

C.A.F.A. dba Learning Foundation and Performing Arts
2008-2009 STUDENT ENROLLMENT CHECK LIST

THE FOLLOWING IS REQUIRED TO HOLD AN ENROLLMENT PLACE:

- ENROLLMENT FORM RETURNED: COMPLETED, SIGNED AND DATED

THE FOLLOWING IS REQUIRED BEFORE STUDENT WILL BE ADMITTED TO CLASS:

- BALANCE OF ENROLLMENT: PACKET, COMPLETED, SIGNED AND DATED
- **PLUS...**
 - COPY OF PROOF OF ARIZONA RESIDENCY:
PARENT'S ARIZONA DRIVERS LICENCE OR ARIZONA UTILITY BILL
- **PLUS...**
 - COPY OF STUDENT'S **CERTIFIED** BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE (Hospital record does not qualify)
- **PLUS...**
 - FREE AND REDUCED LUNCH ELIGIBILITY FORM –Available after July 15, 2008 (Signed and dated after July 15, 2008. **Must be completed, signed and dated even if you do not qualify.** This form affects our Title One-No Child Left behind Funding)
- **PLUS**
 - COPY OF REQUIRED IMMUNIZATIONS OR SIGNED EXEMPTION FORM
 - **4 Polio Shots** (Or 3 shots - if at least one was on or after 4th Birthday)
 - **6 DTP Shots** (Or 4 shots - if at least one was on or after 4th Birthday)
 - **2 MMR Shots** (On or after first Birthday)
 - **3 HEP B Shots** (Third shot must be on or after age 6 months)
 - Date had Chickenpox Disease (**Varicella**) or Immunization Vaccine for all grades K-4 and Grades 7-10.
 - All 6th Graders are required to have **Menigococca Vaccine (MV)**
 - All 6th Graders are required to have **Tdap** if 5 years have passed since their last tetanus/diphtheria vaccine.
 - All students are required to have a 10 year **Tetanus/diphtheria booster** if 10 years has passed since there last Tetanus/diphtheria vaccine
(If you have question please consult your family physician)
- **IMMUNIZATION EXEMPTION FORM**
 - If you have personal or religious or medical reasons to choose that your child be Exempt from the above immunizations you must complete an exemption form.
- **PLUS...**
 - WITHDRAWAL FORM FROM PREVIOUS SCHOOL WITH STATE ID NUMBER, ALL RECORDS & GRADES
- **PLUS...**
 - SPECIAL EDUCATION FILES (If Applicable)
 - ENGLISH LANGUAGE LEARNER (ELL) RECORDS (If applicable)
- **PLUS...**
 - IF STUDENT HAS EVER BEEN SUSPENDED OR EXPELLED BOTH PARENT/GUARDIAN AND STUDENT MUST HAVE INTERVIEW WITH SCHOOL PRINCIPAL BEFORE BEING CONSIDERED FOR ADMISSION TO SCHOOL. False representation by either Parent or Student about a student's past records may result in disciplinary board review and action.
- **PLUS... KINDERGARTEN & FIRST GRADE ENROLLMENT**
 - Kindergarteners must be 5 years old before September 1, 2008 to enroll in kindergarten.
 - First Graders must be 6 years old before September 1, 2008 to enroll in First Grade.
 - Must have 2 Varicella doses and a Hep A dose.

PLEASE CHECK THE BOX NEXT THE CAMPUS YOU WISH TO ENROLL YOUR CHILD AT:

STAPLEY CAMPUS

851 N. Stapley Dr, Mesa
(480) 834-6202

ALTA MESA CAMPUS

5761 E. Brown Rd, Mesa
(480) 807-1100

GILBERT CAMPUS

1120 S Gilbert Rd. Bldg 200, Suite 112, Gilbert
(480) 635-9400

2008-2009 Grade Level: _____ **Teacher's Name** _____
Student Name _____ **Birth Place** _____
Nick Name/ Prefers to go by _____ **Home Phone ()** _____
Physical Address _____ **Emergency Contact Phone ()** _____
City _____ **ST** _____ **Zip** _____ **E-Mail:** _____
Mailing Address _____ **Sex: M _ F _ Birth Date** ___/___/___ **Age** ___
City _____ **ST** _____ **Zip** _____ **Social Security #** _____

Last School Attended: _____ **Date Withdrawn** _____ **Withdrawn Grade** _____
High School only: Full time Student _____ **or Part time Student** _____ **Year first entered the 9th grade** _____

FAMILY DATA: NAME: LAST, FIRST, MIDDLE	LIVES WITH	LEGAL CUST	EMPLOYER	WORK # include area code	CELL/PAGER include area code
Father					
Mother					
Stepfather					
Stepmother					
Legal Guardian/ Foster					

Emergency Contact Person _____ **Relationship** _____
Address _____ **Phone ()** _____

If there is a divorce or legal separation, please provide custody papers.

HOME LANGUAGE SURVEY

What was the first language student learned? _____ English _____ Spanish _____ Other _____
 What language does student speak most often? _____ English _____ Spanish _____ Other _____
 What language is spoken most often at home? _____ English _____ Spanish _____ Other _____

RACE/ETHNIC BACKGROUND

___ American Indian/Alaska Native ___ African American ___ Caucasian (White) ___ Hispanic ___ Pacific Islander or Asian

SIBLINGS

Name	Age	School (if Attending)	Grade
(Add Additional Siblings on Back of form)			

MEDICAL HISTORY: GIVE DATES/INFORMATION

Measles _____	Mumps _____	Convulsive Disorder _____
Allergy _____	Hearing Loss _____	Recent Ear Infection _____
Asthma _____	Diabetes _____	Heart Condition _____
Chickenpox _____	Scoliosis _____	T.B. or Contact _____
Glasses _____	Operations _____	Daily Medication _____
Phy. Handicap _____	P.E. Restriction _____	Other _____

Please list any physical impairments or special conditions _____

SPECIAL EDUCATION PLACEMENT

DID STUDENT RECEIVE SPECIAL EDUCATION SERVICES AT HIS/HER LAST SCHOOL?

(Resource, Speech/Language Therapy, Occupational Therapy, Counseling, Physical Therapy, Self-Contained Classroom)

___ NO **SPECIAL EDUCATION DOCUMENTATION FROM STUDENT'S PREVIOUS SCHOOL**
 ___ YES _____ PROVIDED _____ WAITING FOR DOCUMENTATION

Is your housing temporary or transitional ___ YES ___ NO If Yes, is it due to hardship: ___ YES ___ NO

Has student ever been suspended ___ YES ___ NO **Has student ever been Expelled** ___ YES ___ NO

Explain: _____

Is student assigned to a parole officer? ___ YES ___ NO **If yes, parole officer's name and number** _____

FOR OFFICE USE ONLY - ENTRY/WITHDRAWAL HISTORY

Grade	Register Code	Enter Date	Enter Code-Circle One	Withdrawal Date	Withdrawal Code-Circle One
			E1 E2 E3 E4 E5 E6		W1 W2 W3 W4 W5
			R1 R2 R3 R4 R5		

Parent Signature _____ **Date** _____

MAIL COMPLETED, DATED AND SIGNED FORMS TO DISTRICT OFFICE AT:

1120 S. GILBERT RD. BLDG. 200, SUITE 112, GILBERT AZ 85296

C.A.F.A. dba **Learning Foundation & Performing Arts**

PLEASE CHECK THE BOX NEXT THE CAMPUS YOU WISH TO ENROLL YOUR CHILD AT

STAPLEY CAMPUS
851 N. Stapley Dr, Mesa
(480) 834-6202

ALTA MESA CAMPUS
5761 E. Brown Rd, Mesa
(480) 807-1100

GILBERT CAMPUS
1120 S Gilbert Rd. Bldg 200, Suite 112, Gilbert
(480) 635-1900

Student's Name: _____ Date of Birth _____

SPECIAL EDUCATION SURVEY 2008-2009

Is your child currently enrolled in any Special Education Programs?...
in which he/she has a current IEP , 504 plan, speech/LD or
Occupational/Physical Therapy from their previous school.

PLEASE CHECK ONE BOX BELOW:

Yes No

IF YES PLEASE GIVE DETAILS:

Speech Learning Disability (LD) IF yes, in what areas? _____

Occupational Therapy Physical Therapy Other (Please specify) _____

Yes No Has your child been evaluated for special Educational services?

Yes No Does your child currently have an Individualized Education Plan (IEP)?

Yes No Does your child currently have a 504 Accommodation Plan

Name of School where records are currently located _____

If out of state please provide address and Phone number _____

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

Parent Signature _____ **Date** _____

Learning Foundation & Performing Arts 2008-2009

PARENT OR GUARDIAN COPY

Dress Code Rules Parent/Guardian/Student Agreement

1. All students must come to school in dress code, clean and well groomed. Students having three or more violations are subject to discipline action.
2. Parents are responsible for having their children in dress code each day. Parents will be notified if a student is out of dress code or inappropriately dressed and will be required to come pick up the student, or bring in an appropriate change of clothing before the child may attend class.
3. Students are required to wear a Learning Foundation and Performing Arts logo shirt in their school colors. One white logo school shirt is required for school performances throughout the year.
4. Students are required to wear solid black, navy blue or khaki tan slacks, "fingertip length" walking shorts, capri's, skorts or jumpers. No denim or Levis. Pants must fit appropriately at the waist. No overly baggy, or sagging pants or dragging pant legs. (Underclothing should never show). No torn (including torn look) or cut off clothing may ever be worn. No zippered pockets.
5. Plain hooded, zip or button front sweatshirts with no pictures, words, may be worn in class during the winter months.
6. "Closed toe" and "Closed heel" shoes must be worn. No sandals, flip flops, or skate shoes (shoes with retractable rollers in the sole) may be worn.
7. Students may not wear extreme hairstyles, including mohawks or spiked hair. No unnatural hair color, body piercing, or ear gauging. Appropriate clothing must cover any tattoos.
8. Jewelry must be conservative. No extreme styles, only two earrings in each ear may be worn. No ball necklaces, no body chains, no chains over 1/4" thick, no dog collars or drug/inappropriate symbols. No Safety pin jewelry.
9. No gang paraphernalia (bandanas, jewelry or clothing). No Gothic clothing.
10. Occasionally we will have a dress down day or dress down field trip. Students may wear short sleeve T-shirts and jeans that are not torn, cut off or sagging. No clothing shall be worn that contains inappropriate language or that advertise drugs, alcohol or tobacco related items. Tops should cover the midriff all the way to the pants, even when a student raises their arms. No tube tops, spaghetti strap or sleeveless tops may be worn.

I have read and agree to abide by the above Dress Code Rules.

Parent's Signature

Date

Student's Signature

Date

Learning Foundation & Performing Arts 2008-2009

*****SCHOOL COPY*****

Dress Code Rules Parent/Guardian/Student Agreement

1. All students must come to school in dress code, clean and well groomed. Students having three or more violations are subject to discipline action.
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I have read and agree to abide by the above Dress Code Rules.

Parent's Signature

Date

Student's Signature

Date

**PLEASE MAIL ALL RECORDS TO DISTRICT OFFICE:
1120 S. GILBERT RD. BLDG. 200 SUITE 112, GILBERT AZ 85296
OR FAX TO 480-635-1906**

OFFICIAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

PLEASE CHECK THE BOX NEXT THE CAMPUS YOU WISH TO ENROLL YOUR CHILD AT:

STAPLEY CAMPUS ALTA MESA CAMPUS GILBERT CAMPUS

Student's Name _____ Student's Date of Birth _____

School Last Attended _____ Grade Last Attended _____

Date of Entry _____ Date of Withdrawal _____

School's Address _____

City _____ State _____ Zip _____

School Phone Number _____ School Fax Number _____

******* OFFICE USE ONLY *******

Please send all of the following records to the above address or fax number

- | | |
|--------------------------------------|---|
| * Transcripts of Grades | * Achievement & State Test Scores |
| * Birth Certificate | * Attendance Records |
| * Immunization Records | * Disciplinary Records |
| * Official Transcript if applicable | * Special Education, Evaluation, IEP, Speech etc. |
| * Health Information | * Medical Evaluations |
| * Withdrawal with SAIS ID and grades | * Reports |
| * Social History | * Other _____ |

**IF SPECIAL EDUCATION RECORDS ARE AT A DIFFERENT LOCATION
PLEASE FAX THIS REQUEST TO THEM OR NOTIFY US AT ABOVE NUMBER**

First Request date: _____ **By: Fax** _____ **Mail** _____ **Initials** _____

Second Request date: _____ **By: Fax** _____ **Mail** _____ **Initials** _____

I hereby request and authorize you and the school to release, as indicated above, any medical information, educational records, special education placement and developmental history, psychological reports or other pertinent data you and the school may have, or may receive, that would aid in providing appropriate educational services for my child. Pursuant to the Family Educational Rights and Privacy Act of 1974, all psychological/confidential data will be maintained as such. It will not be transferred to a person or agency without parental permission. Parents will have access to all student records.
Parent Signature Not Required to Transfer Student Records To Schools

Parent Signature _____ Date _____

School Official Signature _____ Date _____

STAPLEY CAMPUS ALTA MESA CAMPUS
LEARNING FOUNDATION PERFORMING ARTS SCHOOL
EMERGENCY MEDICAL REFFERRAL CARD 2008-2009

GILBERT CAMPUS
 Grade ___Mentor_____
 Birthday_____

Student's Last Name First Address City St Zip Home Phone

Father/Guardian Name Employer Name and Address Business Phone

Mother/Guardian Name Employer Name and Address Business Phone

IN CASE OF EMERGENCY: Name of persons who could assume temporary responsibility.

Local friend or relative _____ Phone _____

Local friend or relative _____ Phone _____

Local Doctor _____ Phone _____

1. Allergies: Food _____ Medications _____
2. Is your child on daily medication? Yes _____ No _____ Specify _____
3. Recent surgery, accident or illness (past year) _____
4. Health problems or limitations _____

I, the undersigned parent/guardian, hereby give my consent for the above named child to be released to the friend/relative I have designated and/or to be taken to the nearest hospital in case of emergency.

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

TREATMENT IN THE EMERGENCY ROOM WILL REQUIRE YOUR PRESENCE

Please list *ALL SIBLINGS* of school age going to Learning Foundation Performing Arts School, starting from the oldest.

Name	Age	Grade	Mentor	School Site

**LEARNING FOUNDATION PERFORMING ARTS SCHOOL HEALTH SERVICES DEPARTMENT
 PARENT'S CONSENT FOR GIVING MEDICATION AT SCHOOL**

I, _____ hereby request and give my consent for the school nurse, health Assistant, site director or person designated by the administrator, to see that my child _____ receives the prescription or over the counter medication as instructed below.

I understand that the medication is to be furnished by me in the original container and is to be labeled with and given in the following manner. (Ask your pharmacist to provide prescription labeled container for school.):

1. The name and reason for the medication _____
2. Name of physician (must be on label) _____ Phone _____
3. Pharmacy and prescription number _____
4. Directions for administration (by mouth, etc.) _____
5. The amount and time of day to be given _____
6. For the period from _____ to _____

I hereby give my consent for the following over the counter medication when needed: Acetaminophen (Tylenol) YES NO
 Ibuprofen (Advil) YES NO Antacid (Tums) YES NO Throat lozenges/Spray YES NO
 First Aide Ointment YES NO Antiseptic Spray YES NO Saline Eye Drops YES NO

Parent/Guardian Signature _____ **Date** _____

C.A.F.A. dba **Learning Foundation & Performing Arts**

STAPLEY CAMPUS ALTA MESA CAMPUS GILBERT CAMPUS

2008-2009 FIELD TRIP TRANSPORTATION RELEASE

I give permission for _____ to ride with a parent or school staff member to attend all field trips. All drivers will be required to provide proof of current driver's license and vehicle insurance.

- No, I will supply transportation for my child on all Field Trips.
- Yes, my child may ride on field trips in which there is a school bus provided but, may not ride with other parents or school staff.
- Yes, my child may attend field trips and ride with a parent, school staff, or bus transportation that is provided at the time.

A specific field trip permission slip will be sent home before each individual field trip.

2008-2009 TRANSPORTATION RELEASE FORM

The following additional person(s) not listed on the emergency medical form may pick up or drop off my students from school each day.

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

I understand that the Learning Foundation and Performing Arts School requires the parent or guardian to provide IN WRITING the names of all people who may be responsible for their child(ren). For the security of your child we cannot accept changes by phone. You may add additional names to the back of this form.

2008-2009 PERFORMING ARTS & PHOTO/VIDEO RELEASE

_____ **Yes**, I Hereby grant permission for my child _____ to be photographed, audio taped or video taped for any school related activity, article, brochure, video production, or any other performance or publication.

_____ **No**, I do not want my child _____ to be in performances that are taped or photographed or to be used in any articles or brochures for publication.

(If there is a custody or personal reason your Child's privacy should need to be protected, you must provide in writing the information, and provide a copy of any restraining orders in order for the school to legally protect your child.)

Parent Signature _____ **Date** _____

Request For Exemption To Immunization Schools

If you wish for your child to be exempt from the immunization requirements, this form must be completed, signed and returned to the school. By state law, (A.R.S. ' 15-873) your child will not be allowed to attend school until either a record of immunization or this exemption statement is submitted. Please indicate below the type of exemption requested and complete all required information. **In the event of an outbreak of a vaccine preventable disease for which you can not provide proof of immunity of your child, your child will not be allowed to attend school until the risk period ends.**

Medical Reasons - If the immunization would be a health risk to the child because of pre-existing medical conditions, you must sign the statement below *along with your physician's signature*. Your physician must state the reason for the medical exemption. The exemption may be for one or more vaccines, and may be either permanent or temporary. If the condition is temporary, the date of its end must be given, at which time the child must receive any necessary vaccine doses.

Personal Beliefs - If immunizations are against your personal beliefs, you must sign below to exempt your child from the requirements.

Laboratory Evidence - If your child has previously had a vaccine preventable disease, immunization against that disease is not required if laboratory evidence of immunity signed by a physician can be provided. *Copies of lab results must accompany this request.*

Complete And Return This Form To Your Child's School -

I hereby request an exemption from the immunization requirements for the child listed below, have received information about immunization and understand the risks and possible outcomes of this decision.

Child=s Name _____ Date of Birth _____
(month, day, year)

Type of exemption requested:
(Mark one)

For the following vaccines:
(Mark all that apply)

Medical* (See below)
 Personal Beliefs
 Laboratory Evidence

Diphtheria Tetanus Pertussis
 Measles Mumps Rubella
 Polio Hepatitis B Varicella

* If a medical exemption is marked, complete the following:

Reason for medical exemption: _____

Length of exemption: Permanent: _____ Temporary until: _____

Required Signatures: Parent or guardian must sign all requests and physician must also sign any requests for medical or laboratory evidence exemptions:

Parent or Guardian

Physician

Printed Name

Printed Name

Date: month, day, year

Date: month, day, year

Solicitud De Exencion De Inmunizacion Para Escuelas

Si Ud. quiere que a su hijo se le exente de los requisitos de inmunización, es necesario rellenar, firmar, y devolver a la escuela esta solicitud. Según ley estatal (A.R.S. ' 15-873) a su hijo no se le permitirá asistir a la guardería sin haber presentado su libro de vacunas o esta solicitud de exención. Favor de indicar abajo la clase de exención que Ud. pide y rellene la información necesaria. **En el caso de un brote de una enfermedad que se podría prevenir con vacuna, si Ud. no puede presentar prueba de inmunidad para su hijo no se le permitirá asistir a la escuela hasta que pase el período de riesgo.**

Motivos Medicos - Si vacunarse sería un riesgo a la salud de su hijo a causa de un problema médico ya existente, ambos Ud. y el médico deben firmar la declaración que se encuentra abajo. El médico tiene que afirmar el motivo de la exención. Se puede exentar de una o más vacunas y cada exención puede ser ó temporal ó permanente. Si el problema médico es temporal, se debe indicar la fecha esperada de su final. Es a partir de esta fecha que será obligatorio vacunarle a su hijo.

Creencias Personales - Si vacunarse va en contra de creencias personales que tiene Ud., hay que firmar la declaración abajo para exentar a su hijo de las vacunas requeridas.

Prueba De Laboratorio - Si su hijo ya ha sufrido de una de las enfermedades contra las que se suele vacunar, no es necesario que se le vacune contra esa enfermedad siempre que Ud. pueda presentar prueba de inmunidad que procede de un laboratorio, firmada por el médico. Copias de los resultados del laboratorio tienen que acompañar esta solicitud.

Favor De Rellenar Y Devolver Esta Solicitud A La Escuela De Su Hijo:

Solicito una exención de los requisitos de inmunización para el niño indicado abajo. He recibido información sobre las vacunas y entiendo los posibles riesgos y consecuencias de esta decisión.

Nombre del niño _____ Fecha de nacimiento _____
(mes , día, año)

La clase de exención que se pide:
(Marque uno)

Para las vacunas siguientes:
(Marque todas que corresponden)

- Motivo médico* (Vease abajo)
- Creencias personales
- Prueba de laboratorio

- | | | |
|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Difteria | <input type="checkbox"/> Tétanos | <input type="checkbox"/> Tos ferina |
| <input type="checkbox"/> Sarampión | <input type="checkbox"/> Paperas | <input type="checkbox"/> Rubéola |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicela |

* Si Ud. declara exención por motivo médico, rellene lo siguiente:

Motivo de la exención: _____

Duración de la exención: Permanente: _____ Temporal hasta: _____

Firmas necesarias: Se requiere que un padre, madre, o tutor firme esta solicitud. También es necesaria la firma del médico.

Padre, madre, o tutor

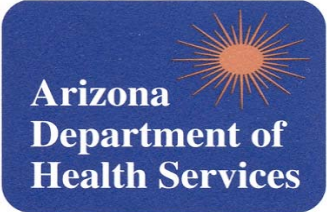
Médico

Nombre escrito en letras de imprenta

Nombre escrito en letras de imprenta

Fecha: mes, día, año

Fecha: mes, día, año



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 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 fill out this box.

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" all the questions in this box 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 questions in this box, then your child will need the chickenpox vaccine for school admission.

Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records unless it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.
- Parents or eligible students have the right to request in writing that a school correct records that they believe 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 setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:
 - o School officials with legitimate educational interest
 - A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or student serving on an official committee or assisting another school official in performing his or her tasks;
 - A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school;
 - o Other schools to which a student is seeking to enroll;
 - o Specified officials for audit or evaluation purposes;
 - o Appropriate parties in connection with financial aid to a student;
 - o Organizations conducting certain studies for or on behalf of the school;
 - o Accrediting organizations;
 - o To comply with a judicial order or lawfully issued subpoena;
 - o Appropriate officials in cases of health and safety emergencies; and
 - o State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, sports participation (including height and weight of athletes) and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent.

The Individuals with Disabilities Education Act (IDEA) is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children with disabilities education records could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of sources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887 (voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-5901	Arizona Department of Education Exceptional Student Services 1535 W. Jefferson, BIN 24 Phoenix, AZ 85007
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This notice is available in English and Spanish on the ADE website at www.ade.az.gov/ess/resources under forms. For assistance in obtaining this notice in other languages, contact the ADE/ESS at the above phone/address.

Learning Foundation Transportation Request 2008-2009

STAPLEY CAMPUS ALTA MESA CAMPUS GILBERT CAMPUS

The following information from each family will help us establish the need for buses and possible routes. Please, be aware that there is a fee for transportation. You may contact the front office for more details on the transportation fees.

Check one: _____ No, we are not interested transportation.

_____ Yes, we are interested in transportation.

I am aware it is my responsibility to contact the school office to have my student(s) assigned to a bus route.

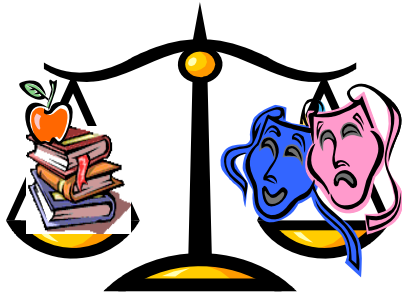
Parent/Guardian Signature: _____

For our records, please complete the information below: (Please Print Clearly)

Parent/Guardian Name: _____		
Street Address _____	City _____	Zip Code _____
Home Phone Number _____	Work Phone Number _____	Cell Phone Number _____
Major Cross Streets (EW) _____ and _____ (NS)		
Student Name _____	Grade _____	
Student Name _____	Grade _____	
Student Name _____	Grade _____	
Student Name _____	Grade _____	
Student Name _____	Grade _____	
Student Name _____	Grade _____	
Student(s) will need transportation (Check one) _____AM _____PM _____AM & PM		

If your student(s) will be transported to or from an address different then the one provided above, please complete the following:

Name of Parent/Guardian (if different from above)/Day Care Provider _____		Name of Day Care Facility _____
Street Address _____	City _____	Zip Code _____
Major Cross Streets (EW) _____ and _____ (NS)		
Student(s) will be transported to or from the alternate address (Check one) __AM __PM		



District Office
Learning Foundation & Performing Arts
 1120 S Gilbert Rd. Bldg. #200 Ste. #112 Gilbert, AZ 85296
 Phone (480) 635-9400 Fax (480) 635-1906
A Balance between the Arts and Academics

August 2008
 All students are required to wear polo style shirts that contain our school logo.

ONLY Colors Available:

Available in adult sizes only:

**White (W), Royal Blue (RB), Oxford Grey (OG), Deep Purple (DP)
 Hunter Green (HG), Burgundy (B)**

Available in child's sizes only:

**White (W), Royal Blue (RB), Oxford Grey (OG), Burgundy (B) &
 Hunter Green (HG), Light Pink (LP)**

***Price includes shirt and school logo embroidered.**

<u>Children's Sizes</u>			<u>Adult Sizes</u>	
Small	(7/8)	\$13.00	Small- Extra Large	\$14.00
Medium	(10/12)	\$13.00	2XL-4XL	\$17.00
Large	(14/18)	\$13.00	****Plus tax****	
X-Large	(18/20)	\$13.00		

To just add logos to your own shirts, the cost is \$7.95 per shirt.
 For 2 to 5 shirts the cost is \$6.50 per shirt and for 6 or more shirts the cost is \$4.95 per shirt.

QTY _____ Child _____ Adult _____ Color _____ Price _____

QTY _____ Child _____ Adult _____ Color _____ Price _____

QTY _____ Child _____ Adult _____ Color _____ Price _____

QTY _____ Child _____ Adult _____ Color _____ Price _____

QTY _____ Child _____ Adult _____ Color _____ Price _____

QTY _____ Child _____ Adult _____ Color _____ Price _____

Total Due: _____ Cash: _____ Check: _____ Type of Credit Card: _____

Student Name: _____ Parent Name: _____

What campus: Stapley: _____ Alta Mesa: _____ Gilbert: _____

Make checks payable to: _____ Credit Card # _____

Diamondback Embroidery, Inc. Name on Credit Card: _____

6039 E. University Drive

Mesa AZ 85205

phone (480) 396-0516 fax (480) 396-0521

Expiration date on card: _____