with a black permanent marker on the inside care labels with first and last name.

All Students

1. The Calibre polo shirt color may only be **light blue, navy, red, or heather gray** and **must have the Calibre logo**. If an undershirt is worn, it must be tucked in and not visible below the hem of the polo shirt. Spirit shirts may only be worn on Fridays and field trips.
2. Shoes/Socks – Girls and Boys – Socks and shoes must be worn every day. Girls may wear tights or leggings under the jumpers, skirts, or skorts. Shoes styles are the choice of students, tie-up, flats, etc.; however, open toed shoes, flip flops, Crocs, and slippers are not allowed due to safety concerns. **Tennis shoes must be worn on PE days.**
3. Hairstyles – All students shall keep hair clean, well groomed, and conservative in style. No hairstyles that are disruptive to the educational environment will be allowed. **The administration reserves the right to decide what is acceptable and what is not.**
4. Tattoos are unacceptable. Temporary tattoos should not be visible.
5. No Heeley's are permitted on campus.
6. When there is a "wear your own clothes day" (students may wear their own clothes on their birthdays) clothing must be neat, proper fitting, and school appropriate. No intentional or "stylish" tears or cuts should be found on pants or tops. If an undershirt is worn, it must be tucked in and not visible below the hem of the outer shirt. No short or skin-tight shorts or skirts may be worn. T-shirts must cover the entire upper half of the body; **no spaghetti straps or tank tops**. "Dress Down" still requires compliance to the dress code- shirts, pants/skirts/skorts/shorts, shoes, and socks.
7. **Hats-** Hats are not to be worn inside the classrooms.
8. **SWEATERS/CARDIGANS/SWEATSHIRTS/JACKETS:** These must be a Calibre jacket/sweatshirt or solid color, no logos. Jackets may be worn outside; however, they must be removed in the classroom/building. In addition, hoodies, hats, bandanas, or beanies may not be worn inside any building, classroom or cafeteria. If students have the above items in the classroom it is considered a dress code violation.

Note: To attend class, all students must be in compliance with **all parts** of the student dress code. It is the responsibility of both parents and students to understand and agree to the Calibre dress code as part of the enrollment process.

Girls: Kindergarten through 8th grade

Girls kindergarten through 8th grade have the option to wear the following navy blue, khaki or **blue** jeans (with no intentional or "stylish" tears or cuts) that are proper fitting uniform bottoms: pants, shorts, capris or skorts along with the Calibre logo short sleeve or long sleeve shirt. Girls can also wear navy blue or khaki jumpers with a white sleeved buttoned down short or Calibre polo. Shorts must be worn under jumpers. All uniform bottoms must be **no shorter than the end of the middle fingertips with the arm straight at the side**. A schedule of the PE days will be sent home by the classroom teacher; tennis shoes **must** be worn on those days. Jeggings, or leggings bottoms are all not allowed. Sweatpants may be worn on dress down days only.

Boys: Kindergarten through 8th grade

Boys kindergarten through 8th grade may choose to wear navy blue, khaki or **blue** jeans (with no intentional or "stylish" tears or cuts) that are proper fitting uniform pants or shorts along with the Calibre logo short sleeve or long sleeve shirt. Pants must be worn at the waist. Tennis shoes must be worn on PE days.

Administration has the right to determine uniform or hair violations.



I agree to support the Calibre Academy 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: _____



USE OF TECHNOLOGY RESOURCES IN INSTRUCTION COMPUTER INFORMATION SERVICES USER AGREEMENT

Details of this user agreement shall be discussed with each potential user of the computer information services. When the signed agreement is returned to the school and/or district office, the user may be permitted to use computer information services (CIS) resources. **Access to computers will not be granted without a parent/guardian signature on the back of this form.**
Student's inability to access computers will affect their grade in Technology.

Terms and Conditions

Acceptable Uses. Each user must:

- Use of the CIS to support personal educational objectives consistent with the educational goals and objectives of Learning Matters Education Group.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Immediately inform their supervisor if inappropriate information is mistakenly accessed.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school-employed persons.
- Not use the CIS in any way that would disrupt the use of the CIS or by others.
- Not use the CIS for commercial or financial gain, political lobbying, or fraud.
- Not attempt to harm, modify, add, or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the CIS and appropriate disciplinary action up to and including expulsion for students.
- Publish information/student work *only* on LMEG servers or district approved web hosting vendors. Users placing information on the Internet using the District's CIS are publishing information on behalf of the District.
- Be responsible for the appropriate storage and backup of their data.
- Only download plug-ins for the purpose of enhancing the visual appeal of educational websites (i.e. Shockwave, RealPlayer, QuickTime, Flash, etc.).

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the CIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance, file, and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Unacceptable Uses.

- Users may not connect or install any computer hardware, hardware components or software, which is their own personal property to and/or in the district's CIS without the prior approval of the District Information Technology Department.
- Users shall not post information that could cause damage or pose a danger of disruption to the operations of the

CIS or the District.

- Users shall not access the network for any non-educational purposes.
- Users will not gain or attempt to gain unauthorized access to the files of others, or vandalize the data or files of another user.



- Users will not download and use games, files, documents, music, or software for non-educational purposes. (i.e. Shockwave games/animations, audio and other visual files.)
- Users will not possess any data, which may be considered a violation of these regulations, in paper, magnetic (disk), or any other form.
- Users will not display name *or* photo to personally identify an individual without receiving written permission.
- Users will not reveal full name, address, phone number, or personal email without permission from an adult.
- Users shall not plagiarize works that are found on the Internet or any other electronic resource.
- Users will not harass, insult, attack others or use obscene language in written communications.
- Users will not post anonymous messages.
- Users may not use *free* web based email, messaging, video conferencing, or chat services without written permission from LMEG Network Administrator.

Resource Limitations.

- Activities that are deemed by the network supervisor to cause unreasonable demand on network capacity or disruption of system operation are prohibited.
- Users shall subscribe only to high quality discussion groups or mailing lists that are relevant to their education or career development.
- Users shall not use the District's CIS for commercial purposes or financial gain. This includes the creation, development and offering of goods or services for sale, and the unauthorized purchase of goods or services. District approved purchases will be made following District approved procedures.
- The District's portable information systems and educational technology resources such as notebook computers, peripherals, and/or companion devices, will be at the school sites during school hours.

Personal Responsibility.

Your child will report any misuse of the CIS to the administration or system administrator, as is appropriate. He/she understands that many services and products are available for a few and *acknowledge their personal responsibility for any expenses incurred without District authorization.*

Network Etiquette. Your child is expected to abide by the generally acceptable rules of network etiquette. Therefore, they will:

- *Be polite and use appropriate language.* They will not send, or encourage others to send, abusive messages.
- *Respect privacy.* They will not reveal any home addresses, or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* They will not use CIS in any way that would disrupt the use of the systems by others.
- *Observe the following considerations:*
 - Be brief
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles.
 - Post only to known groups or persons.

Parent or Guardian Cosigner

As the parent or guardian of the student listed below, I have read this agreement and understand it. I understand that it is impossible for the Learning Matters Education Group to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the computer information services (CIS). I also agree to report any misuse of the CIS to a School District administrator. (Misuse may come in many forms but can be viewed as messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.) I accept full responsibility for supervision if, and when, my child's use of the CIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Student Name _____ Grade _____ School Year 20 to 20
Last First

Parent or Guardian Name (print) _____

Parent Signature _____ Date _____



Child Find

Calibre Academy Schools will identify, locate and evaluate all children with disabilities within their population served who are in need of special education and related services. In its identification process Calibre Academy Schools will include children who are suspected of being a child with a disability and in need of special education, even though a student is:

- Advancing from grade to grade
- Highly mobile, including a migrant student.

[34 C.F.R. 300.111]

Calibre Academy Schools will inform the general public and parents within its population served of the responsibility for the special education services for students aged three (3) through twenty-one (21) years, and how those services may be accessed including information regarding early intervention services for children aged birth through two (2) years. Services for an eligible student with a disability shall extend through conclusion of the instructional year during which the student attains the age of twenty-two (22).

[A.A.C. R7-2-401.C]

Calibre Academy Schools will require all staff members to review the written procedures related to child identification and referral on an annual basis, and maintain documentation of the staff review.

[A.A.C. R7-2- 401.D]

Identification screening for possible disabilities shall be completed within forty-five (45) calendar days after:

- Entry of each preschool or kindergarten student and any student enrolling without appropriate records or screening, evaluation, and progress in school; or
- Parent notification of developmental or educational concerns.

Screening procedures shall include vision and hearing status and consideration of the following areas:

- Cognitive or academic;
- Communication;
- Motor;
- Social or behavioral; and
- Adaptive development.