



2009-2010 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 2009-2010, due by June 1, 2009).

C. **Complete, sign, and submit** the 2009-2010 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, 2009).

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;">2009-2010 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
Street Address: _____	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 2009-2010 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



2009-2010 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
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 _____



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).

3. ¿Cuál idioma se habla principalmente en su hogar sin considerar cuál es el idioma que habla el estudiante? _____
4. ¿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: _____
