



Thank you for your interest in Sage Academy Charter School. It is exciting to welcome new students to our family.

The mission of Sage Academy is to challenge each student to learn, grow and excel in character, knowledge, wisdom and life. We look forward to working with you and your child.

Please complete the entire packet and submit any necessary and/or required documentation that will help the school better serve your child.

Welcome to Sage Academy!

Documents Required For Registration

- Completed Signed Registration Packet
- Certified Copy of the Birth Certificate (ARS 15-828)
- Proof of immunization (ARS 15-872)
- If applicable:
 - Power of Attorney if the student is not living with the parent or legal guardian
 - Custody Papers
 - Restraining Order

NOTES:

Completion of the enrollment process and teacher assignment will NOT be made if documents required by Arizona law and Governing Board policy are missing.

By signing the registration form, you acknowledge that documents provided for registration are true and accurate.

Sage Academy Charter School • STUDENT REGISTRATION FORM •

STUDENT INFORMATION					
Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name	Jr., III, IV, etc	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Last Name Student Goes By (if different from above)		First Name Student Goes By (if different from above)		Age	SAIS Number (if known)
Date of Birth (Mo./Day/Yr.) / /	Birth City	Birth State	Birth Country	Home Phone () -	
Ethnicity: (Please mark ONLY ONE) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino		Race: (Please mark ONE or MORE of the following) <input type="checkbox"/> American Indian or Alaska Native Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American			

PREVIOUS SCHOOL INFORMATION		
Name of Previous School Attended	Withdrawal Date / /	Previous School Address (City, State, Zip Code + four)

FAMILY/GUARDIAN INFORMATION					
Guardian 1 Name (Last, First)		<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights	Guardian 2 Name (Last, First)		<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights
Home Address			Home Address		
City	State	Zip Code + four	City	State	Zip Code + four
Mailing Address (if different from above)			Mailing Address (if different from above)		
City	State	Zip Code + four	City	State	Zip Code + four
Home Phone (<input type="checkbox"/> Primary #) () -	Work Phone (<input type="checkbox"/> Primary #) () -	Home Phone (<input type="checkbox"/> Primary #) () -	Work Phone (<input type="checkbox"/> Primary #) () -		
Cell Phone (<input type="checkbox"/> Primary #) () -	Relationship to Student	Cell Phone (<input type="checkbox"/> Primary #) () -	Relationship to Student		
Email Address			Email Address		

IN CASE OF EMERGENCY: NAMES OF PERSONS WHO CAN ASSUME TEMPORARY RESPONSIBILITY			
Emergency Contact 1 Name (Last, First)		Emergency Contact 2 Name (Last, First)	
Home Phone () -	Work Phone () -	Home Phone () -	Work Phone () -
Cell Phone () -	Relationship to Student	Cell Phone () -	Relationship to Student
Physician's Name	Physician's Phone Number () -	Hospital you prefer your child taken to in an emergency	

STUDENT BACKGROUND
<p>If parents separated/divorced, who has legal custody? <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____</p> <p>Does the non-custodial parent have restricted visitation rights? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, a copy of the legal papers must be provided. The school will not honor requests of restrictions unless copies of custody papers and/or copies of court orders that support the request of the parent are on file with the school.)</i></p> <p>Are there psychological or confidential reports from student's former school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did your child receive special services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Special Education / IEP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL or LEP <input type="checkbox"/> Speech/Language <input type="checkbox"/> 504 <input type="checkbox"/> Other _____</p> <p>Does your child have any medical or dietary concerns the staff should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your child ever been expelled from another educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your child currently in the process of being expelled from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child currently under a long-term suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE. (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY - A.R.S. 13-2047.) STUDENT WILL BE WITHDRAWN FOR FALSE INFORMATION. FAILURE TO COMPLY WITH ARS 15-821, ARS 15-828 AND ARS 15-872 MAY RESULT IN THE PUPIL'S SUSPENSION FROM SCHOOL, AND/OR THE REFERRAL TO THE LOCAL LAW ENFORCEMENT AGENCY.</p>	X	<p>Parent/Guardian Signature _____ Date _____</p>
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THIS SECTION FOR OFFICE USE ONLY			
Proof of Birth Type	Entry Code	Enrollment Date	Teacher
SAIS ID #	Entered Into System By	Date Entered Into System	Grade



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?** _____
2. **What is the language most often spoken by the student?** _____
3. **What is the language that the student first acquired?** _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



Sage Academy Charter School
1055 E Hearn Road
Phoenix, AZ 85022
Phone: 602-485-3402 Fax 602-485-7874

AUTHORIZATION FOR RELEASE/REQUEST OF STUDENT RECORDS

Student Name _____ D.O.B. _____ GR. _____ SAIS# _____
Last First

Student Name _____ D.O.B. _____ GR. _____ SAIS# _____
Last First

Student Name _____ D.O.B. _____ GR. _____ SAIS# _____
Last First

I HEREBY AUTHORIZE THE RELEASE OF STUDENT INFORMATION:

FROM: _____

TO: Sage Academy Charter School

Confidential record information concerning students may include copies of the following: permanent record card, suspension/expulsion record, report cards, immunizations, health screenings, gifted education records (PACE), 504 accommodation plan, special education records and student SAIS number.

List specific records being requested: _____

Parent/Guardian/Self Signature

Date

Office Signature

Date

In accordance with the family educational rights and privacy act of 1974 and Arizona State Law. Parent permission is no longer required when records are requested by authorized school personnel.

Sage Academy Charter School
MEDICAL HISTORY

The information you provide is useful in determining any needs your child may have and will be considered confidential.
Thank you for completing both sides of this form.

Student Name _____ Birthdate _____ Grade _____

If your child has, or had, any of the following, please check.

MEDICAL HISTORY

- Allergies (hay fever)
- Allergy to medication – Specify _____
- Allergic reaction – Specify _____
- Arthritis
- Asthma
- Attention Deficit Disorder/Hyperactivity
- Behavior problems
- Bladder problems
- Bleeding disorder/profuse bleeding
- Cancer/Leukemia
- Cerebral Palsy
- Communicable Diseases: Chicken Pox
 Measles Mumps Rubella
- Cystic Fibrosis
- Diabetes
- Eczema
- Heart problem
- Hepatitis
- Hernia
- Kidney disorder
- Meningitis/Encephalitis
- Muscular Dystrophy
- Orthopedic problems
- Psychological problems
- Respiratory condition (other than asthma)
- Seizures (epilepsy)
- Sickle Cell disease or trait
- Strep infections
- Stomach/intestinal/bowel problems
- Thyroid condition
- Tuberculosis (TB)
- Other _____
- Serious injuries (including broken bones and head injuries)
At what age? _____ Treated by doctor? Yes No
 Hospitalized? How long? _____
Describe injury: _____
- Surgeries and age of child: _____
- Hospitalizations and age of child: _____
- Date of last dental exam _____
- Date of last physical exam _____

HEARING HISTORY

- Child has had earaches due to:
 Swimmer’s Ear Middle Ear Infections
Approximate dates/frequency _____
- Tubes inserted
Dates _____
- Drainage from ears
Dates _____
 Treated by physician
- Child has known hearing difficulty
- Child appears to talk louder than others
- Child looks at you when you are speaking
- Any injury to child’s ears
Specify _____
- Family members with hearing problems
Specify _____

VISION HISTORY

- Child has had a complete eye exam. Date _____
- Child wears glasses. Child wears contact lenses.
- Other vision problem – Specify _____

If you have any questions or concerns regarding your child, please call the school office.

**COMPLETE BACK
SIDE OF FORM**



MEDICAL HISTORY

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OTHER INFORMATION / HISTORY

- | | |
|---|---|
| <input type="checkbox"/> Child gets along well with other children | <input type="checkbox"/> Child is nervous |
| <input type="checkbox"/> Child would rather be alone than with others | <input type="checkbox"/> Child has temper tantrums – How often? _____ |
| <input type="checkbox"/> Child is unusually shy | <input type="checkbox"/> Child is anxious about attending school |

How long does child stay with an activity besides watching TV?

- 5 min. 15 min. 25-30 min.

- Child follows simple directions
 Child follows complex directions

What time does child usually go to bed?

How many hours does child usually sleep at night?

Child has problems at night with:

- Bed-wetting Sleeping Snoring

Child is: Right handed Left handed

With whom does child live?

How many brothers? _____ How many sisters? _____

Please list responsibilities child has at home:

Child has the following special health conditions or physical disability

Child is taking the following medication(s) or receiving the following treatment(s) at this time _____

Any medication, prescribed or over-the-counter, must be checked in at the Front Office and have a filled out Medication Permission Slip. This includes allergy medication, ibuprofen, aspirin, Tylenol, cough drops, etc.

Your "X" placed by the item below will grant the school authority to administer the recommended dosage:

- | | |
|-----------------------------------|--------------------------|
| _____ Non-Aspirin (Acetaminophen) | _____ Motrin (Ibuprofen) |
| _____ Antacid | _____ Cough Drops |

I give consent to contact the below listed medical personnel regarding the health and treatment of said child.

Doctor's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____

In case of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

Parent/Guardian Signature

Relationship to Child

Date

Verification of Student Date of Birth

A.R.S. § 15-828-A states: On enrollment of a student for the first time in the district, the school shall notify the person enrolling the student, in writing, that within thirty (30) days one of the following must be provided:

A. A certified copy of the student’s birth certificate, or

B. Other proof of the student’s identity and age including:

1. Baptismal Certificate and an affidavit explaining the inability to provide a copy of the birth certificate
2. Application for Social Security number and an affidavit explaining the inability to provide a copy of the birth certificate
3. Original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate
4. Letter from the authorized representative of an agency having custody certifying that the student has been placed in the custody of the agency as prescribed by law.

.....
This section applies only to kindergarten and first grade enrollment.

In accordance with A.R.S. § 15-828, continued enrollment of my child is contingent upon appropriate proof of age for kindergarten and grade one per A.R.S. § 15-821.

Government regulations require us to inform all parents whose children will not be five before Sept 1st 2013 that their child(ren) may have to repeat kindergarten if necessary. If your child is retained the second year will not be funded with state monies and schools or districts may charge tuition for the year to be repeated.

Child’s Name

Parent/Guardian Signature

Date

A.R.S. § 15-821-C states: “If a kindergarten is maintained, a child shall be eligible for admission to kindergarten if he is five years of age prior to September 1 of the current school year. The governing board may admit children who have not reached the required age if it is determined to be in the best interest of the child.” Such children must reach the required age of five for kindergarten and six for first grade by December 31st of the current school year.

Sage Academy Charter School
McKinney-Vento Eligibility Questionnaire

Student Name: _____
Last First M.I.

Date of Birth _____ / _____ / _____
Month Day Year

Please answer the questions below to help us determine the services your child may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is your current address a temporary living arrangement? Yes No
2. If temporary, is this living arrangement due to loss of housing or economic hardship? Yes No

**If you answered YES to both questions above, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student presently living (*Check one box.*)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- In a place not ordinarily used for sleeping (car, park etc.)

Name of Parent(s) /Legal Guardian(s): _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ **Date** _____

I certify the above named student qualifies for the Child Nutrition Program under provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

Special Education 504 and Gifted Program Services Information

Student Name

Birth Date

Grade

Parent or Guardian of Newly Registering Student:

Welcome to Sage Academy. In order to assist us in meeting the educational needs of your child, please read below and supply the requested information to the extent that you can. There are many regulations that govern Special Education, students receiving 504 accommodations, and services for gifted students. Services provided by your child's previous school should continue but Sage Academy must be provided with documentation. (Please be advised that not all documentation from the previous school is automatically forwarded in a timely manner.) If you want your child to receive the appropriate services, any current reports, evaluations, IEPs and other information you may have regarding services received, should be submitted as soon as possible. Your effort will expedite services. Thank you for taking the time to provide this valuable information.

SPECIAL EDUCATION SERVICES

Did your child receive Special Education Services at his/her past school? ___ Yes ___ No

If you do not have a copy of your child's current IEP to submit today, please describe the services provided. Were the services in reading, math, writing, speech or another subject? Do you recall for what length of time your child received help? If you recall, please include the names of classroom teachers, Special Education teachers, therapist, school psychologists or any other service providers that worked with your child.

504 SERVICES

Did your child receive accommodations under a 504 Plan? ___ Yes ___ No

Please indicate the disability for which the child had a 504 plan. _____

Name of diagnosing physician: _____

Do you have a copy of a doctor's statement or report? ___ Yes ___ No

If so, please provide copy.

GIFTED PROGRAM SERVICES

Did your child receive Gifted and Talented Services (GATE) at the previous school? ___ Yes ___ No

On the lines below, please describe the services provided to your child.

Parent Signature _____ Date _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____

School Sage Academy

School District or Charter Holder: Sage Academy

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid U.S. passport
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.

- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date



Please read, sign, and return
Photo Release Form

Permission to Use Student's Photograph

During the course of the academic year, Sage Academy may wish to use photographs of students on school bulletin boards, in educational publications or in general media releases on a controlled basis. Any such photographs would highlight the student(s) either demonstrating learning techniques or participating in approved school events or activities. In accordance with school policy, names of individual students will not be released with any photographs.

Student's Name: _____ Grade: _____

___ I consent to the use of my child's image; such use may include all Sage Academy Publications (print, online, video, etc.). Such photographs would highlight the student either demonstrating learning techniques or participating in approved school activities.

___ I DO NOT consent to the use of my child's image ever; this use includes all Sage Academy Publications (print, online, video, etc.), with the exception of the Sage Academy Yearbook photographs.

Parent's/Guardian's Signature _____ Date _____

Email Address _____

Phone Number _____