



## **Caurus Academy**

**K-8<sup>th</sup> Grade**

**41900 N. 42<sup>nd</sup> Ave.**

**Anthem, AZ 85086**

**Tel: (623) 551-5083 • Fax (623) 551-5679**

**[www.caurusacademy.org](http://www.caurusacademy.org)**

## **ENROLLMENT APPLICATION 2017-2018**

Dear Parents:

Enclosed in this packet are all the forms necessary to complete your child's enrollment application process for Caurus Academy, an independent public charter school. An enrollment packet checklist has been included to assist you in this process.

Please complete all the forms enclosed and provide a copy of all of the following to complete your enrollment application packet: your child's updated immunization record, birth certificate, proof of AZ residency, special education papers (if applicable), custody papers (if applicable), child's AZ Merrit score (if applicable), and most recent report card.

We ask that you return your completed enrollment packet to the school office as soon as possible. If you have any questions or need assistance in completing your packet, please contact the enrollment office at: (623) 551-5083. **We cannot reserve a place for your child until we receive a completed enrollment application packet.**

We look forward to a great year!

Sincerely,

*Dameon Blair*

Director/Principal  
Caurus Academy



**Caurus Academy**

Learners today. Leaders tomorrow.

## Enrollment Procedures

Open Enrollment begins January 9<sup>th</sup> 2017. All complete enrollment applications accepted during open enrollment will be treated equitably. If more applications are turned in than there are spots available there will be a lottery for the open spots. Those who were chosen through the lottery will be notified first and given a time period in which to accept or decline the spot. After all spots have been accepted or time has lapsed, we will go down the waitlist and notify those we have spots for. Then we will notify those on the waitlist by letter. We will not release exact number/placement on the waitlist but will let you know if you are in the first group of 25 or second group of 25. If you have any other questions, please contact the front office.

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## Enrollment Packet Checklist

**Please include the following forms when returning your packet:**

- ✓ **Student Enrollment Application**
- ✓ **PHLOTE**
- ✓ **Arizona Residency Documentation Form (include documentation)**
- ✓ **Records Request**
- ✓ **Birth Certificate**
- ✓ **Immunization Records**
- ✓ **IEP or other Special Education paperwork (if Applicable)**

# CAURUS ACADEMY

## Student Enrollment Application

### 2017 - 2018

**FOR OFFICE USE ONLY**

Submitted Date: \_\_\_\_\_ SI \_\_\_\_\_

Packet #: \_\_\_\_\_

SM Entry Date: \_\_\_\_\_ SI \_\_\_\_\_

School Start Date: \_\_\_\_\_ SI \_\_\_\_\_

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

My student will be in Grade: \_\_\_\_\_, for SCHOOL YEAR 2017-2018.

### Applicant Information *(Please print neatly)*

**Legal Name** \_\_\_\_\_  
Last (Enter name exactly as it appears on official documents) First Middle (Complete) Jr. etc

**Preferred name, (Nickname)** \_\_\_\_\_ **Birth Date** \_\_\_\_\_  Male  Female **Age** \_\_\_\_\_  
mm/dd/yyyy

**Birth Information:** \_\_\_\_\_  
City /Town State/Province Country

**Current Mailing Address:** \_\_\_\_\_  
Number & Street City, State, Zip/Postal Code

### Family

**Student Lives With:**  Both Parents  Mother  Father  Legal Guardian  Relative  Ward of the Court  Other \_\_\_\_\_

**If separated, does:**  Both Parents  Mother  Father have permission to, *(check all that apply)*:

Pick up student  Receive mailings  Contact school for student information  Have contact with student

**Sole Custody with:**  Mother  Father  Other \_\_\_\_\_ **\*If sole custody, please provide legal documentation**

**If parents live separately, who will receive mailings?**  Both Parents  Mother  Father  Guardian  Relative  Other

**If both wish to receive mailings please include 2<sup>nd</sup> mailing address.**

**2<sup>nd</sup> Mailing Address:** \_\_\_\_\_ **Apt.** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent 1:**  Mother  Father  Legal Guardian

**Parent 2:**  Mother  Father  Legal Guardian

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Last First Middle

**Home address if different from above**

**Home address if different from above**

\_\_\_\_\_  
Number & Street Apartment #

\_\_\_\_\_  
Number & Street Apartment #

\_\_\_\_\_  
City/Town State/Province Country

\_\_\_\_\_  
City/Town State/Province Country

**Telephone:**  
**Home** (\_\_\_\_\_) \_\_\_\_\_

**Telephone:**  
**Home** (\_\_\_\_\_) \_\_\_\_\_

**Cell** (\_\_\_\_\_) \_\_\_\_\_

**Cell** (\_\_\_\_\_) \_\_\_\_\_

**Work** (\_\_\_\_\_) \_\_\_\_\_

**Work** (\_\_\_\_\_) \_\_\_\_\_

**E-mail** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Employer** \_\_\_\_\_

## Emergency Contact Information

\* We MUST have a minimum of 4 Emergency Contacts listed.

### Contact 1

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle

Relationship to Student \_\_\_\_\_

Telephone:

Home (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Is this person authorized to release student?     Yes     No

### Contact 3

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle

Relationship to Student \_\_\_\_\_

Telephone:

Home (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Is this person authorized to release student?     Yes     No

### Contact 2

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle

Relationship to Student \_\_\_\_\_

Telephone:

Home (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Is this person authorized to release student?     Yes     No

### Contact 4

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle

Relationship to Student \_\_\_\_\_

Telephone:

Home (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Is this person authorized to release student?     Yes     No

## Siblings

Brother(s) & Sister(s) Names	Age	Grade	School Attending

### Medication Release

I hereby authorize Caurus Academy office staff to administer the medications below as needed to \_\_\_\_\_  
Student Name

\_\_\_\_ Cough Drops      \_\_\_\_ Children Tylenol/Acetaminophen      \_\_\_\_ Cortisone Cream      \_\_\_\_ Tums

Parent/Guardian's Name (Print) \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

(School staff will contact parent prior administering above medications)



**Caurus Academy**

Learners today. Leaders tomorrow.

## Our Parent, Family and Community Involvement Policy

We believe that for all students to have a successful education experience it requires a partnership that includes the student, teachers, staff, parents and the learning community.

Our involvement includes the following:

- Providing the opportunity for all students to receive a high quality education
- Setting high expectations for all students in both academics and conduct
- Providing curriculum and instruction aligned with the Arizona Academic Standards
- Balancing academic accountability with care and concern
- Providing consistent communication with parents, including returning phone calls and emails in a timely manner
- Requesting parent and student input on school improvement, assessment and programming through surveys, emails, meetings and other appropriate means.
- Delivering a safe and respectful environment for students, staff and faculty
- Participating in high quality, ongoing professional development to assist teachers and other staff members in improving their abilities to deliver high quality instruction.
- Offering Educational services to all eligible students and their families.

Parents' involvement in their students' education are as follows:

- Knowing the school's policies and procedures and supporting them, including those related to discipline, attendance and dress code
- Ensuring that students are here before school begins each day and in attendance for the scheduled school days, as required by state law
- Consistently communicating with teachers and staff regarding academic and other issues relating to the student's education
- Supporting the school regarding accountability through standardized testing by making sure that students are in school on time the day of the test and encouraging students to do their best
- Encouraging students to set academic goals each year and develop a strategy for achieving those goals
- Participating with students on planning for their goals after high school and helping in the implementation of strategies to achieve those goals
- Tracking high school graduation requirements, as well as higher education requirements, with the assistance of appropriate school personnel
- Returning calls or emails from the school as soon as possible
- Volunteering to provide additional resources to further all students' education
- Setting high expectations for students

Student's involvement in the educational process is as follows:

- Setting high expectations for themselves and consistently working toward those expectations
- Arriving at school on time each day
- Attending school in accordance with state law
- Knowing the school's policies and procedures and abiding by them consistently
- Acting in a safe and respectful way to self and others
- Doing their best everyday so teachers and others will have an accurate picture of students' academic ability
- Consistently communicating with teachers and staff regarding issues regarding their education
- Setting goals for after high school graduation, which may include the military or attending a community college, university or technical school and working towards them
- Tracking their progress toward high school graduation requirements with the assistance of appropriate school personnel.

I have read the **Parent, Family, and Community Involvement Policy** and agree to comply with the expectations.

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Student Signature

Date

---

Parent Signature

Date

### Educational Background

**Current/Last School Attended:** \_\_\_\_\_

**(Check all that apply)**

Yes  No My Child was home schooled - How Long? \_\_\_\_\_

Yes  No Has your child been long term suspended or expelled from a school?

Explain: \_\_\_\_\_

Yes  No My child **has** had special education testing evaluations

Yes  No My child **has** been enrolled in a special education program at another school.

Yes  No My child is on an IEP - Date of last IEP: \_\_\_\_\_

Yes  No My child is on a 504 Plan- Date of last 504 Plan: \_\_\_\_\_

Yes  No My child is in Gifted instruction

Yes  No My child is involved in an English as a second language program (ELL)

***\*A copy of your child's most recent IEP and Psychological Evaluation must be submitted with your child's enrollment packet.***

**Has your child received any other special services from your past school such as:**

TITLE 1 Reading  Gifted Education  Speech and Language Services  Other \_\_\_\_\_

**Is there any information that you feel the staff at Caurus Academy should be aware of regarding the student?**

Yes  No If, yes, please explain: \_\_\_\_\_

### Referred By:

Friend  Family  Brochure/Flyer  Drive-By  Student  Internet  School  Magazine

Other \_\_\_\_\_

### Demographic Questionnaire (Check all that apply)

**Presently, where does the student stay at night?**

Yes  No Student's immediate family resides in their own home or apartment  
(No one outside of the immediate family is present)

Yes  No With Grandparents, Aunt, Uncle or other family member who is not an immediate family member.

Yes  No With more than one family in a house or apartment.

Yes  No In a group home or group shelter

Yes  No In a motel.

Yes  No In a car.

Yes  No At a campsite

Yes  No Other: \_\_\_\_\_

Yes  No None of the above; explain: \_\_\_\_\_

### Medical Information

**Please Note: There is not a school nurse on campus.**

Does your student have any medical conditions the school should be aware of?  Yes  No

Are there any physical or mental health conditions or concerns that would place your child at risk?  Yes  No

Please give a brief explanation: \_\_\_\_\_

Is your student taking any medication?  Yes  No

If yes, please list and explain \_\_\_\_\_

**If yes, will these medications be taken during school hours?**  Yes  No

# Enrollment Policies

Please read the following policies and procedures and sign below to indicate you have read and understand them.

**Informed Commitment:** By signing this page, both the parent and student acknowledge their understanding that Caurus Academy is a school of choice and that many students may be placed on a waiting list to enroll in this school. The parent and student commit to inform Caurus Academy at the earliest opportunity possible if the parent or student change their mind concerning enrollment in Caurus Academy. This commitment is especially important for those parents and student who may change their mind prior to the 1<sup>st</sup> day of school, as other parents will be waiting for a space to open so their students may enroll.

**Mandatory Attendance on the First Day:** By signing this page, both the parent and student acknowledge the necessity to have the student physically attend class the first day of the school year (unless enrolling after the first day of school) in order to finalize their enrollment status at Caurus Academy. If the student is not present on the first day of the school year, Caurus Academy will withdraw the student and open a space for a student on the waiting list. All reasonable and appropriate efforts will be made to contact the homes of students not present on the first day to verify legitimate absences.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Race and Ethnicity Data Collection

*In accordance with federal guidance, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.*

### Part 1: Ethnicity

**Is this student Hispanic or Latino? (Choose only one)**

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

### Part 2: Race

**What is the student's race? (Regardless of how the first question was answered, choose one or more)**

- American Indian or Alaska Native** (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

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?** \_\_\_\_\_

*Admission to Caurus Academy is not based upon ethnicity, national origin, income level, gender, disabling condition, proficiency with the English language, athletic or academic ability. I certify that all information submitted in the admission process – including the application and any supporting materials is factually true, and honestly presented, and that these documents will become the property of Caurus Academy to which I am applying and will not be returned to me. I understand that my student may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, should the information I have certified be false.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
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.

- 4. **What is the primary language used in the home regardless of the language spoken by the student?** \_\_\_\_\_
- 5. **What is the language most often spoken by the student?** \_\_\_\_\_
- 6. **What is the language that the student first acquired?** \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

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

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.  
In SAIS, please indicate the student's home or primary language.  
1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)





**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 U.S. passport

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



# CAURUS ACADEMY

41900 N. 42<sup>nd</sup> Ave.  
 Anthem, Arizona 85086  
 Phone 623-551-5083 Fax 623-551-5679  
[www.caurusacademy.org](http://www.caurusacademy.org)

## RECORDS REQUEST

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Previous School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

School phone # ( ) \_\_\_\_\_ (ext) \_\_\_\_\_ fax ( ) \_\_\_\_\_

According to the Education Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students", Section 438, Subsection (B) (1), Parts A & B, page 97; school officials, may receive a student's records without a written consent for such release.

**While I understand that education records may be sent without written consent, I also request that psychological, special education and other pertinent information be sent.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date

-----

Please forward a copy of the **official/un-official** records, including the following:

- Withdrawal grades (if appropriate)
- AIMS Test Results
- AZ AZELLA Results
- Other records related to academic achievement and testing
- Birth Certificate
- Health records (including immunization record)
- Record of major discipline referrals
- Attendance record
- Special Education Records if applicable (IEP, met report, Psycho-ed report and eligibility statement)**

<i>For Office Use Only</i>		<u><b>Comments:</b></u>
Date Requested: _____	Staff _____	
Date 2 <sup>nd</sup> Request: _____	Staff _____	
Date 3 <sup>rd</sup> Request: _____	Staff _____	
Date Received _____	Staff _____	SPED Received _____