

- My address has not changed since last enrollment.
- My address has changed current proof of residency is required.

Entered in Schoolmaster: _____

Do not use this form to request a teacher

Center for Educational Excellence

1700 E. Elliot Rd. #9
Tempe, AZ 85284
480-632-1940

Enrollment Form

Attendance Date: _____
Date of enrollment: _____
Grade entering: _____

Child's name: _____

Address: _____ City: _____ Zip: _____

Home phone number: _____

Child's date of birth: _____

Birthplace: (City, State) _____ Sex: M / F

Ethnic Background: White Black Asian/Pacific Islander Hispanic American Indian decline to answer
(Check one)

Father/Guardian name: _____

Address: _____ City: _____ Zip: _____

Home phone number: _____

Father/Guardian place of employment: _____

Work address: _____ Work phone number: _____

Father e-mail address: _____ Cell phone number: _____

Mother/Guardian name: _____

Address: _____ City: _____ Zip: _____

Home phone number: _____

Mother/Guardian place of employment: _____

Work address: _____ Work phone number: _____

Mother e-mail address: _____ Cell phone number: _____

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? _____

Previous school attended: _____

School address: _____ City: _____ State: _____

School phone number: _____

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: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Telephone number: _____

Telephone number: _____

Relationship: _____

Relationship: _____

I hereby permit the school to release my child to the above persons:

Signature: _____

The following person(s) may not pick up my child from school:

Name: _____

Name: _____

Special custody considerations: _____

Yes or No Custody papers on file.

Comments:

How did you hear about us?

1. Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard? yes no decline to answer .
2. Is the student a dependent of a fulltime member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)? yes no decline to answer .
3. Is the student a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)? yes no decline to answer .

Medical Information

Date _____
Child's Name: _____
Address _____
City & State _____ Zip _____ Phone# _____

Mother or Guardian
Name _____
Home Address _____
Cell phone _____
Signature: _____

Father or Guardian
Name _____
Home Address _____
Cell Phone _____
Signature: _____

If Medical Care is Necessary, call

Doctor:
Name _____ Address _____ Phone _____

Hospital:
Name _____ Address _____ Phone _____

I give the school permission to give my child ___Tylenol ___Ibuprofen, if needed.

Parent Signature _____

In case of injury or sudden illness, _____ will be called. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her safety. It is understood by me that the expense of this service will be accepted by me.

Parent or Guardian _____

Signature: _____ Date: _____

Are there any medical problems that we should be aware of:

Is child allergic to any foods or other substances?

Is child 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 should be taken (heart trouble, foot problems, hearing impairment, hernia, etc).

Additional Comments: _____

ALLERGIES	ASTHMA	CHICKEN POX	DIABETES
EAR ACHES	ECZEMA	EPILEPSY/SEIZURES	HEARING PROBLEMS
HEAD INJURY	MEASLES (10 day)	GERMAN MEASLES	HEART DISEASE
KIDNEY DISEASE	MUMPS	MUSCULAR/ SKELETAL DISORDER	PNEUMONIA
RHEUMATIC	SPEECH PROBLEMS		STREP THROAT
TUBERCULOSIS	VISUAL PROBLEMS	WEARS GLASSES	OTHER (explain)

Is your child taking any medications? (Specify) _____

If so, for what reason? _____

Is your child under treatment for any physical disorder? (Specify) _____

Has your child ever been hospitalized? (Specify with date) _____

Special Medical or Behavioral Consideration (specify) _____

To the best of my knowledge, the information that I have provided on this form is accurate and true
 (falsification of information is a Class 6 felony-A.R.S. 13-2407).

Signature of Parent or Legal Guardian _____ Date _____

CEE Permission Slip

I give my child _____ permission to be transported in the CEE school vehicles for school sponsored events and community field trips.

I release CEE from all responsibility and legal action in case of accident or injury.

Parent/Guardian Signature

Date

Photo/Video Release Form

From time to time, the teachers and staff will take photographs and use videotaping to do class projects. Newspapers and television stations may also visit our school for promotional purposes or to highlight a special event. By signing this form, you are giving your permission for your child to be photographed and/or videotaped for educational or promotional purposes.

Declining to give permission for photo and/or video of your child may not exclude your child from an event or activity. However, if the event or activity requires extensive photography or videotaping, the classroom teacher will remove your child from this setting.

Student Name

Grade

Parent Signature

Date

_____ I do NOT give permission

_____ I DO give permission

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This card will stay with the teacher of _____ and will serve as a release for medical treatment in case of emergency.

In order for a child to attend CEE and /or activities that are school related and/or away from the school, parents/guardians must sign this release for each child.

In the event that I, or those listed, cannot be reached in an emergency, you have my consent to seek medical assistance for my child.

_____ Date

_____ Parent/guardian signature

_____ Mother cell phone

_____ Father cell phone

_____ Home number

_____ Name & phone number of emergency contact if parent(s) cannot be reached.

Doctor _____ Phone _____

Preferred hospital _____

Allergies _____

*It may be necessary for the person in charge to make the decision as to who and where treatment is made.

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_____ Child's name:

Assumption of Risk & Release of Claims

I allow my child to participate in field trips or extra-curricular activities sponsored by Center for Educational Excellence. We release Center for Educational Excellence and it's employees of any liability/claims or demands, which we may hereafter have as a result of participating in these programs.

I hereby authorize the staff members of CEE to act as my agent to consent to any medical or surgical diagnosis and/or treatment to a hospital if advisable. A duly licensed physician will be used in event of an emergency. I understand that CEE does not carry medical insurance for it's students. I agree to pay all expenses incurred. Every attempt will be made to reach the child's parent(s) and/or doctor for any emergency.

_____ Parent/Guardian Signature

_____ Date

_____ Please list any allergies or medical conditions, or limitation to your child's full participation.



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 _____	
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 01-2020)

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CEE/PARENT/STUDENT/CONTRACT

Student Name: _____

This contract made and entered into by and between the Center for Educational Excellence and _____

The parent(s)/guardians(s) named above agree to faithfully comply with the terms listed below.

1. To be actively involved with the discipline plan of the school, as set forth by the Center for Educational Excellence.
2. To recognize that my child must attend school regularly and be on time, as stated by the Charter Board & CEE's school handbook.
3. To emphasize academic excellence at all times by encouraging my child (children) to do their best and supporting administration, teachers and all support staff of the school. To uphold CEE's homework policy and take an active roll in my children's education.
4. To realize that students are required to respect themselves, all other people and to assume the responsibility for learning and progressing academically.

Stacey Cochran, Principal

Date

Parent/Guardian

Date

Parent/Guardian

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 Arizona Address Confidentiality Program authorization card
- ___ 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 residency.

Center for Educational Excellence Request for Educational Records

Date: _____

Student Name: _____ Birthdate: _____

School or Agencies: _____

Address: _____

Phone # _____ Fax # _____

To facilitate educational planning and instruction, please forward as promptly as possible all educational records including the following:

- a complete transcript of credits, grades, and attendance
- health and immunization record
- results of individual or group testing
- special education records: individualized evaluations
- psychological records, and other records pertaining to evaluation, and placement.
- counseling, therapy, or other pertinent records
- other evaluation records

*If special education/psychological records are kept in a separate file, please forward this to your special education records department.

*This form gives authorization to exchange any and all information written and verbal.

If the student withdraws before the end of the semester, please include grades earned to date of withdrawal. A statement of your grading system would be appreciated.

Center for Educational Excellence complies with all regulations under the F.E.R.P.A. of 1974: information obtained will be used in a confidential and professional manner.

Please send records to: Center for Educational Excellence
1700 E. Elliot Rd. #9
Tempe, AZ 85284
Email: Ceeschool@gmail.com
Phone#: 480-632-1940
Fax#: 480-664-1945

Parent/Guardian Signature:

Phone:

Center for Educational Excellence

IMMUNIZATION NOTIFICATION FOR ENROLLMENT

Mandated School Requirements:

Arizona Revised Statutes 15-871; Arizona Administrative Code R9-6-701 through 708

Before a child may attend any Arizona school (public, private, parochial, or charter), Arizona law requires that an immunization record be presented to the school staff by the parent/guardian. The immunization record is usually the one given to parents/guardians by their doctor or clinic, and must show the date each required vaccine dose was received as well as the signature or stamp of the health care provider. Acceptable forms of immunization records to enter school include:

- A copy of the Arizona Lifetime Immunization Record.
- A copy of the vaccine administration record from the health care provider.
- A computer-generated immunization record from the Arizona State Immunization Information System (ASIIS) or from an immunization registry of another state.
- A signed and dated Arizona School Immunization Record - ASIR109R form completed by a school the child has attended (a copy is acceptable).
- An immunization record generated by a school's immunization software system, as long as the school name, school address, school contact person, child's name, child's date of birth, and child's immunization dates are included.
- A signed and dated immunization record or school/child care immunization record from another state.

CEE Immunization Requirements:

Authorized school personnel must review each child's immunization record(s) at the time of enrollment. Children must obtain required immunization(s) or sign a medical or personal belief exemption form prior to attending school or they may be excluded until (s)he is compliant with the requirements. If a child requires more than one dose of a specific type of vaccine, the child may continue to attend school during the minimum interval between doses.

Varicella (Chickenpox):

Students attending school in Arizona prior to 9/1/2011 with parental recall of chickenpox disease are allowed to continue attendance with parental recall of disease. **Students enrolling for the first time after 9/1/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs. Parental recall of disease will not be accepted.**

I have read and understand the above Immunization requirements.

Parent Signature: _____ Date: _____

Center for Educational Excellence Enrollment Packet (1-8 Grades)

All students will need the following to enroll.

This completed packet along with:

- Proof of Residency (see attached Arizona Residency Documentation Form for accepted forms of documentation)

The following documents will be required within 30 days of enrollment.

Birth Certificate- (state certified) or other proof of birth to be provided within 30 days. Documents that may be accepted including, but not limited to, a certified birth certificate are the following.

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

Immunization record – Forms accepted include. Required for attendance

- A copy of the Arizona Lifetime Immunization Record.
- A copy of the vaccine administration record from the health care provider.
- A computer-generated immunization record from the Arizona State Immunization Information System (ASIIS) or from an immunization registry of another state.
- A signed and dated Arizona School Immunization Record - ASIR109R form completed by a school the child has attended (a copy is acceptable).
- An immunization record generated by a school's immunization software system, as long as the school's name, school address, school contact person, child's name, child's date of birth, and child's immunization dates are included.
- A signed and dated immunization record or school/child care immunization record from another state.

Any necessary court documents