



Welcome Packet

Student's Name: _____ Grade Entering: _____

Enrollment Year: _____

Parents must provide **ONE** of the following:

- 1) A certified copy of the **child's birth certificate**.
- 2) **Other reliable proof of the child's identity and age**, including the child's baptismal certificate, **and** application for a SSN **or** original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
- 3) A letter from the authorized representative of an agency having custody of the child, pursuant to Title 8, chapter 2 certifying that the pupil has been placed in custody of the agency as prescribed by law.

- For office use only -

Providing information below does not limit or exclude admission to JPHS.

____ Withdrawal Form from previous school

____ Proof of Identity & Age (see above)

____ Original Immunization Record

____ Original Proof of Residency (AZ residency doc or affidavit of shared residency doc)

____ Student Enrollment Forms

____ Special Education Form

____ Other than English

____ Home Language Survey

____ English only

____ Media Release

____ IEP ____ 504 ____ No IEP

____ Internet Agreement

____ Medical

____ Medical Information Form

____ Media

____ Health Office Release

____ Request for Student Records

____ Emergency Card

Date received: _____

Date entered SM: _____

Records Request date: _____

Records Received date: _____

(For office use only)



Student Information Form

STUDENT INFORMATION

Name (Last, First MI) _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Date of Birth _____ Place of Birth _____

Last School Attended _____ Home Schooled ☐ Grade Entering _____ Gender _____

Student Lives With (Check all that apply): ☐ Both Parents ☐ Father ☐ Mother ☐ Foster Parents
☐ Stepfather ☐ Stepmother ☐ Other (Please Specify) _____

Is your child a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard or Reserve force: ☐ Yes ☐ No ☐ Decline to answer

If yes, is the member full time? ☐ Yes ☐ No ☐ Decline to answer

Race/Ethnic Background select one or more: ☐ American Indian/Alaskan Native ☐ Asian ☐ Hispanic
☐ Native Hawaiian or Other Pacific Islander ☐ Black ☐ Caucasian /White ☐ Decline to answer

Has the child you wish to enroll in Jefferson Preparatory been expelled, or in the process of being expelled from another school or district? ☐ No ☐ Yes

Explain: _____

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

FAMILY INFORMATION

Name: Mother/Guardian _____ Name: Father/Guardian _____

Home Address _____ Home Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Cell Phone First Number Called (_____) _____ Cell Phone First Number Called (_____) _____

Cell Phone Company _____ Cell Phone Company _____

Other Phone (_____) _____ Other Phone (_____) _____

Employer _____ Employer _____

Employer Address _____ Employer Address _____

Business Phone (_____) _____ Business Phone (_____) _____

Email Address _____ Email Address _____

Hobbies or talents you are willing to share with our students _____

OTHERS LIVING IN THE HOME

Name _____ Age _____ Name _____ Age _____
Present School _____ Grade _____ Present School _____ Grade _____
Name _____ Age _____ Name _____ Age _____
Present School _____ Grade _____ Present School _____ Grade _____

EMERGENCY CONTACT INFORMATION

In case of an emergency or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name _____ Relationship _____ Address _____
Home Phone (____) _____ Work Phone (____) _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Address _____
Home Phone (____) _____ Work Phone (____) _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Address _____
Home Phone (____) _____ Work Phone (____) _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Address _____
Home Phone (____) _____ Work Phone (____) _____ City _____ State _____ Zip _____

I hereby permit the school to release my child to the above name person(s) upon my written or telephoned request.

Parent/Guardian Signature _____ Date _____

The following person(s) may NOT remove my child from the school.

Custody Papers on File ☐ Yes ☐ No

Name _____

Name _____

Name _____

I hereby certify that the above information is true and correct. Jefferson Preparatory High School does not accept students who have

Parent/Guardian Name (Print) _____ Signature _____ Date _____

HOW DID YOU HEAR ABOUT THE SCHOOL?

- ☐ Direct Mail ☐ Newspaper ☐ Flyer ☐ Internet ☐ Passing By
☐ Magazine ☐ Word of Mouth ☐ Yellow Pages ☐ Other (Please Specify)



**JEFFERSON
PREPARATORY**
HIGH SCHOOL

Special Education Form

In order to provide continuity in the educational environment, it is important that Jefferson Preparatory High School is informed of any special educational services received by your child in the past.

Student _____ Date of Birth _____

School Jefferson Preparatory High School Grade Entering _____

Was your child ever enrolled in any Special Education Programs?

____ Yes ____ No If yes, please check all that apply:

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

____ Occupational Therapy ____ Physical Therapy ____ Other (Please Specify) _____

Has your child ever been tested or 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?

____ Yes ____ No

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

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____



Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student *first* speak or understand?

Student Name _____ District Student

ID _____ Date of Birth _____

SSID _____ Parent/Guardian

Signature _____ Date _____ District or

Charter _____ Choice Academies, Inc. _____

School _____ Jefferson Preparatory High School _____

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

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 05-2023)



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School Jefferson Preparatory

School District or Charter Holder: Choice Academies, Inc.

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 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

- _____ 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

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residence.



Only complete this form if you share a residence, and do not have documents in your name.

State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this _____ day of _____, 20____,

By _____

My Commission Expires _____

Notary Public



Media Release

I hereby agree and give my permission for Jefferson Preparatory High School to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form, (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by Jefferson Preparatory High School, including, without limitation, for posting on the Jefferson Preparatory High School website and/or for distribution in print or broadcast media. I hereby further agree that Jefferson Preparatory High School is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as Jefferson Preparatory High School shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Jefferson Preparatory High School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for Jefferson Preparatory High School, including without limitation, in all manner and media, as Jefferson Preparatory High School determines in their sole discretion. I also understand that Jefferson Preparatory High School shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Jefferson Preparatory High School shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing Jefferson Preparatory High School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

- ☐ I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge and acceptance of its significance.
- ☐ I am declining permission for use of my child's work or image for any and all media, which will result in my child not appearing in the yearbook.
- ☐ I agree to this media release with the exception of any or all websites.

Student (Please Print) _____ Grade Entering _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____



Internet Agreement

As the parent or guardian of this student, I understand that internet access at Jefferson Preparatory High School is designed to be curriculum driven and for educational purposes only. Precautions have been taken to eliminate access to inappropriate sites and controversial materials, however, I also recognize it is impossible to restrict all controversial materials and I will not hold the school or teacher responsible for materials acquired on the network.

I hereby give permission to allow access to the internet for my child. I may withdraw my permission at any time and the student's access will be denied immediately. Any Jefferson Preparatory High School staff member may also cancel your student's access at any time for any reason.

This permission will remain active in the student's school file unless the parent requests withdrawal of access privileges.

Parent(s) or Guardian(s) Name _____

Signature(s) _____ Date ____/____/____

As a teacher, I agree to instruct the student on the acceptable use of the internet. Use of the internet in my classroom will be curriculum driven.

Teacher's Name _____

Signature _____ Date ____/____/____

As a student, I agree to abide by the rules set by Jefferson Preparatory High School for the use of the internet. I understand that permission to use the Internet may be withdrawn at any time by my parents or any staff member for any reason.

Student's Name _____

Signature _____ Date ____/____/____



Request for Records

Jefferson Preparatory

2323 W. Parkside Lane.

Phoenix, AZ 85027

Phone (602) 595-2990

Lrankin@jphschoice.org

Student _____

Home Address _____ Date of Birth _____

City _____ State _____ Zip Code _____ Home Phone _____

Gender ☐ Female ☐ Male Parent/Guardian _____

☐

Please request my child's IEP or 504

☐

My child has NO IEP or 504

Requested From (in order from most recent school attended)

Last School Attended _____ Last School Attended _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone # _____ FAX # _____ Phone # _____ FAX # _____

Parent Signature _____

Date: _____

Information requested consists of:

- ☐ Withdrawal Form (SAIS # and school CTDS # should be included if last school attended is in Arizona)
- ☐ Official transcript
- ☐ Immunization Record
- ☐ Withdrawal Grades and Date of Withdrawal
- ☐ Testing Data and Results
- ☐ ELL Testing and Results
- ☐ Discipline Record
- ☐ Current IEP and Psych Evaluation
- ☐ SpEd documents

☐

Student did not have an IEP or 504

The Federal Law 99.31 allows for educational records to be sent to other educational agencies without the parent's signature.

First Request _____

Second Request _____

Third Request _____



JEFFERSON
PREPARATORY
HIGH SCHOOL

Medical Information Form

Student's Name _____

Grade Entering _____

Medical History (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies (food or otherwise) | |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> TB | |

Doctor's Name _____

Phone _____

Hospital Preference _____

Phone _____

Is your child taking any medication? ☐ Yes ☐ No If yes, name the medication(s) and for what condition(s).

*Medication may not be administered without prescription release form, available in the school office.

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Is your child presently under treatment for any physical problem? If yes, please explain.

Is your child allergic to any foods or other substances? If yes, name foods or substances to be avoided.

Please explain procedure if reaction occurs.

Is your child subject to convulsions, and what should be our procedure if one occurs?

Is your child usually susceptible to infections and if so, what precautions need to be taken?

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

Additional comments/other special instructions:

The above emergency and medical information is provided by:

Parent/Guardian Signature _____ Date _____



JEFFERSON
PREPARATORY
—
HIGH SCHOOL

Health Office Release

Jefferson Preparatory High School staff will administer the following medication only as needed. With this knowledge, I hereby give consent for my child to receive the following (check all that apply) medications.

- _____ Bandages
- _____ Ice Pack
- _____ Throat Drop
- _____ Antibiotic Ointment
- _____ Itch Cream
- _____ Ibuprofen _____ mg
- _____ Acetaminophen _____ mg

Student's Name (Please Print) _____ Graduation Year _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Primary Parent Phone # _____