



2018-2019

Initials: \_\_\_\_\_

**Griffin Foundation School District (K-8<sup>th</sup> Grade)**

1852 S. Alvernon Way, Tucson, AZ 85711 Office: 520-790-8400 Fax: 520-620-6570

**Business use only:**

Grade level: \_\_\_\_\_

Entrance Date: \_\_\_\_\_ Code \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Code \_\_\_\_\_

SAIS #: \_\_\_\_\_

- Testing completed
- Birth Certificate
- Immunization completed
- Student Report Card
- School Withdraw form
- Before/After S/P packet
- ELL form completed
- 45 day screening
- Proof of Residency
- Food Program
- Internet release
- Raising Expectations
- Parent Compact

GFSD STAFF ONLY Date checked: \_\_\_\_\_

Initials: \_\_\_\_\_

Out of state

Check one box:

Children Reaching for the Sky Elementary (K – 5th grade)

Future Investment Middle School (6th – 8th grade)

[www.griffinfoundation.org](http://www.griffinfoundation.org)

Visit our website for family involvement information and school events

**New Student Registration**

*Note: Students in Grades 2-8 will be given a reading and math test to determine classroom placement and student grade level before entering GFSD. As a preparatory school, students wear school uniforms and are instructed in a positive learning environment.*

**Student's Name:** \_\_\_\_\_

Last

First

Middle

Name of Parent: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent's E-Mail address: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Mother

Father

Student grade level: \_\_\_\_\_ 17/18 school year or Student grade level: \_\_\_\_\_ 18/19 school year

Last school attended: \_\_\_\_\_

Name

District

City

State

Date student last attended school: \_\_\_\_\_ Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Reason for leaving previous school: \_\_\_\_\_

Home Address: \_\_\_\_\_

City

State

Zip Code

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Transportation: (Please mark X below):

Walker \_\_\_\_\_ Parent Transport \_\_\_\_\_ Carpool \_\_\_\_\_ Public Bus \_\_\_\_\_ Bike \_\_\_\_\_ Daycare \_\_\_\_\_

Name of Daycare: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle day(s) of pick-up (Daycare): Monday Tuesday Wednesday Thursday Friday

## Emergency Information

**Student lives with:** Both Parents \_\_\_\_\_ If Not (Please mark an X in the boxes below)

Mother \_\_\_\_\_ Father \_\_\_\_\_ Step Father \_\_\_\_\_ Step Mother \_\_\_\_\_ Legal Guardian(s) \_\_\_\_\_

Name of person (persons) who have Legal Custody: \_\_\_\_\_ Documents on file: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(Guardian's Name)                      Last                                      First                                      Middle

Mother's Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(Guardian's Name)                      Last                                      First                                      Middle

Father's Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Employer Name: \_\_\_\_\_

In case of an emergency, our procedure is to contact the parent/guardian that is listed first on the Student Data form at work or home. If we are unable to contact you, the second person listed on this form will become the next person to contact. The seriousness of the issue will determine whether or not the persons listed below will be asked to care for your child. A rescue unit will be called in a serious situation.

Person(s) who will care for and transport the student if the parent(s) cannot be contacted:

Name (person 1): \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name (person 2): \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check one of the boxes below: **(YOU MUST COMPLETE THIS SECTION)**

- I give permission for my child to be photographed for **all** educational purposes, including newspaper, television, and other publicity without reservation or compensation.
- I do not give permission for my child to be photographed for school purposes **except** Yearbook, class pictures and school displays.

\_\_\_\_\_  
Name (print)                                      Home Phone                                      Work/Cell Phones

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Name: \_\_\_\_\_

If so, comment? \_\_\_\_\_

## Student Background Information

Student's Name: \_\_\_\_\_

Last

First

Middle

Has the student ever been or currently enrolled in any Gifted, Bilingual Programs or Special Education Programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the program: \_\_\_\_\_

Has the student ever been suspended from any school? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever been expelled from any school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is the student currently suspended or expelled from any school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has the student ever had behavior issues in school? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student ever had attendance issues in school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Has the student ever been or currently under the supervision of a Juvenile Court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does the student have any disabling conditions that require special accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the conditions and/or accommodations needed: \_\_\_\_\_

Does the student have an IEP for any disabling condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what area/areas: \_\_\_\_\_

Has the student ever skipped a grade? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify the grade level: \_\_\_\_\_

Has the student ever repeated/retained a grade? Yes, \_\_\_\_\_ No \_\_\_\_\_

If yes, identify the grade level: \_\_\_\_\_

What are your goals and expectations of the school and your child? \_\_\_\_\_

How did you learn about the Griffin Foundation School District? \_\_\_\_\_

Brochure, flyers, and handout \_\_\_\_\_

Other advertisement: \_\_\_\_\_

Internet Website: \_\_\_\_\_

Griffin Foundation's websites \_\_\_\_\_

Walk-in

Relative: Name: \_\_\_\_\_

Friend: Name: \_\_\_\_\_

Newspapers/Television/Radio: Station/Name: \_\_\_\_\_

***I verify that the information provided above is accurate and true:***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Enrollment Information

Student's Name: \_\_\_\_\_  
Last First Middle

Please check if your child has ever received special assistance for the following:

- |                           |       |                    |       |
|---------------------------|-------|--------------------|-------|
| Learning Disabilities     | _____ | Emotional Handicap | _____ |
| IEP                       | _____ | Speech Therapy     | _____ |
| Physical Handicap         | _____ | Reading            | _____ |
| Gifted/Talented Education | _____ | 504 Plan           | _____ |
| Mathematics               | _____ | Intervention       | _____ |
| ELL                       | _____ | Other (Specify):   | _____ |

If services have ended, date student last received services: \_\_\_\_\_

*Note: Such information is requested solely for purposes of ensuring continuity of services upon enrollment, and that it will not be considered in making enrollment decisions.*

### **Race/Ethnicity Two-Part Question: Complete both questions**

Part 1: Ethnicity (Choose one only)

- Yes, Hispanic or Latino  
A person of Mexican, Puerto Rico, Cuban, South or Central American or other Spanish culture or origin, regardless of race
- No, not Hispanic or Latino

Part 2: Race (Choose one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

### **McKinney-Vento Act Eligibility:**

Is your current address a temporary living arrangement? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered No, go to PHLOTE Section (below).

Is this temporary living arrangement due to loss of housing or economic hardship? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered YES to the above questions, please complete the remainder of this form.

Where is the student currently living? (If applicable, check one box)

- In a shelter
- In a motel
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (ex. car, park, campsite)

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### **PHLOTE (Primary Home Language other than English):**

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

\_\_\_\_\_

Which is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first learned? \_\_\_\_\_

Has student ever attended English Language Learner (ELL) Classes? Yes \_\_\_\_\_ No \_\_\_\_\_

Has student ever been designated as Limited English Proficiency (LEP) or as an English Learner? Yes \_\_\_\_\_ No \_\_\_\_\_

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**PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED:** Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature of Parent/Legal Guardian \_\_\_\_\_

# PHLOTE

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## Primary Home Language Other Than English Home Language Survey

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

\_\_\_\_\_

Which is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first learned? \_\_\_\_\_

Has student ever attended English Language Learner (ELL) Classes? Yes \_\_\_\_\_ No \_\_\_\_\_

Has student ever been designated as Limited English Proficiency (LEP) or as an English Learner? Yes \_\_\_\_\_ No \_\_\_\_\_

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My child and I do understand the GFSD's policies and procedures as listed in the handbook such as but not limited to the uniform policy, attendance policy, coat policy, and school procedures regarding cell phones, electronics, internet use, gum chewing, modest facial make-up, unnatural hair colors and style, tattoos, piercings, and acceptable foods. The information can be found in a binder at the front office, school handouts, or on our website.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Health Record

Student's Name: \_\_\_\_\_  
Last
First
MI

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The following information is helpful in assessing your child's health and learning. Has your child ever had any of the following? If "Yes" please give the child's age at that time.

	No	Yes	Age		No	Yes	Age
Allergies	_____	_____	_____	Hepatitis	_____	_____	_____
Anemia	_____	_____	_____	High Blood Pressure	_____	_____	_____
Arthritis	_____	_____	_____	Kidney Infection	_____	_____	_____
Asthma	_____	_____	_____	Mumps	_____	_____	_____
Bleeding Disorder	_____	_____	_____	Pneumonia	_____	_____	_____
Birth Trauma	_____	_____	_____	Rheumatic Fever	_____	_____	_____
Cerebral Palsy	_____	_____	_____	Scarlet Fever	_____	_____	_____
Chicken Pox	_____	_____	_____	Scar Latina	_____	_____	_____
Cystic Fibrosis	_____	_____	_____	Scoliosis/Curvature	_____	_____	_____
Developmental Delays	_____	_____	_____	Sickle Cell Anemia	_____	_____	_____
Diabetes	_____	_____	_____	Strep Throat	_____	_____	_____
Epileptic Seizures	_____	_____	_____	Tonsillitis	_____	_____	_____
Frequent Colds	_____	_____	_____	Urinary Infections	_____	_____	_____
Frequent Sore Throats	_____	_____	_____	Vision Problems	_____	_____	_____
Headaches	_____	_____	_____	Other _____	_____	_____	_____
Heart Disease Problems	_____	_____	_____				

If you answered "Yes" to any of the above, Please explain below.

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Month/Year of student's last physical examination: \_\_\_\_/\_\_\_\_

What was the purpose of this exam?

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Has your child ever had:

	No	Yes	Age
Surgery?	_____	_____	_____
Serious accident or injury?	_____	_____	_____
Tubes in his/her ears?	_____	_____	_____

Does your child presently have:

	<u>No</u>	<u>Yes</u>
Dietary restrictions?	_____	_____
Vision difficulties?	_____	_____
Hearing difficulties?	_____	_____
Hearing aids?	_____	_____
Tubes in his/her ears?	_____	_____
Emotional problems?	_____	_____
Attention deficit disorder?	_____	_____
Other learning disabilities?	_____	_____

Is your child presently:

	<u>No</u>	<u>Yes</u>
Receiving medical treatment?	_____	_____
Taking medication on a daily basis?	_____	_____
Restricted from physical education, sports, etc.?	_____	_____

Name of medicine: \_\_\_\_\_

Please explain any "Yes" answers:

\_\_\_\_\_

Are there any cultural, social, or religious patterns that you would like the teachers to know about?  
Please explain below

\_\_\_\_\_

Has the student ever been or currently under the supervision of a Juvenile Court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Medical Emergency:**

In case of serious illness or injury, I give consent for my child to be taken to the closest hospital by school personnel or ambulance and given emergency care until I can be reached.  YES  NO (If No, please fill out the doctor name and hospital information below.)

Doctor: \_\_\_\_\_

Name	Address	Phone
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Hospital: \_\_\_\_\_

Name	Address	Phone
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Medical Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List all medications, conditions, and allergies: \_\_\_\_\_

We give permission to the Griffin Foundation School District to administer the following medications:

	<u>Yes</u>	<u>No</u>
Acetaminophen (Tylenol)	_____	_____
Antacid (Tums/Roloids)	_____	_____
Cough Drops	_____	_____
Benadryl	_____	_____







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

Student \_\_\_\_\_

Check one box:  
 Children Reaching for the Sky K-5th  
 Future Investment Middle School 6<sup>th</sup> -8<sup>th</sup>

School District or Charter Holder: Griffin Foundation School District

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 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

#2306606

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official Residency.

**Request For Before and After School Program**

***(DES/DHS certified)***

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Please mark the box for which type of Childcare Services you need:

Before and After School Program (DES)

After School Program (CRS Student with FIMS Sibling)

Before School Program (FIMS Students with Fee)

Before School Program (FIMS Students with CRS Sibling)

\*Before and/or After School Program Parent Agreement Packet was given: Yes

**Note:** You will be contacted by the Business Office to complete the enrollment process.

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Parent Contact Information: Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

# GRIFFIN FOUNDATION SCHOOL DISTRICT

1852 S. Alvernon Way, Tucson, AZ. 85711 Office: 520-790-8400 Fax: 520-620-6570

## Transfer of Records Request

Mail To: **Children Reaching for the Sky Elementary (K – 5<sup>th</sup> grade)**  
1844 S. Alvernon Way, Tucson, AZ 85711  
**Future Investment Middle School (6<sup>th</sup> – 8<sup>th</sup> grade)**  
1854 S. Alvernon Way, Tucson, AZ 85711

Student's Last Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Last First MI

Student's Birth Date: Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Parents'/Guardians' Name: \_\_\_\_\_

*Additional Siblings' records requested:*

1. Student's Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

2. Student's Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Previous School Attended by student: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Exit: \_\_\_\_\_

School Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize the above referenced school to release the following records listed below to the Griffin Foundation School District:

- \_\_\_\_ \*Official Notice of Pupil Withdrawal
- \_\_\_\_ \*Special Education Record: IEP / MET / Eligibility page
- \_\_\_\_ \*Speech/Language/Audio Evaluation
- \_\_\_\_ \*Psycho-educational testing
- \_\_\_\_ \*Social Services
- \_\_\_\_ \*Cumulative Folder/Birth Certificate/Immunization Records/SAIS ID number
- \_\_\_\_ \*Gifted Program
- \_\_\_\_ \*Health/Medical Record
- \_\_\_\_ \*Discipline File
- \_\_\_\_ \*Current Year Report Card/Transcripts with comments and AIMS assessments
- \_\_\_\_ \*Student SAIS number \_\_\_\_\_

**Please Note:** The student information requested will be made available for inspection to parents/guardians/eligible students since it will be considered an education record as defined in Public Law 93-380, Section 99:3

PL 93-380, The Federal Family Educational Rights and Privacy Act, Arizona Law, ARS 15-151, District Board Policy 5130, and Administrative Regulations provide that the written consent of the parent/guardian/eligible student IS NOT REQUIRED to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GFSD authorized employee: \_\_\_\_\_ Date: \_\_\_\_\_

# GRIFFIN FOUNDATION SCHOOL DISTRICT

## 2018-2019 New School Uniform Policy

*(Please read and keep this page at home as a reference)*

Parents:

All students enrolled for the 2018/2019 school year are required to wear the Griffin Foundation School District uniform for their specified school. Parents can purchase uniforms from vendors or department stores. Uniforms must follow our style and material requirements. **Clothes not allowed** to be worn to schools: **Denim, Blue Jeans, Sweats, Baggy pants, Spandex, Skinny Jeans, or Cargo pants** (pants with 4 pockets in front). Leggings are acceptable in **Solid White, Solid Navy, or Solid Black**. No Stretch pants are allowed. Uniform bottoms must be Cotton or Polyester and no more than 3% of other material. Clothes that are too revealing is not acceptable, short pants must be of regular length and uniform should not be skin tight. Mohawks and shaved heads are not allowed, but a fade hairline is acceptable. Unnatural hair colors are not allowed. Tattoos are not allowed and piercings must be kept to a minimum. Modest make-up is allowed for middle school students only. Nonschool sweat shirts with hood must have a zipper and kept open when worn in the building.

If you are interested in purchasing uniforms from the Griffin Foundation School District, please stop by the front office.

As preparatory schools, it is important that students wear the required uniform attire. Parents will be called to bring in a change of clothes and/or called to pick-up their child, if the child is identified as wearing an unapproved uniform to school. Students may receive a uniform warning violation and/or suspension.

FIMS: <u>Tops</u>	<u>Bottoms</u>	CRS/KWAS: <u>Tops</u>	<u>Bottoms</u>
White	Khaki	White (Polo)	Khaki
Maroon	Navy	Navy (Polo)	Navy
Forest Green			<b><u>(No Navy top worn with Navy Bottom)</u></b>

**No Light Blue Polo or Light Blue Dress shirts** will be allowed for the 2018-2019 school year.

Thank you and we look forward to another great school year with increased student achievements.

### **Every Friday! – Free Dress Day**

This school year the Griffin Foundation School District will be allowing students a Free Dress Day every Friday. We are happy to announce this new event for students to celebrate the end of each week.

It is impossible for school administrators to identify all items that might be inappropriate attire, but if any outfit is deemed to be inappropriate for school, the student may be given a warning not to wear the item again or the parent could be called to bring a change of clothes.

Blue Jeans or non-uniform bottoms will be allowed to be worn. Please make sure bottoms are clean, non-baggy. Pants must be on the waist and not showing the student's underwear. Please make sure shirts, shorts, and dresses have a modest hem length. No sleeveless shirts or spaghetti straps will be allowed. No inappropriate writing or language on clothes. Students are required to follow policies and directives of the uniform dress codes as stated by GFSD. Failure to do so could result in suspension.

We believe this will be a wonderful school year for our students.

Sincerely,  
Administration