

ETHOS ACADEMY

A Challenge Foundation ✦ Academy

Dear Parents/Guardians:

Thank you for your interest in Ethos Academy for the 2018 – 2019 school year. We are excited to have the opportunity to have you learn more about our school.

As a school community, we work as a team to ensure that each child enjoys, honors and benefits from his/her experiences as a student at Ethos Academy. The experiences here serve as some of the finest opportunities available in any public school.

We at Ethos Academy believe that the learning process for each student is everyone's responsibility – staff, students and families. We take pride in our school for establishing a positive learning experience.

Our Mission Statement: Ethos Academy will prepare and empower students to succeed in college and 21st century careers by providing strategic academic programs, developing exceptional educators, engaging family members, and building community partnerships.

In this enrollment packet you will find our checklist and forms for enrollment. Please fill out all forms and return completed paperwork to Ethos Academy.

To schedule a tour of the school, please call the office at 623-249-3211.

Again, thank you for your interest. We are look forward to another rewarding year at Ethos Academy.

Sincerely



Tim Boykin
School Director



2018 – 2019

Enrollment Checklist

Forms You Will Need To Enroll: (Please note that your student will not be enrolled without a completed registration packet and attached items)

- **Registration Packet: (Please fill out all forms completely)**
 - Student Enrollment Form
 - Release of Records Form
 - Home Language Survey
 - Emergency Medical Authorization/Consent Form (2 pages)
 - Student Residency Forms
 - McKinney Vento Form
 - Agreement of Support
 - Internet Use Policy and Signature Sheet (2 pages)
 - Consent for Off Campus Activities
 - Permission to Walk Home
 - Physical Activity Consent Form
 - Survey
- **Additional Items Needed:**
 - Birth Certificate
 - Immunizations (Doctor's copy)
 - Proof of Residence
 - Custody Papers if applicable
 - IEP/504 Plan if applicable



STUDENT ENROLMENT FORM 2018 – 2019

Please Print Legibly

Student's Legal Name: _____
Last First MI

Entry Grade Applying For: _____

Ethnicity: Hispanic/Latino NOT Hispanic/Latino

Race: American Indian/Alaskan Native Black or African American Asian
 Hawaiian/Other Pacific Islander White

Gender: Male / Female Age: _____ Date of Birth: ____/____/____

Birthplace City: _____ Birth State: _____ Birth County _____ Birth Country: _____

Student Lives with: Both Parents Mother Only Father Only Other: _____

Parent/Legal Guardian Information

Primary Contact Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

OK To Pick Up Legal Custody Lives With Receives Mail

Secondary Contact Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

OK To Pick Up Legal Custody Lives With Receives Mail



Student Pick-up Authorization: The following people have permission to pick up my child.
(Please make sure your contacts are aware they are on this list. If we cannot contact you, we will call the people on this list in the order they are listed.)

Last Name, First Name	Relationship to Student	Phone Number	Email Address

Legal Guardianship or Custody Papers are necessary based on the following scenarios:

- If an adoption has taken place, it is reflected with an amended birth certificate, and student lives with adoptive parents as listed on the amended birth certificate.
- If student lives with **one custodial parent as the result of a divorce.**
- If the student lives with anyone else, i.e. grandparents, aunt, uncle, sibling, friends or relatives. **We must have a photocopy of the court papers granting guardianship within 30 days of enrollment.**

If parents are separated/divorced, who has legal custody: _____

Does the non-custodial parent have restricted visitation rights? Yes No

If yes, please explain and provide documents: _____

Siblings enrolled at Ethos Academy:

Last Name, First Name	Relationship to Student		Grade
	Brother	Sister	
	Brother	Sister	
	Brother	Sister	
	Brother	Sister	



Previous School Information:

Name and Address of last school attended:

Enrollment Status

Is your student expelled or currently being considered for expulsion? Yes No

Is your student currently suspended or being considered for long term suspension? Yes No

Special Education Services

Has your student ever been recommended, tested, or qualified for Special Education Services? Yes No

Is your student receiving Resource/Special Education services? Yes No

Is your student receiving Speech/Language Services? Yes No

Has your student ever received any of these services in the past? Yes No

If Yes, where and when did your student receive these services?

*** If your child has an IEP you must submit a copy for our SPED Coordinator to review with you.**

504 Accommodations Plan

Does your student have a 504 Accommodation Plan? Yes No

Has your student had a 504 Accommodation Plan in the Past? Yes No

*** If your student has a 504 Accommodation Plan you must submit a copy with your packet for our SPED Coordinator to review with you.**

Gifted Education

Is your student enrolled in Gifted Education classes? Yes No



Admissions:

Admissions to Ethos Academy, A Challenge Foundation Academy is open to any resident of the State of Arizona. Ethos Academy: CFA will not charge students tuition and will not discriminate against any student on the basis of ethnicity, national origin, citizenship, religion, gender or disability.

Completion of this form does not guarantee admission to Ethos Academy CFA. Priority is given to returning students and their siblings. The remaining seats will be awarded to new applicants in a public lottery on March 6, 2018. Remaining applicants will be placed on a waiting list in the order they are drawn in the lottery. Applications received after March 6, 2018 will be added to the end of the waiting list on a first come, first serve basis.

To the best of my knowledge the information I have provided on this form is accurate and true (Falsification of information is a Class 6 Felony §ARS 13-2407).

Students Name: (please print) _____

Signature of Parent/Guardian: _____

Date: _____

School Use Only:

Packet Return Date: _____

Packet Entered Date: _____

Start Date: _____

Grade: _____

SAIS #: _____

Student ID#: _____



Request of Release of Students Records

Please forward the transcript(s) of:

Student Name: _____

Date of Birth: _____

Last Grade Enrolled In: _____

Date Enrolled On: _____

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. **If this student is a special education student, please forward those records as well.**

Please send the following information to: fax: 623-249-3209 or email: lhenry@ethosacademy.school

Birth Certificate	Special Education
Immunization Records/Health Records	MET/IEP
Official Transcripts	- Psycho- educational Evaluations
AIMS Student Report Information	- Speech Evaluations
Test Scores (SELP/AZELLA Scores)	- Behavior Plans
Official Withdrawal Form	- 504 Accommodation Plan
Grades to Date of Withdrawal	- Psychiatric/Occupational/Physical Therapy Evaluations
Discipline and Attendance Records	
Hearing and Vision Screening Results	

Signature of Parent/Guardian

Date

Home Address

Telephone



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

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student 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 ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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

In SAIS, please indicate the student's home or primary language.



Consent for Medical/Dental Emergency Treatment

In the event of a medical emergency, we will attempt to contact the primary guardian first and then the secondary guardian, both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school.

STUDENT NAME: _____ DATE OF BIRTH _____

Yes, I give permission for my child to receive emergency medical treatment by the authorized pre-hospital personnel and members of the hospital staff, as may, in their professional judgment by necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference: _____

Medical Insurance Carrier: _____

Family Physician Name: _____

Dentist Insurance Carrier: _____

Family Dentist Name: _____

Please explain any special procedures or requests: _____

No I do not give permission for my child to receive emergency medical treatment.

Current medication(s): _____

Known Allergies: _____

Medical History (Check all that apply)

<input type="checkbox"/> Measles	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Ear Infection
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Visions Impairment	<input type="checkbox"/> Physical Handicap	<input type="checkbox"/> Convulsive Disorder
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> TB
<input type="checkbox"/> Other: Please explain:			

Lisa Henry
Student Registrar
Lhenry@ethosacademy.school

8840 N. 43rd Ave
Glendale, AZ 85302

Tel: 623-249-3211
Fax: 623-249-3209



Consent for Medical/Dental Emergency Treatment

Emergency Contacts: The following individuals may be contacted in case of emergency and my child may be released to them:

Name: _____ Relationship to Student: _____
Cell Phone: _____ Other Phone: _____

Name: _____ Relationship to Student: _____
Cell Phone: _____ Other Phone: _____

Name: _____ Relationship to Student: _____
Cell Phone: _____ Other Phone: _____

Name: _____ Relationship to Student: _____
Cell Phone: _____ Other Phone: _____

Prescription Medication:

I understand that if my student needs prescription medication or anything other than the recommended dosage for over-the-counter medication, the following stipulations must be met:

1. Whether a prescription drug or an over-the-counter drug, the medication must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
2. The parent must provide signed and written directions to the Health Aide regarding medication to be administered.
3. All medications shall be kept in the Health office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Students Name: (Please print) _____

Parent/Guardian's Name: (Please print) _____

Parent/Guardian's Signature: _____

Date: _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

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
- ___ Valid U.S. passport
- ___ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

___ 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

ETHOS ACADEMY

A Challenge Foundation  Academy

McKinney-Vento Eligibility Questionnaire

Student Name: _____ Date: _____

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine for which services a student may be eligible. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes _____ No _____
2. Is your temporary address due to loss of housing or economic hardship? Yes _____ No _____

IF YOU ANSWERED "NO" TO BOTH QUESTIONS, YOU MAY STOP HERE. THANK YOU.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home:

Name(s):	Name(s):
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

1. Where is this student presently living? (Check one box.)
 - Doubled up with relatives or friends
 - In a motel
 - In a shelter
 - Moving from place to place
 - In a place not considered traditional "housing" (campground, car, public place, etc.)
2. Do you also have pre-school children at home? Yes _____ No _____
3. Are you a high school student who is currently living on your own? Yes _____ No _____
(Unaccompanied youth also qualify for services under this law.)

RIGHTS OF HOMELESS STUDENTS

This school shall provide an education environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate education opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applied to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program.
- In a hotel/motel, campground, or similar situation due to lack of alternatives.
- At a bus station, park, car, or abandoned building.
- In temporary or transitional foster care placement.

According to the McKinney-Vento Homeless Act, eligible students have rights to:

Immediate enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school.

School Selection: McKinney-Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.

Participate in programs in which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.

Transportation Services: A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond quickly and it must be a written response. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making decision, providing notice of any appeal process, and filling out dispute forms. You have the right to appeal a decision to the state level.

For more information, refer to <http://www.azed.gov/schooleffectiveness/specialpops/homeless> or contact:

<p>Olyvia Welintukonis Ethos Academy 8840 N. 43rd Avenue Glendale, AZ 85302</p> <p>P: (623) 249-3211 olyviaw@ethosacademy.school</p>	<p>Frank Migali State Coordinator for Homeless & Refugee Education Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ (602) 542-4963 Frank.Migali@azed.gov</p>
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Agreement of Support for 2018 – 2019

Parent/Guardian

As a parent/guardian of a child attending Ethos Academy, I agree to support the school and abide by the policies and procedures as indicated in the Parent/Student Handbook.

Students Name: (please print) _____

Signature of Parent/Guardian: _____

Date: _____

Student

As a student of Ethos Academy, I agree to accept responsibility for the policies and procedures described in the Parent/Student Handbook.

Student's signature: _____ Date: _____

Media Release

I give permission for my child's name and/or picture to be printed or published in any/all formats such as newsletters, honor rolls, award announcements, team rosters, concert programs, press releases, media/social media productions, school website and other such publications.

Students Name: (please print) _____

Signature of Parent/Guardian: _____

Date: _____



Internet Use Policy

Use of Ethos Academy's computer network is a privilege, not a right. Students may use the computers as long as they observe the rules as outlined below. Failure to follow these rules will result in loss of computer network privileges, detention, or suspension per the Code of Conduct.

1. The network is to be used only for activities that support education and research related to assigned schoolwork.
2. The network is not to be used for any illegal purpose. Illegal activities include tampering with the computer hardware or software, unauthorized entry into computers, or knowledgeable vandalism or destruction of computer files. Such activity is considered a crime under state and federal law.
3. Copyrighted material is not to be copied without permission. Copyright laws and regulations regarding software, information, and attribution of authorship are to be respected. No software other than what is provided by the school may be installed.
4. Any use of the network, which involves obscenity, profanity, racism, sexism, personal attacks, harassment, or offensive messages or pictures is prohibited. Any such content found will result in immediate loss of privilege, detention and/or suspension.
5. Passwords and/or accounts are not to be shared. Violations of the policy that can be traced to an individual account will be treated as the sole responsibility of the owner of the account.
6. It is against policy to attempt to use the accounts and passwords of other, using pseudonyms, anonymity or attempting to access information of others.
7. It is against policy to knowingly degrade the performance of the network. Electronic chain letters and "mail-bombs" are prohibited.
8. Students who have knowledge of violations of these policies must report the information immediately to the teacher, principal, or system operator.



Internet Use Policy

Prior to receiving authorization to use the Internet, students and their parents/guardians must sign the following permission and contract document:

To be completed by all Parents/Guardians:

I give permission for my student to participate in the use of the Internet, a worldwide telecommunications network. I realize that my student will be able to access major networks throughout the world using the internet. I understand that this access is designed and intended for education purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold Ethos Academy: CFA accountable for unsuitable materials acquired by the student through internet usage for the school.

I acknowledge that I have read the Internet Use Policy.

Students Name: (Please Print) _____

Parent/Guardian's Name: (Please Print) _____

Parent/Guardian's Signature: _____

Date: _____

To be completed by Student:

I will abide by the Internet Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for Ethos: CFA to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

Student Name: _____ Grade: _____

Student Signature: _____

Date: _____ Witnessed: _____



Consent for Off Campus Activities

Permission to Participate in Off-Campus Activities: YES NO

I give permission for my student to participate in school-sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

Permission to Release News Information YES NO

There may be times during the school year when the school, Ethos: CFA, news media or others wish to photograph or videotape your child at school for use in print, video, internet or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums.

Permission to Use Artwork: YES NO

There may be times during the school year when the school, Ethos: CFA, news media or others wish to use artwork created by your student at the school for use in print, video, internet or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of mediums.

Students Name: (please print) _____

Parent/Guardian Name: (please print) _____

Signature of Parent/Guardian: _____ Date: _____



Permission to Walk Home Form

To be completed by Parents/Guardians:

I give my permission for my child to walk/bike home on their own, unattended after school.

I give my permission for my child to walk home after being dropped off at assigned bus stop.

I understand that when my student walks home on their own, after leaving the school premises that it is my responsibility to ensure that they arrive home safely.

I have explained to my child the safety aspects of walking/biking home on their own.

I understand that my child will only be released to walk/bike home unattended after regular school dismissal – 3:00 p.m. for grades K – 1 and 3:30 pm for grades 2 – 8 or after early release dismissal at 12:30 p.m.

I understand that once my child has been released from Ethos Academy in accordance with my permissions and school policy, Ethos Academy is no longer responsible for my child and I take full responsibility and liability for my child's safety, well-being and behavior once my child is no longer on school premises.

Students Name: (Please print) _____

Parent/Guardian's Name: (Please print) _____

Parent/Guardian's Signature: _____

Date: _____



Physical Activities Acknowledgement and Assumption of Risk and Release

Participant's Name: _____

Physical Activities require each Participant's parent or guardian to sign this Acknowledgement and Assumption of Risk and Release. By signing this document you:

1. Acknowledge that injury can result from the Participant's participation in the physical activity;
2. Represent to the Ethos Academy, and their affiliates, schools, officers, employees, and members (the "Ethos Academy") that the Participant has no injury, illness or other medical condition that would prevent him/her from participating in physical activities or that would make it dangerous, harmful or inadvisable for him/her to do so;
3. Assume the risk of and release and hold the Ethos Academy harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in physical activity; and
4. Agree that neither the Ethos Academy, nor the facility at which any game, practice or other activity is held, nor any other person involved in organizing or conducting the activity (including coaches, referees, and schools) shall have any liability or responsibility for any such injury or harm that Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on myself, my spouse, my children, legal representatives, heirs, successors and assigns:

Students Name: (Please print) _____

Parent/Guardian's Name: (Please print) _____

Parent/Guardian's Signature: _____

Date: _____



CUSTOMER SATISFACTION QUESTIONNAIRE

Thank you for your interest in Ethos Academy. We are committed to serving all our customers in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. This information will be used to monitor customer satisfaction and all responses will be kept confidential.

1. How did you hear about us?

Newspaper Flyer Internet Friend or Relative

Passed by School Postcard Ethos Student Enrollment Event

Referral from other School: (Name of school) _____

2. Were all questions regarding the enrollment process and Ethos Academy answered to your satisfaction? Yes No

If the answer is NO, please explain:

If you have any suggestions for improving customer service and/or the registration process - please list them below. Thank you for taking the time to complete the questionnaire. Your feedback is important to us.