



Camelback Academy

We are located in the city of Glendale, just west of 75th Ave, on the north side of Camelback Rd.

7634 W Camelback Rd., Glendale, AZ 85303
Phone: 623-247-2204 Fax: 623-247-1113
www.camelbackacademy.com

OPEN REGISTRATION – SCHOOL YEAR 2011-2012

The staff of Camelback Academy thanks you for desiring to register your child at our school. Completing the registration form and returning it with the necessary documentation before the deadline date will enter your child in the appropriate grade level, or grade level lottery if applicable. Your child is considered enrolled at Camelback Academy on their first day of attendance. If you have any questions regarding this policy, please contact the school office. Please also take the time to visit our Website, www.camelbackacademy.com, where further information may be gained.

- ▶ COMPLETE ALL PAGES OF THE REGISTRATION FORM **USING BLACK INK**
- ▶ YOU MUST ANSWER ALL QUESTIONS. You may choose only ONE ethnic background. (Please be sure to sign all pages where a signature is required.)
- ▶ INCOMPLETE ENROLLMENT FORMS SUBMITTED WILL NOT BE CONSIDERED (with the exception of item #2, where a student is waiting for their 5th birthday to receive their “5 year shots”. Should that be the case, please know that the immunizations would need to be completed before school begins in August.
- ▶ PLEASE RETURN THE ENROLLMENT PACKET **IN PERSON ALONG WITH:**
 1. **THE ORIGINAL BIRTH CERTIFICATE** ...OFFICIAL STATE RECORD ONLY (Note: the hospital “footprints” certificate is NOT acceptable.)
 2. **AN UP-TO-DATE RECORD OF IMMUNIZATIONS** (usually this is a 4x6 blue booklet).
 3. **LAST REPORT CARD** (Unless registering for Kindergarten.)
 4. **CUSTODY PAPERS IF APPLICABLE**
 5. **A CURRENT AND COMPLETE IEP (Individualized Education Plan), PSYCHOLOGICAL REPORT AND ELIGIBILITY STATEMENT IF STUDENT IS IDENTIFIED AS SPECIAL EDUCATION. STUDENTS WILL NOT BE CONSIDERED WITHOUT CURRENT AND COMPLETE PAPERWORK.**
 6. **IMMIGRANT AND/OR REFUGEE INFORMATION IF APPLICABLE**
 7. **WITHDRAWAL FORM FROM PRIOR SCHOOL, IF APPLICABLE**

Copies of the above documents will be made and your originals will be returned immediately.

KINDERGARTNERS need to be 5 years old by September 1st to enroll.

IMPORTANT NOTE: A completed registration DOES NOT guarantee that we will have placement for your student. If by the end of open enrollment, there are more applicants than available spaces, the selection of students enrolled will go to lottery drawing. The lottery will take place on May 14th. Results of the lottery will be posted outside the school office on Friday, May 16th. You will be notified personally only if your child has been selected. At parent’s request, students not selected in the lottery will move to a waiting list on a first come, first serve basis.

NO APPLICATIONS WILL BE TAKEN BY MAIL. OFFICE HOURS ARE 7:30 A.M.–3:30 P.M., M-F. during the times that school is in session.

Camelback Academy
YEAR 2011-2012
REGISTRATION FORM
7634 W Camelback Rd., Glendale, AZ 85303

FOR OFFICIAL USE ONLY			
TEACHER		BIRTH CERTIFICATE	<input type="checkbox"/> YES <input type="checkbox"/> NO
ROOM	GRADE	SOCIAL SECURITY CARD	<input type="checkbox"/> YES <input type="checkbox"/> NO
ENTRY CODE	ENTRY DATE	WITHDRAWAL FORM FROM LAST SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO
STUDENT ID NUMBER	1 st DAY ATTENDED	REPORTCARD FROM LAST SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO
		IMMUNIZATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	
		CUSTODY PAPERS <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IEP <input type="checkbox"/> YES <input type="checkbox"/> NO	
I HAVE VERIFIED THE ORIGINAL DOCUMENTS REQUIRED:			
		INITIALS	DATE

STUDENT'S LEGAL NAME		Last Name	First Name	Middle Name	Other Name
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	Social Security Number	Birth Date	City/State of Birth	
Student's Home Street Address			City	State	Zip Code
Student's Mailing Address (P.O. Box No.)			City	State	Zip Code

PLEASE INCLUDE AREA CODE WITH ALL PHONE NUMBERS				
Home Phone () -	Cell Phone () -	Pager/Other Cell Phone () -	Email Address	
STUDENT LIVES WITH: <input type="checkbox"/> PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP PARENT <input type="checkbox"/> OTHER (Specify)				
WHO HAS LEGAL CUSTODY? <input type="checkbox"/> PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP PARENT <input type="checkbox"/> OTHER (Specify)				
Last School Attended	Address of Last School Attended	City	State	Zip Code
				Phone with Area Code () -

EMERGENCY CONTACT INFORMATION						
Father's Name	Employer	Email Address	Work Phone w/ Area Code ()	Does child live w/ Father? <input type="checkbox"/> YES <input type="checkbox"/> NO	If your child needs you, may we call? <input type="checkbox"/> YES <input type="checkbox"/> NO	Only in emergency <input type="checkbox"/> YES <input type="checkbox"/> NO
Mother's Name	Employer	Email Address	Work Phone w/ Area Code ()	Does child live w/ Mother? <input type="checkbox"/> YES <input type="checkbox"/> NO	If your child needs you, May we call? <input type="checkbox"/> YES <input type="checkbox"/> NO	Only in emergency <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PERSON TO CALL IN EMERGENCY OTHER THAN PARENT:			<input type="checkbox"/> RELATIVE <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND	Area Code with Phone Numbers () -		
				Area Code with Phone Numbers () -		

ADDITIONAL CONTACT:

ACTIVE MILITARY YES NO **FEDERAL EMPLOYEE** YES NO

ETHNICITY OF CHILD (CHECK ONE) HISPANIC/LATINO NON-HISPANIC

RACE OF CHILD WHITE BLACK ASIAN AMERICAN INDIAN/ALASKAN NATIVE
 PACIFIC ISLANDER/NATIVE HAWAIIAN

WHAT LANGUAGE DID THE STUDENT FIRST LEARN?

WHAT LANGUAGE DOES THE STUDENT SPEAK MOST OFTEN?

WHAT LANGUAGE IS MOST OFTEN SPOKEN AT HOME?

▶▶ HAS THE STUDENT BEEN HELD BACK IN ANY GRADE? YES NO IF "YES", WHICH GRADE?

REASON (OPTIONAL)

SPECIAL EDUCATION
Questions 1 and 2 must be answered with a "yes" or "no", otherwise registration is incomplete.

HAS THE STUDENT **EVER** BEEN IDENTIFIED FOR SPECIAL EDUCATION SERVICES? YES (if YES, complete page 11) NO

IF YES, HAS AN IEP (INDIVIDUAL EDUCATION PLAN) BEEN WRITTEN FOR THE CHILD AT HIS PREVIOUS SCHOOL? YES NO

IF "YES", PLEASE CHECK APPROPRIATE BOX(ES), AND COMPLETE INFORMATION REQUEST BELOW. (if not checked, registration is incomplete)

<input type="checkbox"/> SPEECH	Date Identified:
<input type="checkbox"/> SPECIFIC LEARNING DISABILITY (Describe)	Date Identified:
<input type="checkbox"/> PHYSICAL DISABILITY (Describe)	Date Identified:
<input type="checkbox"/> OTHER (Please Specify)	Date Identified:

SIBLING INFORMATION			
NAME	GRADE	SCHOOL (IF ATTENDING)	REMARKS

IT IS AGAINST THE LAW TO DISCRIMINATE IN ANY WAY INCLUDING BUT NOT LIMITED TO DISCRIMINATION BASED ON COLOR, RACE CREED, RELIGION, OR SPECIAL NEEDS. **NOTE: THE SCHOOL WILL NOT HONOR REQUEST OF RESTRICTIONS UNLESS COPIES OF CUSTODIAL PAPERS OR COPIES OF COURT ORDERS THAT SUPPORT THE REQUESTS OF THE PARENT ARE ON FILE WITH THE SCHOOL. I WARRANT THE ABOVE INFORMATION TO BE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Camelback Academy
YEAR 2011-2012
REGISTRATION FORM
7634 W Camelback Rd., Glendale, AZ 85303

SIGNATURE OF PARENT/GUARDIAN	DATE
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Camelback Academy

GENERAL HEALTH DATA

CONTACT INFORMATION			
STUDENT'S NAME		STUDENT'S BIRTH DATE	
FATHER'S NAME		MOTHER'S NAME	
FATHER'S WORK PHONE W/ AREA CODE ()	FATHER'S EMAIL ADDRESS	MOTHER'S WORK PHONE W/ AREA CODE ()	MOTHER'S EMAIL ADDRESS
IN PARENT'S ABSENCE FIRST CONTACT		PHONE NUMBER WITH AREA CODE ()	
ADDITIONAL CONTACTS W/ PERMISSION TO PICK UP			
CONTACT	RELATIONSHIP	PHONE NUMBER WITH AREA CODE ()	
CONTACT	RELATIONSHIP	PHONE NUMBER WITH AREA CODE ()	
CONTACT	RELATIONSHIP	PHONE NUMBER WITH AREA CODE ()	
HEALTH INFORMATION			
Does the student have any ALLERGIES to: Drugs, Food, Weeds, etc? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, what allergy/allergies?			
What is the PHYSICIAN PRESCRIBED TREATMENT?			
Does the student take SPECIAL MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO For example: Asthma PRN medication (as needed medications)			
PHYSICIAN'S PRESCRIBED DIRECTIONS for any special medication, (Camelback Academy will not dispense any prescribed or over the counter medications without current Physician prescription:			
Does the student take DAILY MEDICATIONS at home? If yes, please list medications:			
1.	_____		
2.	_____		
3.	_____		
4.	_____		
I DO GIVE PERMISSION TO TRANSPORT STUDENT TO HOSPITAL IN CASE OF EMERGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF "NO", GIVE INSTRUCTIONS FOR EMERGENCY CARE:			
Do you give permission for family doctor or referred doctor to treat student in parent's absence in case of emergency. <input type="checkbox"/> YES <input type="checkbox"/> NO			
FAMILY DOCTOR'S NAME		PHONE NUMBER WITH AREA CODE ()	
I AGREE TO FURNISH THE SCHOOL WITH ANY UPDATED INFORMATION.			
PARENT'S SIGNATURE			DATE

Camelback Academy
GENERAL HEALTH DATA

STUDENT HEALTH HISTORY

STUDENT'S NAME (LAST, FIRST, MIDDLE)

STUDENT'S BIRTH DATE

The following information may be helpful in assessing a child's health/learning. If you do not wish to complete the entire form, you may wish to speak personally with your school nurse. Has this child ever had any of the following? If "Yes" please give age at the time.

MEDICAL CONDITION	YES/NO	AGE	MEDICAL CONDITION	YES/NO	AGE
Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO		High Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Arthritis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Kidney Disorders/ Infection	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Attention Deficit/Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO		Mumps	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bleeding Disorders	<input type="checkbox"/> YES <input type="checkbox"/> NO		Osgood Schlatter's	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Birth Trauma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cerebral Palsy	<input type="checkbox"/> YES <input type="checkbox"/> NO		Rheumatic Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chicken Pox	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarlet Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cystic Fibrosis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarletina	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Developmental Delays	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scoliosis/Curvature of Spine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO		Seasonal Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Epilepsy/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO		Sickle Cell Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ear Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO		Strep Throat	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Frequent Colds	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tonsilitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hearing Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Vision Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Disease/ Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please explain any "YES" answers:

FAMILY HISTORY

Is there a family history of the following? If "YES", please list the relationship of the family member to this child.

MEDICAL CONDITION	YES/NO	RELATIONSHIP
Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	
High Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Kidney Disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Urinary Tract Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Scoliosis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vision-Color Deficient	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Date and purpose of last Physical Exam:

Is there one place/person this child goes to when he/she is sick or when you want advice about his/her health?
 YES NO

Where is that person/place located?

- Doctor's office Urgent Care Private Hospital HMO No usual place

Camelback Academy
GENERAL HEALTH DATA

Is this child?	
Presently receiving treatment for any physical problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Taking medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Taking medication on a daily basis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Restricted from P.E./recess/sports?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has this child ever?	
had surgery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had a psychological exam?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had a serious accident or injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had an accident or injury requiring hospitalization/surgery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had tubes in his/her ears?	<input type="checkbox"/> YES <input type="checkbox"/> NO
been placed in special classes (Learning Disability, Speech, Hearing Impaired, Visually Impaired emotionally Handicapped, Physically Handicapped, Other)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this child have?	
vision difficulties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
hearing difficulties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
hearing aids?	<input type="checkbox"/> YES <input type="checkbox"/> NO
tubes in ears now?	<input type="checkbox"/> YES <input type="checkbox"/> NO
speech difficulties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please explain any "YES" answers:	
Are there any significant behaviors that may affect this child's performance in school or that may be of concern?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any specific cultural, social, religious patterns followed in the home that you would like the school personnel to know about?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you like to discuss any of this health history with the school nurse? If you have answered "YES", you may call the School Nurse at 623-247-2204 Ext. 118.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Guardian Signature	Date

Screening Form to Determine History of Chickenpox (Varicella) Disease

ADHS Var 6/05

Student Name: _____ Date of Birth: _____

School Name: _____ Grade: _____

Parent/Guardian Name (please print): _____

Address: _____

Telephone Number (where you can be reached during the day): _____

If your child saw a doctor for a rash that the doctor said was chickenpox, please fill out this box.

Doctor's Name: _____

Approximate Date of the Doctor Visit: Month: Year: _____

Parent/Guardian Signature: _____ Date: _____

If you filled out this box then your child will not need to get the chickenpox vaccine for school admission. Present this page to the school nurse as proof of chickenpox disease.

If you think your child had chickenpox even though he or she was not taken to the doctor, please complete the following questions.

Approximate Date of Illness: Month: Year: _____

Did your child have a rash on his/her body for 3 or more days? Yes No Don't Know

Did the rash have blisters? Yes No Don't Know

Did the blisters itch? Yes No Don't Know

Did the blisters turn into scabs Yes No Don't Know

Parent/Guardian Signature: _____ Date: _____

If you answered "Yes" to all of the above questions then your child will not need the chickenpox vaccine for admission to school. Present this to the school nurse as proof that your child already had chickenpox.

If you answered "No" or "Don't Know" to any of the above questions then your child will need the chickenpox vaccine for school admission.

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

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

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c). Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

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

Parent/Guardian Signature _____ Date _____

For School Use Only

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

District or Charter _____

School _____

Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)

Encuesta sobre el Idioma en el Hogar

(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____

1. **¿Cuál idioma habla el estudiante con mayor frecuencia?** _____

1. **¿Cuál fue el primer idioma que aprendió el estudiante?** _____

Firma del padre o tutor _____ Fecha _____

Sólo para uso escolar

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Distrito o Charter _____

Escuela _____

Camelback Academy
Character and Excellence
7634 W Camelback Rd., Glendale, AZ 85303

STUDENT RELEASE FORM

Dear Parents,

If you plan to have someone else other than yourself pick up you child, please fill out this form. ONLY PERSONS NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD. Proper identification (driver's license) will be required.

STUDENT'S NAME

INDIVIDUALS AUTHORIZED TO PICK MY CHILD

NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	

By filling out this form, you authorize Camelback Academy to release your child to one of the above named persons. If you have any questions, please feel free to call the office at (623) 247-2204.

Parent/Guardian Signature	Date
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SUSPENSION/EXPULSION DISCLOSURE

*All questions must be answered, unchecked boxes will result in incomplete registration
Guidance records will be verified prior to enrollment.*

STUDENT'S LEGAL NAME _____

Has the above-mentioned student ever been suspended from any previous school? YES NO

Has the above-mentioned student ever been expelled from any previous school? YES NO

Is there a pending expulsion hearing or school administrative action involving the above mentioned student? YES NO

IF ABOVE QUESTIONS ANSWERED "YES" COMPLETE SECTIONS BELOW

Date: _____ School: _____ City: _____ State: _____
 Suspension Expulsion

Reason: _____

Date: _____ School: _____ City: _____ State: _____
 Suspension Expulsion

Reason: _____

Date: _____ School: _____ City: _____ State: _____
 Suspension Expulsion

Reason: _____

Date: _____ School: _____ City: _____ State: _____
 Suspension Expulsion

Reason: _____

THE INFORMATION I HAVE SUPPLIED ON THIS PAGE IS CORRECT. (Guidance records will be verified prior to enrollment. Failure to disclose information will result in Administrative Review and Camelback Academy Governing Board Recommendation.)

Parent/Guardian Signature _____

Date _____

Camelback Academy
Character and Excellence
7634 W Camelback Rd., Glendale, AZ 85303

STUDENT-PARENT-SCHOOL AGREEMENT

Camelback Academy is committed to an instructional program consisting of high academic standards that are designed to prepare students to be among the nation's best. The success of our programs is dependent upon maintaining a safe school environment and classrooms that are conducive to learning, which can only be achieved through the total cooperation of the student and a positive, supportive relationship between the home and the school. The purpose of this agreement is to establish such a relationship.

STUDENT RESPONSIBILITIES

1. Protect the rights of others to study and learn.
2. Work to your full potential.
3. Be on time for all classes.
4. Volunteer information and cooperate with school staff in disciplinary cases.
5. Follow school rules.
6. Complete all in-class and homework assignments and meet deadlines.
7. Respect public property; carefully use and return all materials and equipment.
8. See that school correspondence to parent reaches home.

PARENT RESPONSIBILITIES

1. Demonstrate positive interest, involvement, and support of the educational process of the school.
2. Communicate directly with the school when expressing a concern over a school action, program, or policy.
3. Provide supervision and a learning environment for the completion of homework assignments.
4. Monitor and review all student assignments and classroom progress.
5. Ensure that students are prepared and appropriately dressed in uniform for school.
6. Cooperate with the school in resolving student academic or behavioral problems.

SCHOOL RESPONSIBILITIES

1. Focus on an academic program that will enhance the student's ability to be successful.
2. Provide an educational environment that is safe, orderly, and challenging.
3. Make meaningful assignments designed to further the educational goals of the program.
4. Recognize learning variability by utilizing a variety of teaching strategies.
5. Utilize educational technology as a means to enrich and further the curriculum.
6. Recognize the key role parent's play in the educational process.
7. Maintain appropriate communication to include parents as partners in their child's education and behavior.
8. Recognize and respect the values representative in the home of the student.

Student Printed Name	Student Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Teacher Printed Name	Teacher Signature	Date

Camelback Academy

Character and Excellence

7634 W Camelback Rd., Glendale, AZ 85303

REGISTRATION PACKET - SPECIAL EDUCATION CHECKLIST

All children who have IEP's or receive Special Education services of any kind must have a completed enrollment packet, including a complete and current IEP before being considered enrolled at Camelback Academy.

Enrollment will not be considered complete until we receive and review ALL records from ALL involved prior schools and/or agencies. If your child is in the middle of the Referral Process, or has any expired documents, testing, etc., it is the responsibility of the prior school/agency and the parent(s) to have this paperwork completed **prior** to enrollment at Camelback Academy.

Student's Name _____ Grade _____ Date _____

Check the box below if your child IS CURRENTLY OR HAS EVER BEEN PLACED in any of the following programs. Please indicate grade levels next to the program your child has participated in at their former school(s)

- Current IEP (Individual Education Plan) within the last year. Date of last IEP _____
- | | |
|--|--|
| <input type="checkbox"/> Resource Program _____ | <input type="checkbox"/> Physical Therapy _____ |
| <input type="checkbox"/> Speech/Language Services _____ | <input type="checkbox"/> Occupational Therapy _____ |
| <input type="checkbox"/> ELL (English Language Learners) _____ | <input type="checkbox"/> Hearing Impaired Services _____ |
| <input type="checkbox"/> 504 Plan _____ | <input type="checkbox"/> Evaluation by School Psychologist _____ |
| <input type="checkbox"/> Evaluation by Psychologist _____ | <input type="checkbox"/> Chapter 1 or Reading Assistance _____ |
| <input type="checkbox"/> Other (please explain) _____ | |

Does your child currently leave the regular classroom during the normal day to receive help in any area(s). Yes No
If yes, please explain _____

Has your child been diagnosed with ADD or ADHD Yes No

Does your child have a discipline or Behavioral Plan? Yes No

Has your child ever been suspended? Yes No

Has your child ever been expelled? Yes No

Has your child ever repeated a grade? Yes No

If you answered Yes to any of the above, please explain _____

Does your child receive services or support from:

- | | | |
|---|------------------------------|-----------------------------|
| • Jewish Family Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Devereaux | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Charter Hospital | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Any outside agency for mental, emotional issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Any outside agency for a severe handicapping condition(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If your child has an IEP or is receiving special support form another agency, have you signed a release form for EACH school/agency involved so that we can obtain records? Yes No

Circle the following documents you have brought with you:

IEP Psychological Report MET Report Eligibility Statement Former Report Cards
Behavioral Plan None Other _____

Parent Signature _____ Date _____

Administrator Signature _____ Date _____

Family Policy Compliance Office
Family Educational Rights & Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (**FERPA**) is a Federal law designed to protect the privacy of a student's education records. **FERPA** gives parents certain rights with respect to their children's education records. These rights transfer to the student, or former student, who has reached the age of 18 or is attending any school beyond the high school level. Students and former students to whom the rights have transferred are called eligible students.

- Parents or eligible students have the right to inspect and review all of the student's education records maintained by the school. Schools are not required to provide copies of materials in education records unless, for reasons such as great distance, it is impossible for parents or eligible students to inspect the records. Schools may charge a fee for copies.
- Parents and eligible students have the right to request that a school correct records believed to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record commenting on the contested information in the record.
- Generally, schools must have written permission from the parent or eligible student before releasing any information from a student's record. However, the law allows schools to disclose records, without consent, to the following parties:
 - School employees who have a need to know;
 - Other schools to which a student is transferring;
 - Certain government officials in order to carry out lawful functions;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for the school;
 - Accrediting organizations;
 - Individuals who have obtained court orders or subpoenas;
 - Persons who need to know in cases of health and safety emergencies; and State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may also disclose, without consent, "directory" type information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under **FERPA**. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information or technical assistance, you may call (202) 260-3887 or TDD (202) 260-8956 or contact:

Family Policy Compliance Office
U.S. Department of Education
600 Independence Avenue, S.W.
Washington, D.C. 20202-4605
Office of Management's Homepage
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The Early Intervention Program (AzEIP)

The Arizona Early Intervention Program, also known as AzEIP (pronounced Ay-zip), is a statewide system of support and services for families of children, birth to three, with disabilities or developmental delays.

The Arizona Department of Economic Security, Arizona Early Intervention Program (DES/AzEIP) is the lead agency. DeS/AzEIP works together with DES, Division of Developmental Disabilities (DDD) and other DES programs, the Arizona Department of Health Services (ADHS), the Arizona State Schools for the Deaf and the Blind (ASDB), the Arizona Department of Education (ADE), the Arizona Health Care Cost Containment System (AHCCCS), and other community resources to implement the Arizona Early Intervention Program.

If your child is referred to AzEIP, an Interim Service Coordinator (ISC) will contact the family. The ISC can make an appointment to visit with the family in the home or another location of their choosing. During this visit, the family may talk with the ISC about concerns, and ask questions about their child's development. They will be asked to share information about the child's health and medical history. The ISC and the family may decide that a more detailed evaluation of the child's development is needed.

If your child is eligible for AzEIP, a meeting to develop the Individualized Family Service Plan (ISFP) will be held within 45 days after your child and family were first referred to AzEIP. Your ongoing Service/Support Coordinator will set up the meeting at a time and place which is convenient to you. The people at the first IFSP meeting, (and each annual meeting), must include:

- You and any other family member you request,
- An advocate or any other person outside of the family you request,
- The ongoing Service/Support Coordinator; and
- The people who did the assessments/evaluations

Your child and family may stay enrolled in AzEIP until your child turns three years old or until your child no longer needs early intervention. As your child nears two and a half years old, your Service Coordinator and other people who work with your family will talk to you about transition to other programs, which may include a preschool program for children with special needs offered by your local school district, a Head Start program, or a local childcare center.

If you would like additional information, or to refer your child to the Arizona Early Intervention Program (AzEIP), please call your local Interim Service Coordinator: Maricopa County - Gay Waters (480) 820-3605, azactionc@earthlink.net. The DES/AzEIP phone number is (602) 532-9960.

Camelback Academy
Character and Excellence
7634 W Camelback Rd., Glendale, AZ 85303

2011 – 2012 STUDENT UNIFORM POLICY
Please keep this section for your information

The parents, staff and Camelback Academy Governing Board support the establishment and enforcement of a uniform policy. It is our belief that a uniform policy sets a standard of excellence and pride and assists in creating an environment conducive to a quality learning opportunity for the students who attend Camelback Academy. Parents enrolling their students at Camelback Academy agree to comply with the Uniform Code at all times.

UNIFORMS

Shirts for boys and girls

- All boys must wear either short sleeved or long sleeved polo shirts.
- Girls may wear either short sleeved or long sleeved polo shirts, or a short sleeve or long sleeve white plain, round collared (also called a "Peter Pan" collar) uniform blouse, in white, with white buttons down the front. (The blouse may not have lace, or trim of any kind.) The only color choice for this blouse is white.
- Both boys and girls, the only APPROVED polo shirt colors are burgundy (not red), navy blue, powder blue, soft yellow, white and hunter green.
- Shirts may **not** have logos, pockets or colored trim of any kind on the collar.
- Shirts are to be plain and pocket less.

Shorts and Pants for boys and girls

- The ONLY APPROVED COLORS are navy blue and khaki.
- The ONLY APPROVED STYLE of pants is "*chino-style*." Pants with cargo pockets, zipper, labels, jean material, and "skinny" pants are not permitted.
- Plain, capri-length pants are acceptable for girls. Cargo pockets, zipper pockets, and labels are not permitted
- SHORTS AND PANTS for 3rd -7th grade students will have belt loops and **must** be worn with a black, brown, navy or khaki belt.
- Belts for K - 2nd grade students are optional.

Skirts, Skorts and Jumpers

- The only APPROVED colors are navy blue and khaki.
- Uniform jumpers and skirts in approved colors **must** be worn with shorts underneath.
- (May) be worn with **plain, (no patterns) white, tan, grey or navy blue** leggings or tights underneath in colder months

Outerwear

- Crew neck cardigan (button down the front), in navy blue or white, with no contrasting designs or trims is approved.
- V-neck cardigan (button down the front), in navy blue or white, with no contrasting designs or trims is approved.
- Crew neck pullovers in navy or white, with no contrasting design or trim are acceptable.
- V-neck pullovers in navy or white, with no contrasting design or trim are acceptable.
- The uniform jacket is a hooded jacket in a cotton sweatshirt material with a zippered front. Non-zippered hooded sweatshirts are not acceptable. Logos, contrasting designs, or trim are not acceptable. Approved colors for this hooded, zippered front jacket are navy blue, burgundy, hunter green, grey & white.
- Any appropriate jacket may be worn to school but only the approved sweaters or jacket may be worn in the classroom.

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DRESS CODE

All clothes will:

- Be clean and neat, & the appropriate size (not skin tight or too large)
- Be free of logos, letters, numbers, icons or symbols
- Be free of pictures
- Not interfere with the educational process or present a safety hazard as determined by the CA Administration
- Have first and last names in clothing
- Any student who wears, carries, or displays gang clothing, drawings, pictures, or symbols, or paraphernalia, who exhibits behavior or gestures which symbolize gang membership, who causes and/or participates in activities which intimidate or adversely affect the educational pursuits of another student or the orderly operation of the school shall be subject to disciplinary action.
- Displaying the numbers 13, 69, and 187 are considered gang symbols.

Uniform tops will:

- (May) have only a plain uniform color long sleeve shirt underneath in colder months
- Be tucked in at the waist at all times

Pants will:

- Be pulled up and snug above the hips
- Be no longer than just above the sole of the shoe
- Not be tights, stretch pants, "skinny" pants, blue jeans, cargo style or zippered pockets, athletic wear or loungewear
- Not display any logos

Shorts, skirts and skorts will:

- Be pulled up and snug above the hips
- **(Must)** be worn with shorts underneath
- Be no shorter than the fingers when the hand is extended at the side while standing straight
- Be no longer than the top of the knees
- Not have cargo style or zippered pockets
- Not display any logos
- (May) be worn with **plain (no patterns) white, tan, grey, or navy blue** leggings or tights underneath in colder months

Jumpers will:

- Be of the appropriate type
- **(Must)** be worn with shorts underneath
- Be no shorter than the fingertips when the hand is extended at the side while standing straight
- Be no longer than the top of the knees
- (May) be worn with **plain (no patterns) white, tan, grey, or navy blue** leggings or tights underneath in colder months

Jackets/ Coats/ Non-Uniform Sweaters/ Non-Uniform Sweatshirts will:

- Be removed when entering the Classroom
- Be restricted to school appropriate designs that are not vulgar, violent, obscene, or gang related
- Not interfere with the educational process or present a safety hazard as determined by the CA Administration

Jackets/ Coats/ Sweaters/ Sweatshirts worn inside will:

- Be school approved styles and colors only
- Be free of letters, numbers, icons, and symbols and will not display any logos

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Jewelry/Piercings will:

- Be kept to a minimum, including only appropriate neckwear, bracelets, belts and sweatbands
- Not include any piercing of body parts other than the earlobe
- Not include gauging of the earlobe. Spikes and gauge-type earrings are not permitted.
- Not include large hoop or dangle style earrings
- Not interfere with the educational process or present a safety hazard as determined by the CA Administration

Make up:

- Will not be allowed for grades K-5
- Will be **kept to a minimum** for grades 6-7.
- Minimum make-up is limited to: light blush, clear or light colored lip gloss, mascara.
- Eyeliner, eye shadow, and dark lip gloss/lipstick are not permitted.

Footwear will:

- Be required at all times
- Not include shoes or sandals with open backs or toes due to safety concerns. Sneakers are the only acceptable shoe type for PE days. Students will lose participation points for not wearing proper shoes on PE days.

Hair will:

- Not be an extreme style as determined by CA Administration (including: tails, mohawks, "faux-hawks", engraving, "extreme grooming")
- Only natural hair colors
- Not interfere with the educational process or present a safety hazard as determined by CA Administration

Headwear will:

- Only be worn outside the building(s)
- Be restricted to school appropriate designs that are not vulgar, violent, obscene, or gang related
- Not to include "do-rags", bandanas or sweatbands
- Not interfere with the educational process or present a safety hazard as determined by CA Administration

Tattoos and Body art will:

- Not be allowed (including permanent, temporary, henna, or any other types of tattoos or body art)
- Temporary tattoos or body art will be washed off immediately
- Permanent and henna tattoos or body art will be covered at all times.

Backpacks / Binders will:

- Be free of patches and any student writing
- Be free of logos, symbols or pictures that represent something illegal, violent, illicit or suggestive.
- Displaying the numbers 13, 69, and 187 are considered gang symbols.
- Subject to search by any CA employee at any time, with or without warning
- Not interfere with the educational process or present a safety hazard as determined by CA Administration

UNIFORM POLICY VIOLATIONS

- All uniform policy violations will result in consequences associated with Camelback Academy's student code of conduct, including not being allowed to return to the classroom until in compliance with the dress code.
- Loner clothing will be given to students out of compliance. Student's clothing will be returned when Camelback Academy loner clothing is washed & returned.
- Camelback Academy reserves the right to withhold report cards if loner clothing is not returned.