



Green Fields School Application Form



6000 N Camino De La Tierra
Tucson, AZ 85741

PHONE: 520-297-2288

Student Information

Legal Name

(Last) _____ (First) _____ (Middle) _____

Birth Date (MM/DD/YYYY) ____/____/____ Birth State _____

In the school year _____ the student will be in the _____ grade.

Mailing Address

Street _____ City _____ Zip _____ Primary Phone # _____

Family Data

| Name | Parent/Guardian | Student Resides With: | Has Legal Custody | Email Address | Place of Employment | Work Phone |
|--------|-----------------|-----------------------|-------------------|---------------|---------------------|------------|
| Last: | | Yes | Yes | | | |
| First: | | No | No | | | |
| Last: | | Yes | Yes | | | |
| First: | | No | No | | | |
| Last: | | Yes | Yes | | | |
| First: | | No | No | | | |
| Last: | | Yes | Yes | | | |
| First: | | No | No | | | |

School Last Attended (please place an X next to the type of school last attended)

Private School Charter School Home-School Public School

School Name _____ School District _____

I, _____ have received and understand the Student/Parent Manual.
(Parent/Guardian Signature)

RECORDS

| Requested | | Received | | Entry/ Withdrawal |
|--|--|---|---|----------------------|
| Birth Certificate <input type="checkbox"/> | Immunization Complete <input type="checkbox"/> | Entry/Code <input type="checkbox"/> | Withdrawal/Code <input type="checkbox"/> | |
| Medical Alert <input type="checkbox"/> | Legal Alert <input type="checkbox"/> | Custody Papers <input type="checkbox"/> | Documents per A.R.S.15-282 <input type="checkbox"/> | |



Green Fields School

Emergency Contact Information



Please notify the school any time this information changes.

| | | |
|---------------------|----------------------|----------------------|
| Student's Last Name | Student's First Name | D O B |
| Street Address | City, State ZIP | Grade Teacher |

In case of emergency, we will contact persons in the order you designate below to care for your child. A rescue squad may be called in a life-threatening situation.

| Name | Relationship | Phone | Phone | Phone |
|------|--------------|-------|-------|-------|
| | Mother | | | |
| | Father | | | |
| | | | | |
| | | | | |
| | | | | |

List any allergies, their reactions, and the desired treatment below.

| Allergen | Reaction | Treatment | Last Occurrence |
|----------|----------|-----------|-----------------|
| | | | |
| | | | |
| | | | |

| | | |
|---|--------------------------|--|
| Primary Physician's Name, Address, Phone Number | Health Insurance Company | Name of Health Insurance Policy Holder |
|---|--------------------------|--|

- I give permission to school personnel to administer over-the-counter medications (such as cough drop, pain reliever, antacid) to my child.
 I DO NOT give permission to administer any over-the counter medication to my child without my verbal permission on a per-incident basis.

In case of serious illness or injury, I give permission for my child to be taken to our doctor's office or closest hospital by school personnel or ambulance, and emergency care provided there until I can be contacted. By signing below, I affirm that I am the person responsible and able to make these decisions for this child.

| | | |
|--------------|-----------|------|
| Printed Name | Signature | Date |
|--------------|-----------|------|



Green Fields School



The State of Arizona requires student ethnic preference. Please circle one:

Black White Hispanic American Indian/Alaskan Native Pacific Islander or Asian

Which language was the first acquired at home? _____

Which is the student's primary language? _____

What language is most spoken by the parents in the student's home? _____

Has the student ever been enrolled in programs such as Special Education, Bilingual Education, Gifted Program, etc:

Yes No If yes, please explain _____

Was the student expelled from the last school or on long term suspension from the last school attended:




Yes No If yes, please explain _____

Is the student currently under the supervision of the Juvenile Court?

Yes No If yes, please explain _____

Please list the student's special talents or interests. _____

My signature below certifies the following:

-  I am the parent or legal guardian of this student.
-  This student resides with me.
-  All information given on this application is correct to the best of my knowledge.

Parent/Guardian Signature _____ **Date** _____



Green Fields School



STUDENT RECORD TRANSMITTAL REQUEST

Date: _____

INFORMATION TO BE RELEASED FROM:

School / Agency _____

Address _____

City, State, Zip Code _____

Phone _____

Fax _____

INFORMATION TO BE RELEASED TO:

Green Fields School
6000 N Camino De La Tierra
Tucson, AZ 85741

Phone: 520.297.2288

Email: admissions@greenfields.org

We are requesting the release of the following records: birth certificate, immunization, medical, social history, educational testing, current IEP, psychological evaluations and special educational program information for use in providing appropriate educational services for the following student:

Name: _____ DOB _____ GRADE _____

Parent Signature

Date

School Official Signature

Date

*Please note: the student information requested will be made available for review to the parent/guardian of the student for it is considered an education record as define in Public Law 93-380, Section 99.3.



Green Fields School
 6000 N Camino De La Tierra • Tucson, AZ 85741
 Tel: (520) 297-2288
 Email: admissions@greenfields.org
 Website: [Http://www.greenfields.org](http://www.greenfields.org)

Video and Photograph Release

I, _____, the Legal Custodial Parent/Guardian of _____,
 Name of Parent/Legal Guardian Child's Name

hereby grant Green Fields School and Green Field School's personnel and/or representatives permission to take digital photographs and/or video recordings of my child as well as any of my child's work. I authorize, without payment or any other consideration, the use of any and all my child's digital photographs, audio recordings, video recordings, etc., to be duplicated, edited, exhibited, published and distributed via, but not limited to, printed brochures, social media, informational presentations, online and video-based marketing materials, in addition to any other company publications.

I hold harmless and release Green Fields School and Green Fields School's personnel or representatives from any reasonable expectation of privacy or confidentiality related to said images.

I understand and agree that there is neither a time constraint nor a geographic limitation as to when or where published materials may be distributed.

I understand and agree that the distribution of published materials is for research and/or educational purposes, images are used for company marketing materials and/or other company publications and that I will receive no financial compensation of any type nor will I have any rights of ownership or royalties whatsoever.

I am the legal parent or guardian of the above-named child and am authorized to grant this release. I understand that if the box below is NOT checked, my child will be photographed and/or video-taped.

I **DO NOT** grant permission for my child to be photographed or video-taped.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Complete and Return to Office or Scan and Email Completed Form to admissions@greenfields.org



McKinney-Vento Eligibility Questionnaire

Student's Information:

| | | |
|-------------------------------|--------------|------------|
| First Name: | Middle Name: | Last Name: |
| Date of Birth: Month/Day/Year | Grade: | |

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

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

If you answered YES to questions 1 and 2, please complete the remainder of this form. If you answered NO to either question 1 or 2, you may stop here.

Where is the student presently living? (Check one)

- In a motel/hotel
- In housing that lacks kitchen or bathroom facilities?
- Not in physical custody of parent or legal guardian?
- In a shelter?
- With more than one family in a house or apartment?
- Moving from place to place?
- In a place not designated for ordinary sleeping accommodations (car, park, campsite, etc.)

Name of Parent(s) or Legal Guardian(s):

| | | | | |
|---|---------|------------|----------|----------|
| First Name: | Middle: | Last Name: | | |
| Address: | City: | State: | Zip Code | Phone #: |
| How long have you been living at the current address? | | | | |

By signing below, I attest that all the information provided is true and accurate:

Signature of Parent/Legal Guardian

Date

Please return this form to the McKinney-Vento Liaison in the main office



Cuestionario sobre la elegibilidad para el programa McKinney-Vento

La información del estudiante:

| | | |
|-----------------------------------|----------------|-----------|
| Nombre: | Segund Nombre: | Apellido: |
| Fecha de Nacimiento: Mes/Día/ Año | Grado: | |

Este cuestionario trata sobre la ley McKinney-Vento Act 42 U.S.C. 11435. Las respuestas sobre esta informacion sobre residencia ayudan a determinar la egibilidad del estudiante para recibir ciertos servicios.

1. Es su domicilio actual una vivienda temporal? Si ___ No ___
2. Es este domicilio temporal a causer de la Perdida de su hogar debido a dificultades economicas? Si ___
No ___

Si dio una respuesta afirmativa a una o mas de las preguntas anteriores, complete el resto de esta forma. Si contesto que NO a la pregunta 1 o 2, deje el resto en blanco.

Donde esta viviendo el estudiante actualmente? (Marque uno)

- En un motel o hotel?
- En un domicilio sin cocina o bano?
- No en encustodia de padres?
- En un refugio?
- Con mas de una familia en un casa o apartamento?
- Cambiando de domicilio constantemente?
- En un lugar designado para dormir en condiciones ordinarias. (ejemplo: carro, parque, or campamento)

Nombre de Pariente o Guardian Legal:

| | | | | |
|--|----------------|-----------|---------------|-------------|
| Nombre: | Segund Nombre: | Apellido: | | |
| Direccion: | Ciudad: | Estado: | Codigo Postal | Telefono #: |
| Cuanto tiempo a vivido en su domicilio actual? | | | | |

Al firmar abajo, doy fe de que toda la informacion es verdadera y precisa:

Firma de Pardres/Guardian Legal

Fecha

Por favor devuelva este forma al enlace McKinney-Vento en la oficina principal



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? _____

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.

Diane M. Douglas, Superintendent of Public Instruction

1535 West Jefferson Street, Phoenix, Arizona 85007 • (602) 542-5460 • www.azed.gov



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** _____
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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.

15-828. Birth certificate; school records; exception

A. On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

B. If a child is instructed at home pursuant to section 15-802, the person who has custody of the child shall, within thirty days after the home instruction begins, provide to the county school superintendent of the county in which the child resides one of the following:

1. A certified copy of the child's birth certificate.
2. Other reliable proof of the child's identity and age, including the child's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

C. On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the pupil's file and the document that is presented shall be returned.

D. A pupil shall be enrolled in the school or school district, or the county school superintendent shall record the pupil's name, using the name that is printed on the birth certificate, other reliable proof of the pupil's identity, or letter from an agency having custody of the pupil provided pursuant to this section. This subsection does not prohibit a school or school district from calling a pupil by any name the pupil's parent or guardian wishes the pupil to be called.

E. On the failure of a person enrolling a pupil or instructing a child at home to comply with subsection A or B of this section, the school, school district or county school superintendent shall notify that person in writing that, unless the person complies within ten days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten day period, the school, school district or county school superintendent shall refer the case to the local law enforcement agency.

F. The school, school district or county school superintendent shall immediately report to the local law enforcement agency any affidavit received pursuant to this section which appears inaccurate or suspicious in form or content.

G. Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include

in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

H. Any disclosure of educational records by the school district or charter school shall comply with the family educational rights and privacy act of 1974 (20 United States Code section 1232g).

I. The provisions of this section do not apply to homeless pupils as defined in section 15-824, subsection C.

VISITOR INQUIRY



Welcome to Accelerated Learning Laboratory! We are pleased to hear about your interest in our unique educational community. Please take a moment to fill out the short survey below to give us a better understanding of the communities we reach and how we can improve. We appreciate your time. Thank you!

NAME: _____ GRADE LEVEL(S) OF INTEREST: _____

PHONE: _____ DATE: _____

HOW DID YOU HEAR ABOUT A.L.L.?

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Social Media | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> News/Article |
| <input type="checkbox"/> Business/Colleague | <input type="checkbox"/> Event | <input type="checkbox"/> Organization | <input type="checkbox"/> Current Student/Alumni |
| <input type="checkbox"/> Other | | | |

NAME OF SPECIFIC REFERRAL/SOURCE: _____

ADDITIONAL COMMENTS: _____

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2019 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

No

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

| <u>Child's Name</u> | <u>Name of School</u> | <u>Grade</u> |
|---------------------|-----------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby certify that all the above information is true and correct.

Parent/Guardian Signature _____ Date: _____

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.

ESEA Program Eligibility Guidelines

July 1, 2022- June 30, 2023

| <u>FREE</u> | | | | | <u>REDUCED</u> | | | | | | |
|-------------------------------|--------|---------|---------------------------|---------------------------------|-------------------------------|------------------------|--------|---------|---------------------------|---------------------------------|--------|
| HOW OFTEN INCOME WAS RECEIVED | | | | | HOW OFTEN INCOME WAS RECEIVED | | | | | | |
| Family Size: | Yearly | Monthly | 2 x Month (Bi-Monthly) | Bi-Weekly (Every Two Weeks) | Weekly | Family Size: | Yearly | Monthly | 2 x Month (Bi-Monthly) | Bi-Weekly (Every Two Weeks) | Weekly |
| 1 | 17,667 | 1,473 | 737 | 680 | 340 | 1 | 25,142 | 2,096 | 1,048 | 967 | 484 |
| 2 | 23,803 | 1,984 | 992 | 916 | 458 | 2 | 33,874 | 2,823 | 1,412 | 1,303 | 652 |
| 3 | 29,939 | 2,495 | 1,248 | 1,152 | 576 | 3 | 42,606 | 3,551 | 1,776 | 1,639 | 820 |
| 4 | 36,075 | 3,007 | 1,504 | 1,388 | 694 | 4 | 51,338 | 4,279 | 2,140 | 1,975 | 988 |
| 5 | 42,211 | 3,518 | 1,759 | 1,624 | 812 | 5 | 60,070 | 5,006 | 2,503 | 2,311 | 1,156 |
| 6 | 48,347 | 4,029 | 2,015 | 1,860 | 930 | 6 | 68,802 | 5,734 | 2,867 | 2,647 | 1,324 |
| 7 | 54,483 | 4,541 | 2,271 | 2,096 | 1048 | 7 | 77,534 | 6,462 | 3,231 | 2,983 | 1,492 |
| 8 | 60,619 | 5,052 | 2,526 | 2,332 | 1,166 | 8 | 86,266 | 7,189 | 3,595 | 3,318 | 1,659 |
| Each | | | | | | Each | | | | | |
| Additional Member Add: | +6,136 | +512 | +256 | +236 | +118 | Additional Member Add: | +8,732 | +728 | +364 | +336 | +168 |

Note:

If all income is received on the same schedule

Example: alimony = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: alimony = \$100 / month & pension = \$300 / week

Income **MUST** be converted to yearly.

- Yearly Income = Monthly x 12
- Yearly Income = Twice Per Month (Bi-Monthly) x 24
- Yearly Income = Every Two Weeks (Bi-Weekly) x 26
- Yearly Income = Week x 52

DO NOT round the values resulting from each conversion

Guía Para Determinar Estudiantes Elegibles

El Departamento de Educación de Arizona provee las siguientes guías de ingresos para el año fiscal 2019 para determinar la elegibilidad del financiamiento federal asociado con los programas financiados por la Ley de Educación Primaria y Secundaria (ESEA, por sus siglas en inglés).

¿Su familia está en o por debajo de las directrices de ingresos actuales según la guía de elegibilidad de la ESEA?

Indicator 1

Indicator 2

No

Definición de ingreso: Incluye los conceptos como sueldos y salarios antes de deducciones, y otros ingresos, tales como autoempleo, bienestar, seguridad social, beneficios de jubilación, compensación por desempleo, compensación laboral, ayuda para hijos dependientes, pensión alimenticia, pensiones, seguro o pagos de anualidad, etc.

Nombre Del Estudiante

Nombre de la Escuela

Grado

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Por la presente certifico que toda la información proporcionada es verdadera y correcta.

Firma del Padre-o-Guardian: _____ Fecha: _____

Estos formularios deben ser conservados por la escuela o por la Agencia de Educación Local, por lo tanto, deben mantenerse archivados por un periodo de 5 años.

GUÍAS DE ELEGIBILIDAD DEL PROGRAMA DE ESEA

Julio 1, 2018 - Junio 30, 2019

QUE TAN FRECUENTE SE RECIBIÓ EL INGRESO

GRATUITO

| Tamaño Familia | Annual | Mensual | 2 X Mes (Bi-mensual) | Cada 2 Semanas (Bi-semanal) | Semanal |
|------------------------------------|--------|---------|----------------------|-----------------------------|---------|
| | 17,667 | 1,473 | 737 | 680 | 340 |
| 2 | 23,803 | 1,984 | 992 | 916 | 458 |
| 3 | 29,939 | 2,495 | 1,248 | 1,152 | 576 |
| 4 | 36,075 | 3,007 | 1,504 | 1,388 | 694 |
| 5 | 42,211 | 3,518 | 1,759 | 1,624 | 812 |
| 6 | 48,347 | 4,029 | 2,015 | 1,860 | 930 |
| 7 | 54,483 | 4,541 | 2,271 | 2,096 | 1,048 |
| 8 | 60,619 | 5,052 | 2,546 | 2,332 | 1,166 |
| Por cada miembro adicional Agregar | +6,136 | +512 | +256 | +236 | +118 |

REDUCIDO

| Tamaño Familia | Annual | Mensual | 2 X Mes (Bi-mensual) | Cada 2 Semanas (Bi-semanal) | Semanal |
|------------------------------------|--------|---------|----------------------|-----------------------------|---------|
| 1 | 25,142 | 2,096 | 1,048 | 967 | 484 |
| 2 | 33,874 | 2,823 | 1,412 | 1,303 | 652 |
| 3 | 42,606 | 3,551 | 1,776 | 1,639 | 820 |
| 4 | 51,338 | 4,279 | 2,140 | 1,975 | 988 |
| 5 | 60,070 | 5,006 | 2,503 | 2,311 | 1,156 |
| 6 | 68,802 | 5,734 | 2,867 | 2,647 | 1,324 |
| 7 | 77,534 | 6,462 | 3,231 | 2,983 | 1,492 |
| 8 | 86,266 | 7,189 | 3,595 | 3,318 | 1,659 |
| Por cada miembro adicional Agregar | +8,732 | +728 | +364 | +336 | +168 |

NOTA:

Si todos los ingresos se reciben en la misma fecha

Ejemplo: pensión alimenticia = \$ 100 / mes y pensión = \$ 300 / mes

NO use factores de conversión

Si la familia declara las fuentes de ingresos en más de una fecha

Ejemplo: pensión alimenticia = \$ 100 / mes y pensión = \$ 300 / semana

El ingreso debe ser convertido a un periodo anual

- Ingreso anual = mensual x 12
- Ingreso anual = dos veces por mes (bi-mensual) x 24
- Ingreso anual = cada dos semanas (quincenal) x 26
- Ingreso anual = Semana x 52

NO redondee los valores resultantes de cada conversión