



SABIS[®] International School
Phoenix - Arizona, USA

| | |
|---------------|-------|
| Student # | _____ |
| Parent # | _____ |
| SAIS # | _____ |
| Academic Year | _____ |

STUDENT INFORMATION:

Name: First _____ Middle _____ Last _____ Female Male
 Was the child previously enrolled at SABIS[®] International School? Yes No If yes when _____
 Date of birth ____/____/____ Place of birth _____ Country of birth _____
 Applicants Home Address: _____ Phone number _____
 City _____ State _____ Zip code _____ Social Security Number ____ - ____ - ____
 Enrollment for: Immediate Fall Spring Grade applying for: _____ Childs age: _____
 Present grade: _____ Present school: _____ School District: _____
 Has student ever been on Special Education? No Yes If yes what type of program: _____
 Has the student ever been suspended? No Yes if yes please explain: _____
 Has the student ever been expelled? No Yes if yes please explain: _____
 Is there a custody issue we should know about? No Yes if yes please explain: _____

Student Language Assessment

What is the primary language used in the home regardless of the language spoken by the student? _____
 What is the language most spoken by the student? _____
 What is the language that the student first acquired? _____
 Has the student been in the ELL program? No Yes if yes when _____

If yes, please provide a copy the most recent ELL test results to our school

STUDENT ETHNIC INFORMATION: Please answer **BOTH PART A & PART B** as required by the Federal Government

Part A: Is this student Hispanic/Latino? (Choose only one) Yes, Hispanic/Latino (A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race) No, not Hispanic/Latino
 Part B: What is the student's race?
 America Indian or Alaskan native Native Hawaiian or other Pacific Islander
 Asian Black or African American White

Do you have other children presently attending SABIS[®]

Name: _____ Grade _____ Name: _____ Grade _____ Name _____ Grade _____

PARENT/GUARDIAN INFORMATION:

Parent(s) Martial Status Single Married Separated Divorced Child lives with _____
 If divorced or separated, does the father/mother have permission to sign the child out of school? Yes No
 If "No" is marked, please provide court documentation and give name _____

Mr. Mrs. Ms. _____ Relationship to student: _____
Parent/ Guardian full name

Home address _____ City _____ State _____ Zip Code _____
 Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____

Mr. Mrs. Ms. _____ Relationship to student: _____
Parent/ Guardian full name

Home address _____ City _____ State _____ Zip Code _____
 Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____

Parent/Guardian Signature _____

Date _____

For Office use only: Date received _____ By: _____ Date entered _____ By: _____



STUDENT/PARENT INFORMATION

Student Name: _____ Grade: _____

Mother/Guardian: _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone # () _____ Work # () _____ Cell # () _____

Father/Guardian: _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone # () _____ Work # () _____ Cell # () _____

(A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. The documentation required by (A.R.S. § 15-802(B) must be provided each time a student enrolls in a school in this state, and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the schools' records retention schedule.

Please indicate how your child will arrive to and be picked up from school:

- Personal transportation () parent/guardian
- Public Transportation () supervised () unsupervised
- Walking () supervised () unsupervised
- Other _____
- Carpool-with whom? _____ please, provide phone number () _____

Please list the people who are authorized to pick up your child: All people picking up students MUST bring picture I.D. (people authorize to pick up child must be 18 years old) we do not release students after 2:45 p.m. without a doctor's note

1. Name _____ Relationship to the student _____

Phone #: Home () _____ Cell () _____ Work () _____

2. Name _____ Relationship to the student _____

Phone #: Home () _____ Cell () _____ Work () _____

3. Name _____ Relationship to the student _____

Phone #: Home () _____ Cell () _____ Work () _____

Parent/Guardian Signature _____ Date _____

The above information will be updated/change only if the Parent/Guardia Signature matches what we have on file.

- if the custodial information has changed, mark and initial the box and provide Court Documents.

FOR OFFICE USE ONLY:

This form is: New Update/replaces last form Adds new information only

Date Received _____ Initials _____ Date entered _____ Initials _____

SABIS® International School Registration Form
1903 E. Roeser Rd, Phoenix, AZ 85040

School Year _____

Student Name:

First: _____ Middle: _____ Last: _____

Date of Birth (mm/dd/yyyy):

Entering Grade Level:

Last School of Attendance:

School Name: _____ City: _____ State: _____

Special Education Category & Service Type (if applicable):

English Language Learner (if applicable):

Parent Guardian Information:

First: _____ Middle: _____ Last: _____

Street: _____ Apartment/Suite _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Other Number: (____) _____

Parent/Guardian(s) Signature:

_____ Date: _____



Family/Health/Emergency Information

Student Name _____ Entering Grade _____

Parent/Legal Guardian's Name _____

Who should be contacted in case of emergency in which parent/legal guardian are unavailable?

Name: _____

Relationship to child _____ Phone: _____

Other: _____

Name: _____

Relationship to child _____ Phone: _____

Other: _____

Is there any additional information we should know about your family? _____

Does your child have any allergies or medical conditions (circle) Yes/No

If Yes please list symptoms: _____

Does your child have any food allergies (circle) Yes/No

If Yes please list: _____

Does your child take any medications? (circle) Yes/No

If Yes please list: _____

All medications must be kept with and administered by the school nurse with a parental note or written doctor's orders. No child will be allowed to carry or administer his/hers own medication. A copy of a physical exam taken in the past year must be kept on record at the school health office.

Doctor: _____ Phone: _____

Address: _____

Preferred Hospital: _____

Is your child covered by medical insurance (circle) Yes/No?

If Yes, please list. Insurance carrier _____ Policy # _____



Food allergies

Student Name: _____ Grade/section_____

Parent/Guardian Name: _____

Please write all food allergies:

Please list any foods your child is not allowed to eat:

If you have any concerns please call at 602-305-8865 ext. 132

Alergias de comida

Nombre del estudiante: _____ Grado/seccion_____

Nombre de padre/madre/guardian: _____

Favor de escribir todas las comidad que le dan alergias:

Favor de escribir que comidas su hijo/a no puede comer:

Si tiene una pregunta favor de llamar al 602-305-8865 ext.132

Food Service Manager

Ms. Rosa Ochoa



Student Name: _____

Grade: _____

PERMISSION TO USE STUDENT PHOTOGRAPHS

SABIS® International school has my permission to use photographs of the above-named student for marketing purpose. Such photographs may appear in newspapers, magazines, brochures, slide shows, or other publicity materials without any compensation.

- YES**, my child can be photographed.
 NO, my child may **not** be photographed.

Parent signature

Date

FIELD TRIP AUTHORIZATION FORM

The above-named student has my permission to go on field trips and other out of school activities that are planned by SABIS® International School. SABIS® will provide adequate adult supervision for field trips and out of activities. A permission form will be sent home if your child will participate on a field trip or out of school activities.

Parent 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.

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 _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____ Phoenix Education Management _____

School _____ SABIS® INTERNATIONAL _____

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.



SABIS[®] International School
Phoenix - Arizona, USA

Dear Parents and Guardians:

Thank you for choosing to enroll your child at SABIS[®] International School. Please take a moment to complete this brief survey and return it to the front office as soon as possible. The purpose of the survey is to help us determine if your child is eligible for extra services.

Student Name: _____

Date of Birth: _____

Legal Guardian: _____

Student Grade: _____

Address: _____

Phone: _____

Please mark the space next to the item that most closely represents your student's current living situation:

- Resides in a house, apartment, townhome, condominium, or trailer that is owned or rented by parent/guardian
- Staying in a motel or hotel
- Emergency or transitional shelter
- Foster Care Placement
- Not in the physical custody of a parent or guardian
- Staying in a public space such as a car, bus or train station, abandoned building or park
- Staying with relatives or another family (other than parent / guardian)

If you have questions about this form or if your child's living situation changes during the school year, please contact the school social worker, Maribel Gamboa, immediately at 602-305-8865 x 103.

Parent Signature

Date



Arizona Department of Education
Arizona Residency Guidelines
9/22/11

INTRODUCTION

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education ("Department") is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils. The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency status may be required to repay the state aid received for that student.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent/legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

1. **Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid United States passport
- Property deed



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School SABIS® International School

School District or Charter Holder Phoenix Education Management

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

Contract of Responsibilities

Parent/Guardian

As a parent/guardian of _____, a student attending SABIS® International School, I acknowledge and agree to the following statements:

I affirm that the school's staff/administrators have thoroughly explained the SABIS® philosophy of education, including the school's college preparatory mission, rigorous academic program, and high behavioral expectations, and that they have answered all of my questions regarding the educational program. The school's program and methodologies have been explained to me, including the SABIS® Point System™, the SABIS Student Life Organization®, the SABIS® Academic Monitoring System™ of frequent testing, pacing charts, Intensives, and use of the SABIS® curriculum.

I understand that grade-level placement is a function of a series of tests that determines student academic attainment and identifies pre-existing academic gaps and that students, while admitted, are not necessarily placed in a grade level of their choice.

I do understand that once there are more applicants than available places, an open lottery will be conducted in compliance with state and federal law and regulation.

I exercised my free choice to enroll my child in this charter school. I, therefore, believe in the school's mission, its strong emphasis on academic mastery, its rejection of the practice of "social promotion", its insistence on high academic and behavioral expectations for all students, its emphasis on maintaining a clean, safe, and orderly environment, and its firm, low-tolerance for disruptive behavior or bullying. I will cooperate with the school to maintain these high standards.

A safe, serious, and orderly school environment is essential in order for my child and his/her classmates to achieve academic success. The right of all students to pursue their education in a classroom environment that is free from disruptive behavior is a very basic student right. I will insist that my child adhere fully to the school's code of conduct, including treating fellow students and staff with respect, and therefore, I will support the school's commitment to a high standard of behavior. I acknowledge that my child may be suspended or expelled (in compliance with state and federal law and regulation) from this school of choice if s/he violates the school's rules and policies. I will read, sign, and abide by the school's policies as outlined in the school's handbook and as adopted from time to time by the Board of Trustees and/or the school's administration.

I will make sure my child arrives at school on time because I recognize that consistent school attendance is directly related to the academic success of my child. Furthermore, I will make sure my child is in compliance with the school's dress code and attends all of his/her classes prepared to work and learn. I also recognize that there are consequences for failure to adhere to the school's strict rules and policies.

I will promote responsible homework habits for my child by providing a specific time, materials, and a quiet place for homework and study.

I will make myself available, whenever requested, in order to meet with the school administration about my child's progress, and if for some reason I am unable to attend, I will be available by telephone or by email. In addition, I will be an active partner with the school in my child's education by committing to participate in parent-teacher conferences.

I will respond promptly to school communications, e.g. permission slips, surveys, phone calls, etc. and will immediately provide updated emergency contact information.

I accept accountability as a parent/guardian of a child attending this charter school by accepting responsibility for my actions.

I fully understand and accept the philosophy of SABIS® International School. Given that I place a high value on an excellent educational experience for my child and that I realize the importance of a safe, effective and rigorous school for my child and my community, and that I recognize my own responsibility to help make the school a success, I hereby accept the statements of parental responsibilities listed above.

Print Name: _____ Signature: _____ Date: _____

Note: This charter school is a school of choice. This means that no child is "assigned" to attend this school. As such, a parent's affirmative act of choosing to send a child to this school is seen as an acknowledgement that s/he not only understands this school's unique mission, its rigorous academic standards, and its high behavioral expectations, but also embraces its philosophy. Charter schools cannot and should not be all things to all people, schools that try to, usually fail. Instead, this charter school will remain true to its college-preparatory mission. To achieve its mission, it will not compromise and will place a heavy focus on high discipline and academic standards; it will set high expectations for students, staff, and parents; and it will fully implement the proven SABIS® system of instruction.



RECORDS REQUEST DEPARTMENT

Name of student _____ Grade _____ Date of birth _____

School/Person requesting _____ Date _____

- | | |
|---|---|
| <input type="checkbox"/> Health/Medical Records | <input type="checkbox"/> Withdrawal Form |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Last Report Card |
| <input type="checkbox"/> IEP Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> AZELLA Reports (please forward most recent reports) | |

Has the child ever had Special Education Plan? Yes No

If yes, please send the following data:

- MET Summary Report(s)
- Psycho-Educational Evaluations Report(s)
- Speech and Language Evaluations
- Individualized Education Plan (current and past)
- IEP Progress Reports
- Vision and Hearing Screenings

Name and address of last school attended (please fill out completely)

Name of school _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Number (____) _____ Fax Number (____) _____

Authorized Signature _____ Date _____

As per ARS 15-828, Arizona schools have 10 days from the receipt of a request to forward student to the requesting school. If you are not an Arizona school we would appreciate a timely response to our request. We are in need of the records as they contain vital information to their academic achievement.

| | | | |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| For SABIS office use only: | 1 st Request _____ | 2 nd Request _____ | 3 rd request _____ |
| Records Received by: _____ Date _____ | | | |

Please send records to: