



GFSD STAFF ONLY Date entered: _____

2019-2020

Initials: _____

Griffin Foundation School District (K-8th 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)

You will need to provide a proof of residency to the school.

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.) _____

Student grade level: _____ 18/19 school year or Student grade level: _____ 19/20 school year
Mother Father

Last school attended: _____
Name of School 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 school yearbook, media/social media, and online advertisements without reservation or compensation.
- I do not give permission for my child to be photographed for school purposes for any reason.

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 Special Education Programs? Yes _____ No _____

If yes, list the services received: _____

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

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

If yes, (circle: suspended or expelled) 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 _____

Government Advertisement: _____

Internet/Media Online Sites: _____

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: _____

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 _____

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)

PHLOTE (Primary Home Language other than English):

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

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED:

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

Signature of Parent/Legal Guardian _____ Date _____



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? _____

District _____

Student Name _____ 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 indicate the student's home or primary language. (Revised 01-2019)

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 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?	_____	_____	Name of medicine: _____
Restricted from physical education, sports, etc.?	_____	_____	

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

Hospital: _____
Name Address Phone

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)	_____	_____
Pepto-Bismol	_____	_____
Neosporin Ointment	_____	_____
Cough Drops	_____	_____
Benadryl	_____	_____

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 – 5th grade)

1844 S. Alvernon Way, Tucson, AZ 85711
Future Investment Middle School (6th – 8th 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

- ___ *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/Behavior Report
- ___ *Current Year Report Card/Transcripts with comments and AzMERIT/AIMS assessments
- ___ *Student AzEDS Identity 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: _____



**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.

GRIFFIN FOUNDATION SCHOOL DISTRICT

1844 S. Alvernon Way, Tucson, AZ 85711

www.griffinfoundation.org

Office: 520-790-8400

NEW BENEFITS TO PARENTS **OF** **GFSD 2019-2020**

Parents,

We have many new benefits for school year 2019-2020. So don't you miss out, inform your family members and friends to join in by enrolling their child/children. Also let them know that we are open all summer and provide tours daily.

Exciting new benefits for the community and students:

- 1. Available Free Before/After school child care for students**
Mornings 7:00am – 7:30am (CRS) and 7:00am – 8:30am (FIMS)
After school 3:00pm – 4:00pm (CRS) and 4:00pm – 5:00pm (FIMS)
Extended child care for CRS from 4pm until 6pm and FIMS from
5pm until 6pm *(See front office for extended childcare information:
First hour of childcare is free, extended care is \$7.50 per hour).*
- 2. Sports Programs for students this school year!**
- 3. Bus transportation for new students wanting to enroll that live outside a one mile radius (use of a GFSD private school bus will require a minimum 25 new students, if not, GFSD will pay for a public monthly bus pass).**
- 4. Prizes will be awarded to parent/students that refer the most students to our schools. *(see front office for more details)***

GRIFFIN FOUNDATION SCHOOL DISTRICT

2019-2020 New School Uniform Policy

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

Parents:

All students enrolled for the 2019/2020 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. A non-school sweatshirt with a hood cannot be worn in school buildings. A sweatshirt/jacket with a zipper is preferred.

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

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.