



Youngtown Public Charter School
13226 N. 113th Ave
Youngtown, Arizona 85363

APPLICATION FOR ENROLLMENT

OFFICE USE ONLY		
Student # _____	Entry Date _____	Entry Code _____
	Exit Date _____	Exit Code _____
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Record Request Date _____

Student Information

Last Name _____ First Name _____ Middle Name _____
 Grade _____ Gender _____
 Address _____ City _____ Zip Code _____
 Birthday _____ Social Security Number _____ Ethnicity _____
 Home Telephone _____ Last School Attended _____

Parent/Guardian Information

Father's/Guardian's Name _____ Home Telephone _____
 Address _____ City/State _____ Zip Code _____
 Work Telephone _____ Cellular Telephone _____ Pager _____
 Mother's/Guardian's Name _____ Home Telephone _____
 Address _____ City/State _____ Zip Code _____
 Work Telephone _____ Cellular Telephone _____ Pager _____
 Name of person with legal custody _____ Relationship _____

Emergency Information/Medical Alert

Name of person to contact in case of emergency _____
 Relationship to student _____ Phone _____
 Medical Alert – List any chronic health problems and or allergies _____

Home Language Survey

1. Language most often spoken in the house	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____
2. Language most often spoken by student	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____
3. Language first spoken by student	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____

SPECIAL EDUCATION/504

Has the Student ever been enrolled in any of the following?

1. Special Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____
2. Individualized Education Plan (IEP)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____
3. Gifted or Honors Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____

*Youngtown Public Charter School personnel will keep all Special Education files identifiable and students' information confidential in the collection, storage, disclosure and destruction of said records.

- Parents/Guardians and eligible students may inspect or review any relevant Special Education records that are collected, maintained or used by YPCS. Responses to reasonable request for explanations and interpretations of Special Education records will be provided to Parents/Guardians.
- Parents/Guardians will be given copies of Special Education records, if failure to provide Special Education copies would prevent the parent/guardian from inspecting and reviewing Special Education Records.



State of Arizona

**Department of Education
English 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**

Responses to these statements will be used to determine whether your child 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 I.D. _____

Date of Birth _____ SAIS I.D. _____

Parent/Guardian Signature _____ Date _____

District _____ School _____

Districts can add data information and/or additional questions here if desired.

Please provide a copy of the Home Language Survey to the ELL Coordinator on site.
In SAIS, please indicate the student's home or primary language.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Tom Horne
 Superintendente de
 Enseñanza Pública

Preguntas en conformidad con R7-2-306 del Reglamento de la Junta Directiva

PHLOTE: Idioma principal en el hogar excluyendo el inglés
Encuesta sobre el idioma en el hogar

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 cuál es el idioma que habla el estudiante? _____
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? _____
3. ¿Cuál fue el primer idioma que aprendió el estudiante? _____

Nombre del estudiante: _____ Núm. de identificación: _____

Fecha de nacimiento: _____ Núm. de SAIS: _____

Firma del padre o tutor: _____ Fecha: _____

Distrito: _____ Escuela: _____

Districts can add data information and/or additional questions here if desired.

*Please provide a copy of the Home Language Survey to the ELL Coordinator on site.
 In SAIS, please indicate the student's home or primary language.*



SPECIAL PLACEMENT

HAS YOUR CHILD EVER BEEN ENROLLED IN ANY OF THE FOLLOWING?

- 1. Special Education Yes No
- 2. Individualized Education Plan (IEP) Yes No
- 3. Gifted or Honors Education Yes No

SCHOOL HISTORY

Please indicate all former schools your child has attended (attach additional page if necessary)

Schools Name	City, State	Date Attended	Reason for Leaving

GENERAL INFORMATION

Describe any previous school experience and/or any area of concern

Has your child ever been suspended from school? Yes No If yes please explain where the matter took place and why?

Has your child ever been expelled from school? Yes No If yes please explain where the matter took place and why?

PARENT CONSENT

I give permission for the release of my child to the person(s) listed below

Name _____
Phone _____
Relationship to child _____

Name _____
Phone _____
Relationship to child _____

Does Youngtown Public Charter School have your permission to take pictures or videotape your child? Yes NO

Does your child have your permission to participate in short walking fieldtrips? Yes No



STUDENT'S COMMITMENT

- ❖ I will arrive at Youngtown Public Charter School every day by 8:00 am (Mon – Fri)
- ❖ I will always work, think and behave in the best way I know how and I will do whatever it takes for my fellow students and me to learn
- ❖ I will respect others and not hinder my classmates from learning.
- ❖ I will complete **all** my homework every night.
- ❖ I will follow all rules and regulations that are written in the Student Handbook and school notices.
- ❖ I will be obedient to my Teacher and all staff members.
- ❖ I will tell the truth and if I make a mistake I will accept responsibility for my actions.
- ❖ I will strive to maintain scores of 90% mastery or better in my academics.
- ❖ I will follow the Technology Policy of Youngtown Public Charter School.

Failure to adhere to these commitments may cause me to lose various privileges and/or the loss of my status as a Youngtown Public Charter School student.

Student Signature _____ **Date** _____

UNIFORM DRESS CODE POLICY

Students are expected to wear their uniforms at all times while on campus or any school related field trips. Students who violate the dress code policy are subject to disciplinary action, which may include but not limited to any one or combination of the following:

- ❖ Verbal reprimand
- ❖ Conference
- ❖ Parental Involvement
- ❖ After school detention
- ❖ Saturday detention
- ❖ Off campus suspension

All students must wear **Dark Navy Blue uniform pants or uniform shorts, and Royal Blue polo shirt**

All backpacks must be of solid plain color with no logos, and or insignia of any type.

For your child's protection pants with big back pockets or side pockets are not allowed. Any jackets, sweaters, and sweatshirts (outer wear garments) must match uniform color. They must also be plain, with no stripes, pictures or logos.

No open toe shoes, sandals, roller-skate tennis shoes or slippers allowed. We highly recommend tennis shoes with clear, white bottom soles. No jewelry, makeup and hair color allowed. Wearing hats, sunglasses, caps, bandanas, hairnets, chains, spikes or any type of sharp objects will not be permitted.

I have read and understand the restrictions and all requirements that I have to meet.

Student Signature _____ **Date** _____

PARENT/GUARDIAN(S) COMMITMENT

I/We commit to support Youngtown Public Charter School in helping our student reach high standards.

Therefore:

- ❖ I/We will make sure my/our student arrives at Youngtown Public Charter School every day by 8:00am (Mon – Fri)
- ❖ I/We will make arrangements daily for my/our student to be picked up from Youngtown Public Charter School by 3:00p.m. (Mon – Fri)
- ❖ I/We will make always help my/our student in the best way we know how and we will do whatever it takes for him/her to learn.
- ❖ I/We will check my/our student's homework every night and monitor their reading every night.
- ❖ I/We will always make myself/ourselves available to my/our student, the school, and address any concerns they may have.
- ❖ I/We will notify the school as soon as possible when my/our student is going to be absent from school.
- ❖ I/We will carefully read all the information the school sends home to me/us.
- ❖ I/We agree to attend two (2) school activities each year to learn about my/our student's progress.

Failure to adhere to these commitments may cause my student to lose various YPCS privileges and /or may cause us to attend intervention meetings with the Parent Intervention Committee at Youngtown Public Charter School or outside agencies.



**PARENT'S CONSENT FOR GIVING PRESCRIPTION
AND OVER THE COUNTER (OTC) MEDICATION AT SCHOOL**

I _____ hereby request and give my consent for Youngtown Public Charter School Nurse or person designated by administration to see that my child/legal dependent, _____ receives the following medication for the period from _____ to _____.

Student's Name _____ Grade _____

- (1) Name of medication _____
- (2) Prescription number (if prescription) _____
- (3) Prescriber's name (MUST be on the label if prescription) _____
- (4) Route of administering (by mouth, inhale etc.) _____
- (5) Dosage/amount to be given _____
- (6) Time of day to be taken _____
- (7) Expected duration of treatment _____
- (8) Indication (reason) for medication _____

I understand, it is my child's responsibility to go to the Nurse's Office for his/her medication and that no staff will get my child for a late/missed dose.

I understand, it is my responsibility to provide the Nurse's Office with an adequate supply of medication for my child.

I understand the Nurse's Office will notify me 5 days before the medication supply is depleted.

I WILL provide the Nurse's Office with a separate prescription for EACH medication; prescription and Over the Counter Medication written by my child's physician.

I WILL complete a separate Consent form for EACH medication; prescription and/or Over the Counter Medication.

Parent/Guardian's Signature _____ Date _____

THE SCHOOL MUST BE NOTIFIED IN WRITING TO ANY CHANGE IN MEDICATION



YOUNGTOWN PUBLIC CHARTER SCHOOL
Medical Reference Card

Grade _____

Name of Student: _____ Birthdate _____ Home Phone () _____
Last, First, Middle I

Address _____
Street Address City Zip Code

Mother or Guardian Name: _____ Home Address _____ Ph# _____ Work Address _____ Ph# _____ Cellular Number _____	Father of Guardian: Name: _____ Home Address _____ Ph# _____ Work Address _____ Ph# _____ Cellular Number _____
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In case of emergency or if I cannot pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cellular Phone: _____	Cellular Phone: _____

If Medical Care is Necessary, Call:

Doctor: Name _____ Address _____ Phone _____
Hospital _____ Address _____ Phone _____

In case of injury or illness _____ will be called first. I hereby give my authorization to any hospital or doctor to render immediate aide as might be required at the time for my child's health and safety. I understand that the expense of this care will be accepted by me.

Signature of Parent/Guardian: _____ **DATE** _____

MEDICAL INFORMATION

HAS YOUR CHILD EVER HAD OR HAS NOW

	Yes	No	Year
Asthma			
Allergies			
Headaches			
Seizures/Convulsions			
Dizziness/Fainting Spell			
Severe Head Injury			
Excessive Worry or Anxiety			
Depression			
Eye Trouble			
Wear Glasses			
Frequent Ear Infections			
Hearing Loss			
Speech Problems			
Frequent Colds			
Bronchitis/Pneumonia			

	Yes	No	Year
High Blood Pressure			
Heart Condition			
Tumor, Growth or Cancer			
Diabetes			
Severe or Chronic Abdominal pain			
Ulcer			
Lactose Intolerance			
Intestinal Problem			
Frequent/Painful Urination			
Wets/soils pants			
Attention Deficit Disorder			
Hyperactivity			
Scoliosis			
Bone or Joint Problems			
Chronic Pain (where?)			
Other			

- Any food allergies your child has: _____
- Any allergies to medicine your child has: _____
- Any operations your child has had and the year: _____
- Any additional Medical concerns/special instructions regarding your child: _____

➤ Any Medication your child takes daily:
Medication: _____ Dose: _____ When: _____



MEDICAL HISTORY

Do we have your permission to administer common first aid to your child?

Yes No

Does your child take any medication? Yes No If yes please describe

Doctor's Name _____ Phone _____

I hereby grant the staff at Youngtown Public Charter School permission in an emergency to take me child to the doctor named above, or nearest emergency center for treatment. The staff will try to reach the parent/guardian and /or other persons listed before arranging transportation to an emergency facility.

Signature: _____ **Date** _____

Immunizations: Arizona law requires a record on file at school from your health care provider, which documents and verifies appropriate immunization, giving date, month, and year. A copy of this record must be submitted with this application.

APPLICATION SIGNATURE

The information given is correct and true to the best of my knowledge. Application does not guarantee enrollment. But is only the first step of the enrollment process.

Signature: _____ **Date:** _____

EARLY FRIDAY DISMISSAL PERMISSION

School is out at 12:30 pm on Fridays so teachers and staff can attend meeting and training sessions. All doors will be locked at 1:00 pm. Arrangements for pre-paid childcare services should be made in advance.

I understand all doors will be locked a 1:00 pm and no staff will be available to watch my student unless I make arrangements for pre-paid childcare services in advance. I also understand Arizona Statutes may require Youngtown Public Charter School to contact CHILD PROTECTIVE SERVICES for any student left on campus. We appreciate your cooperation so we won't have to exercise this option.

Parent/Guardian Signature: _____ Date: _____

PERMANENT FIELD TRIP PERMIT

I _____ give my child _____ permission to participate with his/her class on any school field trips. *You will be notified before your child participates in any fieldtrip. If there will be expenses incurred, you will receive notification in advance.*

Parent/Guardian: _____ Date: _____



REQUEST FOR STUDENT RECORDS

The following student has enrolled in our school, Please send the requested records on this student

Student's Name _____

Grade _____ Date of Birth _____

Last School Attended _____ Year _____

I hereby authorize release of the following records.

- | | |
|--|---|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Official Withdrawal Form |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> All Health Records (Including Screening Information) |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Achievement Testing Results |
| <input type="checkbox"/> AIMS Testing Results | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Psychological Records | <input type="checkbox"/> ELL _____ |

Parent/Guardian's Signature _____ Date _____

Please fax or mail to:
Youngtown Public Charter School
13226 N. 113th Avenue
Youngtown, Arizona 85363
Fax # 623-815-8902

Thank you for your cooperation

For School Use Only		
1 st Date Request _____	2 nd Date Request _____	Faxed _____
Mailed _____	Date Received _____	Initialed _____

Youngtown Public Charter School
13226 N. 113th Avenue
Youngtown, Arizona 85363
Phone (623) 974-0355
Fax (623) 815-8902



**COMPUTER USE POLICY
STUDENT CONSENT FORM**

As a student of Youngtown Public Charter School (YPCS) I have read and understand the Computer Use Policy and agree to abide by the rules of the policy.

1. I understand that use of computer facilities at YPCS is a privilege that can be revoked.
2. I agree to use the YPCS computer facilities in a responsible, ethical, and polite manner.
3. I understand that the computer network is to be used for educational purposes only. I will not play computer games or engage in research that has not been approved by a teacher.
4. I will not disclose personal information about myself or other students over the network.
5. I will not share account information or passwords with others.
6. I will notify a system administrator if a password has been lost or stolen, or if there is reason to believe there is someone has obtained unauthorized access to the system.
7. I will not attempt to install software that does not belong to the school district.
8. I will not insert a diskette or CD-ROM into a computer unless a teacher has provided it for me.
9. I understand that computer viruses are very harmful to computers and will be as careful as possible not to cause such a problem. I will not use the YPCS computers to write, modify or release viruses, Trojans, worms or other malicious mobile code. I will not use the computer systems to access underground boards or hacker sites, eavesdrop, break into or monitor YPCS owned networks or computers owned by anyone anywhere; or as a tool to break password and other access codes or to aid anyone else in such illegal activities.
10. I understand that computer equipment is expensive, as a result I will take care of this equipment to the best of my ability and will not damage it in any way. I also will not try to gain access to other student's accounts or to other private information.
11. I understand that my use of the computer will be monitored by system administrators and other school district staff members. This includes their ability to read my school electronic mail and examine files that I am working on. I give my permission for system administrators and other school district staff members to monitor my computer.

I understand and will abide by the above terms and conditions of this acceptable use policy, and will use computer and electronic resources for curricular purposes only. I further understand that any violation of this agreement is unethical and may constitute a criminal offense and may result in civil liability to me and my parents or guardians, if I am under the age of 18. Should I commit any violation, I am subject to the consequences of the school and the district disciplinary code and state and federal law.

Name of Student _____

Signature of Student _____

Signature of Parent/Guardian _____

Date of Signature _____