

Imagine Middle at West Gilbert

Enrollment Packet
2010-2011

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

Grade Level Interest

- 6th Grade
- 7th Grade
- 8th Grade



2061 S. Gilbert Road • Gilbert, AZ 85295

480-855-2700

Registration Checklist

Imagine Elementary at West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

- 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
- Transportation Request Form

(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 at West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

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 Yes 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 West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

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 West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

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 West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

Student _____

Social Security Number _____

Home Address _____

Date of Birth _____

City _____ State _____ Zip Code _____

Home Phone _____

Gender Female 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 West Gilbert

2061 S. Gilbert Road

Gilbert, AZ 85295

Phone (480) 855-2700 Fax (480) 855-2701

<input type="checkbox"/> First Request

<input type="checkbox"/> Second Request

<input type="checkbox"/> Third Request

Parent Survey

Imagine Elementary at West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

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 Form

Imagine Elementary at West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

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 sleeved) and turtlenecks (no button down shirts): Navy Blue, Red and White
Jumpers, Skorts, Skirts and Shorts (no shorter than 3 inches above the knee): Navy Blue or Tan/Khaki
Pants or Capri pants: Navy Blue, Tan/Khaki

Boys

Polo shirts (long or short sleeved) and turtlenecks in Navy Blue, Red and White
Shorts: Navy Blue or Tan/Khaki
Pants: Navy Blue or Tan/Khaki

Please Note

Shirts must be worn tucked in at all times.

No denim of any color is allowed.

Uniforms should be solid colored and should not contain any logos, labels, or writing of any kind.

For all students 2nd grade and above, any pants with belt loops require a belt.

Belts must be solid black, brown, or navy. Belts must be worn at the waist and no part should hang below the waist.

Sweatshirts, sweaters, cardigans, and vests in red, white, or navy blue can be worn in the classroom. Any other outerwear (jackets, sweaters, sweatshirts, etc.) that does not fit this description must be removed when in the building.

Girl Scout or Boy Scout uniforms may be substituted at any time.

The following will not be accepted on Uniform or Casual Days, except when advance notice has been given of special school spirit day.

- No hats or bandanas (do rag).
- No oversized or undersized shirts.
- No tank tops, sleeveless shirts, halter tops, or backless tops.
- No super low rise/hip hugger pants. No midriffs showing.
- No sweat pants, pajama pants, baggy pants, or pants with hems dragging on the ground.
- No cut-offs.
- No clothing that is baggy or oversized. Clothing may be no more than 1 size too large to allow for growth.
- No clothing with inappropriate logos (alcohol, tobacco, vulgar language, etc.)
- No gang colors or attire.
- No undergarments may show.
- Shoes must have rubber soles, closed toes, and supportive backing. Heels must not be over 1 inch. No Crocs or boots. Shoes with wheels are not allowed. Shoes with laces should be kept tied at all times.
- No tattoos, temporary or otherwise.
- No facial piercing.
- **No unnatural hair color or hair styles.**
- Any makeup that is worn should look natural.
- Jewelry should not be excessive.
- No chains.
- No gum.
- No trading cards of any type.
- No PDA's, hand held games, or portable I-POD/CD/MP3/tape players.

Cell phones are allowed but should be turned off during school hours.

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

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Medical Information Form

Imagine Elementary at West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

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 West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

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

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

Student Media Release

Imagine Elementary at West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

I hereby agree and give my permission for Imagine Schools, Inc. and/or Imagine Elementary at West Gilbert (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 West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

The safety of your child(ren) is a high priority for us at West Gilbert. 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 West Gilbert (2061 S. Gilbert 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 _____

Transportation Request Form

Imagine Elementary at West Gilbert
2061 S. Gilbert Road
Gilbert, AZ 85295

If you are interested in bus service, please complete the questionnaire below and return it with your enrollment packet.
Only families using both morning and afternoon bus services will be placed on the bus schedule.
We cannot guarantee transportation as we have limited seating.

Student Names _____	Address _____
_____	City, State _____
_____	Zip Code _____

Major Cross Streets _____

Phone Number _____

Email Address _____



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

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

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

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 injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<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

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:</p>
<p>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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE: