

~Enrollment~

Enrollment Requirements

**Please bring the following documents at the time of enrollment.
The enrollment process cannot be complete unless we have all of the
following documents:**

- ☐ **Student's Proof of Age & Identity** (Birth Certificate, passport, baptismal certificate, social security card application, or original school registration record and an affidavit explaining the inability to provide a copy of the birth certificate.) Under certain circumstances, a letter from an authorized representative of an agency having custody. **If proof of identity is not available - a 30 day notice can be issued to continue enrollment.**
- ☐ **Military Student Identity** (if applicable)
- ☐ **Proof of Residency** (Please reference Arizona Residency Documentation Form for documents that are will be accepted)



**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.

~Registration~



First Day of School: _____

Student Registration Forms

Please **PRINT** all information as it appears on legal documents, this is required to complete registration.

School Use Only	Start Date:	Entered By:
Received By:	Enter Code:	Date:

Legal Last Name:	Legal First Name:	Legal Middle Name:
Military Student Status:	Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth MM/DD/YYYY:
Current Grade Level:	Birth State/Country	Are there custody agreements regarding this student? <small>(circle one)</small> YES or NO If YES, please provide court documentation.
Home Residence Address, City, State, Zip:		Primary Phone Number:
Mailing Address, City, State, Zip: <small>(if different from home address)</small>		Parent Email Address:
Ethnicity <i>(optional)</i> <input type="checkbox"/> Yes, Hispanic/Latino <input type="checkbox"/> No, not Hispanic/Latino		
Race <i>(optional)</i> <i>(Check one)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other		Tribal Name:
Does the student have any siblings who currently attend GGPA? If yes, please list the name(s) and relationship(s) of each student.		<small>(circle one)</small> YES or NO
First & Last Name:	Grade Level:	Relationship:
First & Last Name:	Grade Level:	Relationship:

It is the role of George Gervin Prep Academy to provide a safe and secure learning environment for all its students without distinction based on race, religion, ethnicity, disability, gender, or sexual orientation. Discrimination, sexual and bias-motivated harassment, and violations of civil rights disrupt the educational process and will not be tolerated and will result in disciplinary action.

Signature of Parent/Legal Guardian

Date



Parent/Legal Guardian Information

Who does the student live with? ☐ Father ☐ Mother ☐ Step-Parent ☐ Foster Guardian ☐ Relative

☐ Mother, ☐ Step-Mother, ☐ Foster Mother, ☐ Guardian

Last Name

First Name

Email Address

Address, City, State, Zip

Cell Phone

Work Phone/ext

Home Phone

☐ Father, ☐ Step-Father, ☐ Foster Father, ☐ Guardian

Last Name

First Name

Email Address

Address, City, State, Zip

Cell Phone

Work Phone/ext.

Signature of Parent/Legal Guardian

Date



Emergency Contact Information

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following individual(s) to pick up my child and/or be contacted regarding my child:

Relation _____ Name _____ Best Contact Phone Number _____

Relation _____ Name _____ Best Contact Phone Number _____

Relation _____ Name _____ Best Contact Phone Number _____

Relation _____ Name _____ Best Contact Phone Number _____

Relation _____ Name _____ Best Contact Phone Number _____

If Medical Care is Necessary, Call:

Doctor: Name _____ Office Number _____ Address _____

Hospital: Name _____ Office Number _____ Address _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me or the emergency contacts listed, I hereby authorize the school to call the doctor indicated above and to follow his instructions. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.

I hereby give authority to any hospital or doctor to render immediate aid to my child as might be required at the time for his/her health and safety. It is understood by me that the expenses of this service will be accepted by me. This Emergency Information Form is accurate and complete, and was provided by:

Signature of Parent/Legal Guardian

Date



Parent/Guardian Authorization for Release of Records

Date _____

Name of Previous School _____

Phone # _____ Fax # _____

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic (educational) medical (health), psychological, special education, social developmental, and gifted information, regarding the following pupil:

Student's Name _____ Date of Birth _____ Grade _____

Student's Name _____ Date of Birth _____ Grade _____

Student's Name _____ Date of Birth _____ Grade _____

Student's Name _____ Date of Birth _____ Grade _____

Please forward the following cumulative information/records of the student(s) above:

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> English Language Scores (ELL, AZELLA) |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> Speech, Gifted, and Talented Records |
| <input type="checkbox"/> Report Card | <input type="checkbox"/> All Academic Records |
| <input type="checkbox"/> Test Scores (i.e., AIMS/AzMERIT) | |

Send Records to Fax 602.633.6787 or Email info@gervinprepacademy.org
Mail Records to 2801 E. Southern Ave., Phoenix, AZ 85042

Signature of Parent/Legal Guardian

Date



CONFIDENTIAL

McKinney-Vento

Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Act, 42 U.S.C. 11435. Your answers will help the administrator determine residency documents necessary for enrollment as well as the services the student may be eligible to receive.

Part I: If you ARE the Parent or Legal Guardian of the student enrolling, complete these questions.

1. Is your current address a temporary living arrangement? (circle one) Yes or No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes or No

If you answered NO to BOTH questions, STOP.

If you answered YES to BOTH questions, complete Part III and please notify the person enrolling you. (You will be asked to complete an additional form).

Part II: If you ARE NOT the Parent or Legal Guardian of the student enrolling, complete these questions.

1. Is the current address for the student enrolling a temporary living arrangement? Yes or No
2. Is this temporary living arrangement due to abandonment, denied housing by family or a runaway? Yes or No

If you answered YES to BOTH questions, complete Part III and please notify the person enrolling you. (You will be asked to complete an additional form).

Part III: Name of Student: _____ Current Grade: _____

Gender (circle one): Male or Female

Falsifying records is an offense under section 3 7.10 of the Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

Parent/Legal Guardian Signature _____ Date: _____

Parent/Guardian Name (Print) _____



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)



Family Educational Rights & Privacy Act (FERPA) Information Disclosure Consent

Student Name

Date of Birth

Perm ID

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records and requires the consent of the parent/guardian prior to the disclosure of personally identifiable student records unless the disclosure is specifically authorized by one or more provisions of FERPA.

GGPA organizes the student educational record into the categories set forth in the following list. If you wish GGPA to provide access to the student's entire student educational record to the person or organization you identify below, please select "All of the Above." If you wish to provide access to only certain portions of the student's student educational record, please select an of the specific categories listed above that choice and the disclosure will be limited only to records in the category or categories selected. If you wish to specify a record or records that is not listed in the categories provided, please select the "Other" option and clearly identify the record or records you wish to be disclosed.

- | | |
|--|---|
| <input type="radio"/> Cumulative | <input type="radio"/> Transcript only |
| <input type="radio"/> Special Education/Intervention | <input type="radio"/> Other: Please specify _____ |
| <input type="radio"/> Gifted Education | |
| <input type="radio"/> English Language Learner | |
| <input type="radio"/> Behavior/Discipline | <input type="radio"/> All of the Above |
| <input type="radio"/> Social/Emotional | <input type="radio"/> None of the Above |
| <input type="radio"/> Test Score | |
| <input type="radio"/> Attendance Records only | |

Please list any persons or organizations to whom you grant permission for GGPA to disclose the records you have selected above. If you wish to authorize additional disclosures, you may submit additional forms.

Name	Relationship to the Student	Number	Documents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing this document (physically or digitally), I am confirming that I am giving GGPA authorization to release the student records/identified records to the named persons above. This consent will continue unless I notify GGPA in writing that I revoke my consent.

Name of Parent/Guardian

Signature of Parent/Guardian

Date



Student Health Screening

Written permission is necessary before medication can be given to your child. If written permission is not available, then verbal permission may be obtained for each episode. Written permission is valid only for the current school year. If you have any questions regarding this please contact the Health Office of your child's school. Students who need to have access to prescription or over the counter medication in school must leave it with the health office along with the parent/guardian signed medication administration form. Medication must be in its original container with written directions from prescribing physicians concerning medication's use and administration. Your child will get their hearing and vision tested, if you do not want the school to test your child, please notify the school in writing. **I understand that it is my responsibility to notify GGPA Health Office of any changes to my child's health.**

Medical History (The following questions are optional) Does your child have/had any of the following			
Allergies (food or substance)	No	Yes	Age: _____
If yes, please list them:			
Asthma	No	Yes	Age: _____
Convulsive Disorder	No	Yes	Age: _____
Tuberculosis	No	Yes	Age: _____
Chicken Pox	No	Yes	Age: _____
Diabetes	No	Yes	Age: _____
Heart Condition	No	Yes	Age: _____
Measles	No	Yes	Age: _____
German Measles	No	Yes	Age: _____
Mumps	No	Yes	Age: _____
Rheumatic Fever Scarlet Fever	No	Yes	Age: _____
Tonsillitis	No	Yes	Age: _____
Valley Fever	No	Yes	Age: _____
Does your child have a hearing problem?	No	Yes	
Does your child wear prescription glasses?	No	Yes	
Does your child have a speech problem?	No	Yes	

Please specify any chronic health conditions. Is a doctor's note required? YES or NO
Does your child take medication daily or require other daily treatment?
<small>If your child needs any medication administered during school hours, please inform the front office staff and complete our Medication Consent Form.</small>
Has your child had any surgeries, accidents, or illnesses within the last year? If so, list them.
Is your child susceptible to infections? If so, what precautions need to be taken?
Is your child subject to convulsions? What is our procedure if one occurs?
Any other health related issues you want to make the school aware of?

Parent/Guardian Signature

Date



School Policies Support Agreement & Media Opt Out Form

Legal Last Name	Middle Initial	Legal First Name	Grade #

As a parent or guardian of a child(ren) attending George Gervin Prep Academy, I agree to support the school in carrying out the policies and procedures as indicated in the Parent/Student Handbook. With the knowledge that George Gervin Prep Academy is a charter school, I have voluntarily chosen to enroll my child(ren) and I understand the failure to comply with the policies and procedures of GGPA could result in the inability of my child(ren) to continue to attend GGPA.

District & News Media

The media sometimes covers events at our school. Your child may be interviewed, recorded, photographed, or videotaped by the media or district staff for a story in the newspaper, radio, or television. In some cases, news photos may be posted on the internet for public access. Your child's name, photo, or interview may be used in school or district level publications or by the media unless you direct otherwise.

Please check the appropriate box(es) below if you would like your child to be EXCLUDED from the following activities (DO NOT CHECK ANY BOX IF YOU ACCEPT):

- ☐ I do not want GGPA staff to interview, record, photograph, or videotape my child for use in publications or videos, or in promotions, such as advertisements.
- ☐ I do not want the news media to interview, record, photograph, or videotape my child for a story in the newspaper, radio, or television.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date



Transportation Request Form

<input type="checkbox"/> YES, I would like to request bus transportation for my student.		<input type="checkbox"/> NO, I will personally transport my student.	
Student Name:		Grade:	
Parent/Guardian Name:			
Primary Contact Number:			
Home Address, City, Zip:			
Major Crossroads:			
Effective Date:		Request Type: <input type="checkbox"/> New <input type="checkbox"/> Change	
Student needs transportation: (Choose One) <input type="checkbox"/> Morning Only <input type="checkbox"/> Afternoon Only <input type="checkbox"/> Both Morning & Afternoon			
*Please note: If we DO NOT receive this form 5 days before the first of school, we cannot guarantee bus service for your child.			
OFFICIAL USE ONLY			
Bus: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Van	AM Route/Pick up Time:		
	PM Route/Drop off Time:		
<input type="checkbox"/> Copy given to bus driver	Staff Signature & Date:		

My student and I have read and accepted the Transportation Rules. I understand that any violation or infraction of the rules may result in the permanent dismissal of the privilege to ride the bus.

Parent or Guardian Name (Print)

Parent/Guardian Signature

Date



Attendance

Excused or Unexcused Absences

- | | |
|---|---|
| 1. 5 th absence: | 1 st warning letter sent and parent contact regarding attendance |
| 2. 7 th absence: | 2 nd warning letter sent and parent contact regarding attendance |
| a. Saturday school will be required for 7 or more unexcused absences | |
| 3. 10 th absence: | Parent conference (Attendance and Parent contract signed) |
| 4. 15 th absence: | Parent conference (Student is in jeopardy of repeating) |
| 5. 19 th absence: | Referral to the CUTS program and a citation may be issued |

Excused or Unexcused Tardies

- | | |
|----------------------------|---|
| 1. 5 th tardy: | 1 st warning letter sent and parent contact regarding attendance |
| 2. 7 th tardy: | 2 nd warning letter sent and parent contact regarding attendance |
| 3. 10 th tardy: | Parent conference (Attendance and parent contract with consequences, including before or after school detention for every 3 tardies after creation of contract) |
| 4. 15 th tardy: | Parent conference (Student is in jeopardy of repeating current grade) |
| 5. 19 th tardy: | Referral to the CUTS program and citation may be issued |

If attendance or tardies continue to be a problem, then the school might refer the family to the Maricopa County Juvenile Court Unified Truancy Suppression Program (C.U.T.S.). If you fail to take the necessary steps to provide your child with appropriate education, you may receive a citation. If convicted, it is a Class 3 Misdemeanor, punishable by jail time (up to 30 days) and/or fine (up to \$500).

As a parent/guardian of _____, I understand the consequences of a violation of the attendance policy at George Gervin Prep Academy.

Parent's Signature

Date



Scholar / Parent Handbook
STATEMENT OF AWARENESS

I, _____, the Scholar (print name), have received and read a copy of the George Gervin Prep Academy (GGPA) Handbook. I understand that if I choose not to follow the expectations and the rules set forth in the GGPA Handbook, I am subject to disciplinary action as set forth in the GGPA policy and procedures.

I, _____, the Parent/Guardian (print name) of the above Scholar, have received and read a copy of the George Gervin Prep Academy (GGPA) Handbook. I understand that if my child chooses not to follow the expectations and the rules set forth in the GGPA Handbook, the Scholar is subject to disciplinary action as set forth in the GGPA policy and procedures.

Student Signature

Date

Parent/Guardian Signature

Date



Student Name: _____ Perm#: _____ State ID#: _____

Complete File Checklist

- Student Proof of Age & Identity
- Proof of Residency
- Parent/Guardian ID (optional)
- Immunizations/Personal Belief Exemption
- Court Documents (if applicable)
- Complete Admissions Packet
 - Registration Form
 - Parent/Guardian Information
 - Emergency Contact Information
 - Arizona Residency Documentation Form
 - Affidavit of Shared Residency Form (if applicable)
 - McKinney Vento Residency Questionnaire
 - Primary Home Language Other Than English (PHLOTE)
 - FERPA Information Disclosure Consent
 - Student Health Screening
 - School Policies Support Agreement/Media Opt-Out
 - Transportation Request (if applicable)
 - Attendance Agreement
 - Statement of Awareness
 - Previous School Records