



2018-2019

GFSD STAFF ONLY Date entered: _____

Griffin Foundation School District (K-8th Grade)

Initials: _____

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 #: _____

- Immunization completed
- Before/After S/P packet
- ELL form completed
- Proof of Residency (verified)
- New Proof of Residency
- Food Program
- Raising Expectations
- Parent Compact

GFSD STAFF ONLY Date checked: _____

Initials: _____

- Children Reaching for the Sky Elementary (K – 5th grade)
- Future Investment Middle School (6th – 8th grade)

www.griffinfoundation.org

Visit our website for family involvement information and school events

Student Registration (Returning Student)

Note: As a preparatory school, students wear school uniforms and will follow the School Uniform Policy.

Student's Name: _____

Name of Parent: _____ Last _____ First _____ Middle _____ contact number: _____

Parent's E-Mail address: 1.) _____ 2.) _____
Mother Father

Student grade level for upcoming school year: _____ 18/19 school year

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

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: _____

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** for 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? _____

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)

Part 2: Race (Choose one or more)

- | | |
|---|--|
| <input type="checkbox"/> Yes, Hispanic or Latino
A person of Mexican, Puerto Rico, Cuban, South or Central American or other Spanish culture or origin, regardless of race | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> No, not Hispanic or Latino | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black or African American |
| | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> 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)

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 _____

PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED:

Print the name of Parent(s)/Legal Guardian(s): _____

Signature of Parent/Legal Guardian _____ Date _____

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 _____

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.

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.

Month/Year of student's last physical examination: ____/____

What was the purpose of this exam?

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 aides?	_____	_____
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/Rolaids)	_____	_____
Cough Drops	_____	_____
Benadryl	_____	_____

Authorization for Student Pick Up

Student's Name: _____ Grade: _____
Last First M.I.

Please list relatives or friends who may pick up your son/daughter from GFSD during this school year that you have not already listed as an Emergency Contact.

	<u>Name</u>	<u>Relationship</u>	<u>Phone Numbers</u>	
1.	_____	_____	Home: _____	Cell: _____
2.	_____	_____	Home: _____	Cell: _____
3.	_____	_____	Home: _____	Cell: _____
4.	_____	_____	Home: _____	Cell: _____
5.	_____	_____	Home: _____	Cell: _____
6.	_____	_____	Home: _____	Cell: _____

If daycare is used, please complete the information below:

List the Daycare authorized to provide transportation for your child:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Contact person: _____

Mark an X on the day(s) and indicate the times your daycare is scheduled to transport your child from GFSD:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

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.

Parent Contact Information: Work: _____

Home: _____

Cell: _____

E-mail: _____

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		<u>(No Navy top worn with Navy Bottom)</u>	

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