



Office Use Only <input type="checkbox"/> Birth Record <input type="checkbox"/> Immunization Record <input type="checkbox"/> Proof of Residence	Student Number: _____ Home Room: _____ K Session: <input type="checkbox"/> AM <input type="checkbox"/> PM Records Requested: _____ Records Received: _____
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STUDENT INFORMATION

Previous School Attended: _____

Student's Legal Name (as shown on birth certificate): _____ Date: _____

_____ Grade: _____
Last First Middle

Also Known As _____ Previous Legal Name (Last, First Middle) _____

Home Phone: _____ Gender: M F Date of Birth: _____

Student Home (Residence) Address: _____ **Student Mailing Address (if different):** _____

Street	Street
Address Line 2	Address Line 2
City State Zip	City State Zip

PARENT/GUARDIAN INFORMATION

Who is the student's primary legal guardian?

_____ Relationship to Student _____
Name (Last, First)

In whose name(s) should mail be sent? Address to: _____

Phone Number to receive messages about student absences and school events: _____

Mother or Legal Female Guardian:

_____ Relationship to Student _____
Name (Last, First)

Mailing Address Same as Student Home Phone: _____

Street Daytime Phone: _____ Cell Work

Address Line 2 Alternative Phone: _____ Cell Work

City State Zip Email: _____

Send mail to this address in addition to the student address. **Employer:** _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Father or Legal Male Guardian:

Name (Last, First) _____
Relationship to Student

Mailing Address Same as Student Home Phone: _____

Street Daytime Phone: _____ Cell Work

Address Line 2 Alternative Phone: _____ Cell Work

City *State* *Zip* Email: _____

Send mail to this address in addition to the student address. **Employer:** _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

Other Legal Guardian:

Name (Last, First) _____
Relationship to Student

Mailing Address Same as Student Home Phone: _____

Street Daytime Phone: _____ Cell Work

Address Line 2 Alternate Phone: _____ Cell Work

City *State* *Zip* Email: _____

Send mail to this address in addition to the student address. **Employer:** _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency.

ADDITIONAL EMERGENCY CONTACTS

Contact 1 Name _____
Relationship to Student

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency

Contact 2 Name _____
Relationship to Student

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency

Contact 3 Name _____
Relationship to Student

Daytime Phone: _____ Alternate Phone: _____

This is the (circle one) 1st 2nd 3rd 4th 5th 6th person to contact if there is a student emergency



ADDITIONAL STUDENT INFORMATION

SIBLING INFORMATION

Please list any siblings of this student who are also attending school at AHCS.

Name (Last, First)

Grade

Name (Last, First)

Grade

Name (Last, First)

Grade

Name (Last, First)

Grade

Name (Last, First)

Grade

TRANSPORTATION INFORMATION

Please indicate the type of transportation your child will use to and from school:

Bus-District Transportation

Transport Co. M T W Th F

DayCare M T W Th F

Walking M T W Th F

Private M T W Th F

Contact Name

Name of Daycare

Contact Phone

Daycare Phone

KINDERGARTEN PREFERENCE

Please indicate which Kindergarten session you would prefer your child to attend *if* class size allows:

Morning session

Afternoon session



STUDENT RACE AND ETHNICITY FORM

Student Name (please print): _____ **Grade:** _____

Each year, school districts in Idaho are required to report student race and ethnicity data to the Idaho State Department of Education by categories that are set by the Federal government. This data is used to ensure all student receive the educational programs and services to which they are entitled. This information will *not* be reported to any federal agency in a way that identifies the student. No one will check for immigration status from the information given here.

PLEASE ANSWER BOTH PART A AND PART B

Please note-if you chose not to provide this information, a designated school staff person(s) will observe and select racial and ethnic categories on the student's behalf as required by the Federal government for reporting.

IS THE STUDENT HISPANIC/LATINO (choose only one)	
PART A	<input type="checkbox"/> NO, not Hispanic/Latino
	<input type="checkbox"/> YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)
<p>Part A above is a question about cultural or ethnic identity, not race. No matter what was selected above, please continue to answer the following by marking one or more boxes to indicate what you consider the student's race be.</p>	
WHAT IS THE STUDENT'S RACE? (choose ANY that applies)	
PART B	<input type="checkbox"/> North American Indian or Alaskan Native (A person having origins in any of the original peoples of North American and who maintains tribal affiliation or community attachment.)
	<input type="checkbox"/> South or Central American Native (A person having origins in any of the original peoples of South or Central America.)
	<input type="checkbox"/> 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.)
	<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.)
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
	<input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Completed by (please check one): Parent Student (self) School Official

Date: _____



STUDENT SERVICES INFORMATION

Student Name: _____ Date of Birth: _____

1. Has your child ever received special education services? Yes No

When? _____

Where? _____

2. Was your child receiving Special Education services at their last school at the time of withdrawal? Yes No

3. Does your child have a 504 plan? Yes No

If you answered "yes" to any of the above questions, please check all the services that your child has received:

Special Education/Resource Room Services

Speech/Articulation Therapy

Language Therapy

Occupational Therapy

Physical Therapy

Education of the Hearing Impaired

Counseling Services

Other: _____

4. Was your child receiving Title I services at their last school at the time of withdrawal? Yes No

5. Was your child receiving Gifted/Talented services at their last school at the time of withdrawal? Yes No

6. Was your child receiving ELL (English Language Learner)/ESL (English as a Second Language) services at their last school at the time of withdrawal? Yes No

7. Has your child (grades 7-12 only) been expelled from a public or private School? If yes, please explain: Yes No

Parent/Guardian Signature

Date



POLICY & PERMISSION FORM

Student Name: (please print):

_____ Grade: _____
Last Name First Name Middle Name

This form will be signed only once and will remain in effect as long as your child attends AHCS. If you would like to make any changes, please contact your child's school.

PARENTS: Please check the box to indicate that you have been informed of the following:

- I have been informed of the AHCS *Student Injuries and Insurance* notice.
- I have been informed of the AHCS Zero Tolerance Policy for Weapons.
- I have been informed of the AHCS Drug Free School Policy.
- I have been informed of the AHCS Technology Use Notification.
- I have received a copy of the Notification of Rights Under FERPA.

PARENTS: Please check any restrictions you would prefer on your child's information or activities:

- DO NOT publish my child's photo, name, initials, and/or schoolwork on the Internet.
- DO NOT publish my child's photo, name, initials and/or schoolwork on any commercial broadcast media.
- DO NOT release directory information regarding my child (name, address, phone number.)
- DO NOT allow my child to attend field trips.

Parent Signature

Date



HOME LANGUAGE SURVEY

Our school along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services. Your cooperation in helping us meet this requirement is requested.

Please answer the following questions and sign the form. Your responses will become part of the district's official documentation of language assessments.

Student Information (please print):

Last Name *First Name* *Middle Name*

School *Grade* *Date of Birth (mm/dd/yy)*

Birth Country *Moved From (City, State, Country)* *US Entry Date (mm/dd/yy)*

1. What language(s) are spoken in the home? _____
2. What language(s) does your student speak most often? _____
3. What language(s) did your student first learn? _____
4. Which language does your child speak with you? _____
5. Which language do you use when speaking with your child? _____
6. Which language do you want phone calls and letters? _____
7. What is your relationship to the child? Mother Father Guardian Other (specify) _____
8. Is there any additional information you would like the school to know about your child? _____

Check the box if your family has moved at some time in the past three years to look for work in the agriculture (farming, Potato industry, dairy, meat processing.)

Parent Signature

Date



STANDARD STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, where is the student living? **CHECK ONE BOX IN EITHER SECTION A OR SECTION B**

Section A	Section B
<input type="checkbox"/> In a shelter, transitional housing or awaiting foster care <input type="checkbox"/> With more than one family in a house or an apartment due to loss of housing or economic hardship <input type="checkbox"/> In a temporary trailer, campground, car or park <input type="checkbox"/> In a hotel or motel CONTINUE: If you checked a box in Section A, complete #2 and the remainder of this form.	<input type="checkbox"/> Choices in Section A do not apply <div style="text-align: center;"><u>STOP</u></div> <p>If you checked this section, you do <u>NOT</u> need to complete the remainder of this form. Submit to school personnel. Thank you.</p>

2. The student lives with:

- | | |
|---|---|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent and another adult | <input type="checkbox"/> an adult that is not eh parent or legal guardian |

Name of Student _____

Birth Date _____ Age _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only-Administrator determination of Section A circumstances:

If the parent/guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be Immediately routed to appropriate personnel. The original form must be kept separately from the Student Permanent Record for audit purposes during the year.

The name and phone number of a school contact person who may know of the family's situation:

_____ Phone _____



Student Name _____ Date of Birth _____

Grade _____

Dear Parent/Guardian:

Please complete this health information form. This information may be shared with the student's teacher(s) and administration to promote and protect the health of students but otherwise is completely confidential.

Has your child ever been diagnosed with:	Yes	No	Describe illness during diagnosis date:
Diabetes			(insulin/snacks, symptoms) _____
Insulin Resistance			_____
Asthma			(medications, symptoms, triggers) _____ _____
Kidney or urinary problems			_____
Heart Conditions			_____
Seizure disorder			(medications, symptoms, last seizure) _____ _____
Concussion/severe blow to head			_____
Allergies			(symptoms, triggers, medications) _____ _____
Chicken Pox			(date) _____
ADD/ADHD			_____
Bi Polar/Depression			_____
Has your child had surgery or been in the hospital?			_____
Does your child take medication			(list) _____

Please list any other disease, health problem or handicap (such as orthopedic, heart, vision, hearing) or anything that school staff should be aware of _____

Parent/Guardian Signature _____ Today's Date _____

American Heritage Home and School Compact

Student: It is important that I do my best. I know my parents and teachers want to help me, but I am the one who has to do the work. I will:

- Live up to American Heritage Charter School's student creed and my class creed.
- Become an educated patriotic leader.
- Set high expectations for myself.
- Follow American Heritage Charter School's dress code policy.
- Attend school regularly.
- Believe that I can and will learn.
- Be responsible for my behavior.
- Give work and school papers to my parent/caregiver.
- Pay attention and ask for help when needed.
- Complete class work on time and to the best of my ability.

Name: _____ Date: _____

Parent/Caregiver: I want my child to succeed. I will encourage him/her by doing the following:

- Support the mission and vision of American Heritage Charter School.
- Support the rules and policies of American Heritage Charter School.
- Make sure my child's dress meets American Heritage Charter School's dress code requirements each day.
- Be involved in my child's education through becoming an active member of the PFA, volunteering, and attending school activities and events.
- Set high expectations for my child.
- Make sure my child attends school regularly.
- Establish with my child a place and time to study and a daily reading time.

Name: _____ Date: _____

Classroom Teacher: I understand the importance of the school experience to every student and my position as a teacher and role model. I agree to:

- Live up to American Heritage Charter School's teacher creed.
- Support the mission and vision of American Heritage Charter School.
- Be attentive to your child's needs.
- Communicate with you about your child's progress frequently and hold parent teacher conferences twice per year.
- Deliver high quality curriculum and instruction.
- Teach concepts and skills to your child that meet state academic standards.
- Provide materials for home to enhance literacy and other academic subjects.
- Motivate and encourage your child.

Name: _____ Date: _____

School Principal/Administrator: I support and encourage student/parent/teacher compacts and partnerships. I will:

- Support the mission and vision of American Heritage Charter School.
- Provide an environment that permits positive communication between the student, parent, and teacher.
- Encourage teachers and parents to provide regular opportunities for practicing academics at school and home.
- Provide equal and fair opportunities to access staff and to be actively involved.

Name: _____ Date: _____