



2010-2011 Pre-Registration Checklist

Please indicate the Pointe School your child will be attending.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Canyon Pointe Academy
4941 W Union Hills Dr
Glendale, AZ 85308
Office 602.896.1166
Fax 602.896.1164 | <input type="checkbox"/> Pinnacle Pointe Academy
6753 W Pinnacle Peak Rd
Glendale, AZ 85310
Office 623.537.3535
Fax 623.537.4433 | <input type="checkbox"/> North Pointe Preparatory
10215 N 43 rd Ave
Phoenix, AZ 85051
Office 623.209.0017
Fax 623.209.0021 |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

Pointe Schools provides parents the opportunity to pre-register their children. This process involves presenting personal documentation from home and providing previous school information, as well as signing and submitting district forms attached to this checklist.

A. **Secure and present** the following personal documentation from home:

1. Birth Certificate
2. Immunization Records
3. Social Security Card
4. Custody Papers (if applicable)
5. Paragraph written by student explaining why he/she wants to attend the North Pointe Preparatory (grades 7-12).

B. **Secure and present** the following official documentation from the previous school:

6. Academic Records: unofficial transcript (if applicable), most recent report card
7. Discipline Records
8. Withdrawal Form (to maintain enrollment for 2010-2011, due by June 1, 2010).

C. **Complete, sign, and submit** the 2010-2011 district forms attached to this checklist:

9. Registration Application
10. Special Education Information Form
11. Emergency Health Form
12. Screening Form To Determine History of Chicken Pox Disease
13. Home Language Survey (English or Spanish)

D. **Schedule** a placement test with the school office: Math (grades 1-12), Reading (grades 1-6), Kindergarten Readiness Assessment (if your child is not 5 by September 1, 2010).

The personal documents must be presented at the time the above-cited district forms are submitted. All items must be presented/submitted at the same time.

Student Name: _____

Grade: _____



<h2 style="margin: 0;">2010-2011 STUDENT REGISTRATION FORM</h2>

Please indicate the Pointe School your child will be attending.

- Canyon Pointe Academy
 Pinnacle Pointe Academy
 North Pointe Preparatory

STUDENT INFORMATION

Last Name:		First Name:		Middle Name:	
Social Security #:			Preferred Name:		
Primary Address:			City:	State:	Zip:
Home Telephone:			Student E-mail:		
Date of Birth:	Gender: M F	Ethnicity:		Current Age:	
Place of Birth:			Home Language:		
Current School:				Current Grade:	
Requested Enrollment (Start) Date at Pointe School:				Enrollment Grade:	

PARENT/GUARDIAN INFORMATION

Father's Name: _____		Mother's Name: _____	
<input type="checkbox"/> Lives With	<input type="checkbox"/> Legal Custody	<input type="checkbox"/> Receives Report Cards	<input type="checkbox"/> Lives With
<input type="checkbox"/> Legal Custody	<input type="checkbox"/> Receives Report Cards	<input type="checkbox"/> Lives With	<input type="checkbox"/> Legal Custody
<input type="checkbox"/> Receives Report Cards	Street Address: _____		
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____	
Home: _____ Cell: _____		Home: _____ Cell: _____	
E-Mail: _____		E-Mail: _____	
Employer: _____		Employer: _____	
Telephone: _____ Fax: _____		Telephone: _____ Fax: _____	

Are parents divorced or separated?	Yes	No	
Name of Stepmother:		Name of Stepfather:	
Cell:	Work:	Cell:	Work:
E-Mail:		E-Mail:	
Siblings at a Pointe School ?	Yes/Current	Yes/Registered	No
Name:	Grade:	School:	NPP CPA PPA
Name:	Grade:	School:	NPP CPA PPA
Name:	Grade:	School:	NPP CPA PPA
Name:	Grade:	School:	NPP CPA PPA



EDUCATIONAL INFORMATION (page 2 of 2010-2011 Student Registration Form)

List previous school(s) (attach separate sheet if necessary):

School:			Telephone:			Fax:			
Address:					Dates Attended:				
City:			State:		Zip Code:		Grades Attended:		
Reason Leaving:									
School:			Telephone:			Fax:			
Address:					Dates Attended:				
City:			State:		Zip Code:		Grades Attended:		
Reason Left:									
School:			Telephone:			Fax:			
Address:					Dates Attended:				
City:			State:		Zip Code:		Grades Attended:		
Reason Left:									
School:			Telephone:			Fax:			
Address:					Dates Attended:				
City:			State:		Zip Code:		Grades Attended:		
Reason Left:									
Has your child been suspended/dismissed?			Yes	No	This academic year?		Yes	No	Year?
Has your child ever been expelled?			Yes	No	This academic year?		Yes	No	Year?

If you marked yes to either of the questions above, you must provide separate, official documentation detailing the circumstances surrounding the suspension/expulsion.

What are some of your child's Strengths _____ Interests _____ Challenges _____

How did you hear about us? Website Family/Friend Fliers/Mailers AZ Dept. of Ed
 Current Pointe Schools' Student/Employee/Parent (name): _____
 Other: _____

I certify that the above information is true and complete and I understand that falsification of facts on this application may result in my child's delay in enrollment and/or removal from the school. I also certify that I have read and agree to abide by the current Pointe Schools student handbook. Additionally, I agree to support and abide by each current student handbook as long as my child is enrolled at a Pointe School.

 Parent/Guardian Signature _____
 Date



2010-2011 SPECIAL EDUCATION INFORMATION FORM

Please indicate the Pointe School your child will be attending.

- Canyon Pointe Academy Pinnacle Pointe Academy North Pointe Preparatory

Student's Last Name: _____ First Name: _____ Middle: _____

Is your child currently receiving Special Education Services? Yes _____ No _____

Has your child ever received Special Education Services? Yes _____ No _____

Has your child ever been evaluated for Special Education Services? Yes _____ No _____

If you checked "NO" to all questions above, please skip the next section and sign the form at the bottom.

If you checked "YES" to any of the question above, please complete the form below. Pointe Schools is committed to providing all eligible students with services upon enrollment. *Therefore; in order for your registration to be complete, you must attach a current copy of your child's 504 plan or IEP and Psychological records (or the official determination that your child no longer qualifies for services).* Once the Special Education Director has reviewed the paperwork, he/she will call you to set up a meeting.

Date of Birth: _____ Social Security Number: _____

Address: _____

Street

City

Zip

Home Phone: _____ Work Phone: _____

Age: _____ Grade in School: _____ Date/Grade of IEP (if possible): _____

Please read the categories below and check all that apply to your child:

Hearing Impaired (HI) Current Behavior Plan Visual Impairment

Emotional Disability (ED) Speech/Language Impairment MIMR

Orthopedic Impairment 504 Plan ELL

Attention Deficit Disorder Occupational Therapy Autism (A)

Specific Learning Disability (SLD) Other (Specify) _____

Math Language Reading

I understand that Pointe Schools requires a full disclosure of all special education services that have been provided. I also understand that failing to disclose this information is a falsification of facts and will result in my child being withdrawn from school.

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 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.



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

Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective July 1, 2009)

This question is in compliance with A.R.S. §15-756. **Identification of English Language Learners**

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”
(Answer with the language used most often by the student)

Language: _____

Student Name: _____

Date of Birth: _____

**Parent/
Guardian Signature:** _____ **Date:** _____

.....
(For Office Use Only)

Student ID: _____

SAIS ID: _____



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal del Estudiante excluyendo el inglés (PHLOTE)
Encuesta sobre el idioma principal del estudiante
(Efectivo el primero de julio de 2009)

La pregunta está en conformidad con A.R.S. §15-756. **Identificación de los Alumnos que están aprendiendo el inglés**

La respuesta que proporcione a la pregunta siguiente será usada para determinar si se evaluará la competencia en el idioma inglés de su hijo(a):

¿Cuál es el idioma principal que usa su estudiante?
(Conteste con el idioma que usa con más frecuencia su estudiante)

Idioma: _____

Nombre del estudiante: _____

Fecha de nacimiento: _____

Firma del padre o tutor: _____ **Fecha:** _____

.....
(For Office Use Only)

Student ID: _____

SAIS ID: _____

RACE and ETHNICITY DATA COLLECTION FORM

In accordance with new federal guidance, schools are required to utilize a two-part question to collect data about race and ethnicity. Part 1 is in regards to Ethnicity and Part 2 relates to race. More than one race may now be selected on Part 2.

Date: _____ Child's Name: _____

Parent/Guardian Signature: _____

Race/Ethnicity Two-Part Question: Answer BOTH questions.

Part 1: Ethnicity

Is the student Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race

What is the student's race? (Regardless of how respondent answered the first question, choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)