

Office Use Only



Student Number _____
Home Room _____
Immunization Record _____
K Session: AM PM
Birth Record _____
Proof of Residence/Record Requested _____
Records Received _____

STUDENT INFORMATION

Previous School Attended: _____

Students Legal Name: _____
Last First Middle

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

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

Student Home Address (Residence)

Street City State Zip Code

Student Mailing Address (if different from above)

Street City State Zip Code

PARENT/GUARDIAN INFORMATION

Who is the student's primary legal guardian? _____
Name (Last, First) Relationship to Student

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

Address: _____

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

PARNET/GUARDIAN INFORMATION CONTINUED

Mother or Legal Female Guardian:

Name (Last First Middle) *Relationship to Student*

Mailing Address If different than student: _____
Street *City* *State* *Zip Code*

Send mail to this address in addition to the student's address: Yes No

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Daytime Phone: _____ **Email:** _____

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

Employer: _____ **Phone:** _____

Father or Legal Male Guardian:

Name (Last First Middle) *Relationship to Student*

Mailing Address If different than student: _____
Street *City* *State* *Zip Code*

Send mail to this address in addition to the student's address: Yes No

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Daytime Phone: _____ **Email:** _____

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

Employer: _____ **Phone:** _____

Parent/Guardian Information Continued

Other Legal Guardian:

Name (Last First Middle) *Relationship to Student*

Mailing Address If different than student: _____
Street *City* *State* *Zip Code*

Send mail to this address in addition to the student's address: Yes No

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Daytime Phone: _____ **Email:** _____

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

Employer: _____ **Phone:** _____

ADDITIONAL EMERGENCY CONTACTS

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

Name *Relationship to Student*

Phone Number: _____ **Alternate Phone Number:** _____

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

Name *Relationship to Student*

Phone Number: _____ **Alternate Phone Number:** _____

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

Name *Relationship to Student*

Phone Number: _____ **Alternate Phone Number:** _____

SIBLING INFORMATION

Name (Last First) *Grade* *Name (Last First)* *Grade*

Name (Last First) *Grade* *Name (Last First)* *Grade*

Name (Last First) *Grade* *Name (Last First)* *Grade*



STUDENT RACE AND ETHNICITY FORM

Students 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 students 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 note – if you choose 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.

ETHNICITY/RACE – Select ALL that apply

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.)
- North American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America including Central America, and who maintains a tribal 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.)

Completed by (please check one): Parent: Observed Student (self)

Date: _____

STUDENT SERVICES INFORMATION FORM

Student Name: _____ **Date of Birth:** _____
Last First Middle

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 their withdrawal? Yes/No

6. Was your child receiving ELL (English Language Learners), ESL (English as a Second Language) services at their last school at the time of withdrawal?

7. Has your child (grades 7 – 12 only) been expelled from a public or private school? Yes/No

If yes, please explain below:



POLICY AND PERMISSION FORM

Student Name: _____ **Grade:** _____

Last First Middle

This form will be signed 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 technology use Notification.
- I have received a copy of the Notification Rights under FERPA.

If you have not been informed of any of the above policies please contact your child's school:

PARENTS: Please check any restrictions you would prefer on your child's information and 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's, name, address, and/or phone number.
- DO NOT allow my child to attend field trips.

Parent/Guardian Signature

Date: _____



HOME LANGUAGE SURVEY

Our school along with the Idaho State Department of Education and the Office of 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 this form. Your responses will become part of the district's official documentation of language assessments.

STUDENT INFORMATION

Student's Name: (Please print) _____

Last First Middle

Grade: _____ Date of Birth: (mm/dd/yy) _____

Birth Country: _____ U.S. Entry Date: (mm/dd/yy) _____

City State Country

1. What language(s) are spoken in the home? _____
2. What language(s) does your child speak most often? _____
3. What language(s) did your child learn first? _____
4. Which language does your child speak with you? _____
5. Which language(s) do you use when speaking with your child? _____
6. Which language(s) 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? _____

Date: _____

Parent/Guardian Signature



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.

Student's Name: _____ Date of Birth _____ Age: _____

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

SECTION A	SECTION B
<ul style="list-style-type: none"> <input type="radio"/> In a shelter, transitional housing or awaiting foster care <input type="radio"/> With more than one family in a house or apartment due to loss of housing or economic hardship <input type="radio"/> In a temporary trailer, campground, park or car <input type="radio"/> In a hotel or motel <p>CONTINUE: If you checked a box in Section A, complete the remainder of this form</p>	<ul style="list-style-type: none"> <input type="radio"/> Choices in Section A do not apply <p align="center"><u>STOP</u></p> <p align="center"><u>If you checked this section, you do NOT need to complete the remainder of this form.</u></p>

CONTINUE ONLY: If you checked a box in Section A, complete question 2, sign the form and give it to school personnel.

2. The student lives with: 1 parent 2 parents 1 parent & another adult a relative, friend(s) or other adult(s)
 alone with no adults an adult that is not the parent of the legal guardian

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

Address _____ Zip _____ Phone _____

In the past three years has your family lived in another school district? This includes other school districts in Idaho or another state of country. _____

Signature of Parent/Guardian: _____ Date _____

School Use Only – Campus Administrator’s 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:



STUDENT HEALTH INFORMATION FORM

Student's Name: _____ Date of Birth _____ Grade: _____

Parents/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 the student but is otherwise kept confidential.

Has your child ever been diagnosed with?

Diabetes Yes No Insulin Snacks Symptoms _____

Insulin Resistance Yes No Symptoms _____

Asthma Yes No (medications, symptoms, triggers) _____

Kidney or Urinary problems Yes No Symptoms _____

Heart Condition Yes No _____

Seizure Disorder Yes No (medications, symptoms, last seizure) _____

Concussion/Severe blow to the head Yes No When Occurred?

Allergies Yes No (Symptoms, triggers, medications) _____

Chicken Pox Yes No Date: _____

ADD/ADHD Yes No

Bi Polar/Depression Yes No

Has your child had surgery or been in the hospital recently? Yes No When: _____

Does your child take medications Yes No Please list _____

Please circle the medications the school is allowed to provide your student: Advil Tylenol Tums CoughDrop

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

Date: _____

Parent/Guardian Signature



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:**

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

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

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

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:**

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

Principal/Administrator: I support and encourage student/parent/teacher compacts and Partnerships. **I will:**

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

