

**CHILD'S FULL NAME** \_\_\_\_\_

**ENTRY DATE** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OSBORN?** \_\_\_\_\_

Thank you for choosing an Osborn education for your child. Please fill in the form completely, print, and return to the Osborn school of your choice. Please note that you will only be able to save the information input into this form if you select the 'save as' or 'save a copy' options on your computer. If you have multiple children, complete the form first, print, and then select the 'Reset form for multiple children' button at the end of the form. Scroll to beginning of document and fill in the form for the additional child, print and remove pages 6-8 (Kindergarten Questionnaire) if the additional child is not in Kindergarten.

## Osborn School District #8

### **KINDERGARTEN REGISTRATION PACKET**

- Gradual Entry Information
- Registration Form
- Home Language Survey
- Kindergarten Questionnaire (very important for teachers)
- Technology Student Agreement (valid for the entire time student is at Osborn)
- Fieldtrip & Photo Permission Form (valid for the entire time student is at Osborn)
- Activity Fee Information
- Health Information Sheet
- Over the Counter Medication Consent
- McKinney-Vento Process
- McKinney-Vento Application
- Open Enrollment Application (please fill this out in case you move during the year)
- Out of District Agreement (see above)
- Free/ Reduced Meal Application (available after July 1- Please call 602-707-2021 to have an application sent to your home.)

# IMPORTANT!!

## KINDERGARTEN GRADUAL ENTRY SCHEDULE

The following schedule will be in effect for the first week-and-a-half of school for KINDERGARTEN STUDENTS ONLY to help them have an easy and more successful entry experience into school.

### 2010-2011

Wednesday, August **XX** - Friday, August **XX**  
8:00 a.m. to Noon  
(Children **WILL** stay through lunchtime)

Monday, August **XX** **BEGINS** regular full-day Kindergarten schedule

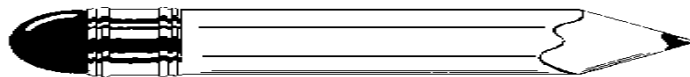
**FULL DAY SESSION** - 8:00 a.m. to 2:15 p.m.

**PLEASE NOTE: THE 2010-2011 CALENDAR WILL BE FINALIZED IN MID MARCH. CALL YOUR SCHOOL FOR DATES AT THAT TIME. WE APOLOGIZE FOR ANY INCONVENIENCE.**



## OSBORN DISTRICT SCHOOLS

<b>Encanto School</b> 1420 W. Osborn Road Office: 707-2300 Principal: Michael Robert	<b>Longview School</b> 1209 E. Indian School Road Office: 707-2700 Principal: Leslie Beauchamp
<b>Montecito Community School</b> 715 E. Montecito Office: 707-2500 Principal: Maria O'Malley	<b>Solano School</b> 1526 W. Missouri Avenue Office: 707-2600 Principal: Karen Epps



**FOR OFFICE USE ONLY**

Grade \_\_\_\_\_ Entry Date \_\_\_\_\_ Entry Code \_\_\_\_\_ Res. Code \_\_\_\_\_ School: CL ENC LV MCS OMS SOL  
 Teacher \_\_\_\_\_ Student ID # \_\_\_\_\_ SAIS # \_\_\_\_\_ Input Date: \_\_\_\_\_

**OSBORN SCHOOL DISTRICT  
 PUPIL REGISTRATION FORM**

Imm.  Parent ID  BC

**CHILD**

Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M  F   
Last First Middle  
 Address & Apt. # \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Email \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Country of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

**MOTHER or  
 GUARDIAN**

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

**FATHER or  
 GUARDIAN**

Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

**BROTHER  
 & SISTERS  
 in HOME**

NAME	AGE	SCHOOL	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONS AUTHORIZED TO PICKUP CHILD (other than Parents)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Transportation: Bus Stop: \_\_\_\_\_ Bus # \_\_\_\_\_

Walker  Pick up  Champions Program  After School Program  Daycare

**EDUCATIONAL HISTORY**

Has child previously attended any Osborn Schools?  
 Yes  No  School \_\_\_\_\_ Grade \_\_\_\_\_  
 Name of last school attended: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_

The following information is requested for federal surveys

**Ethnicity:** Hispanic/Latino: Yes  No

**Race:** Please choose one or more of the following:

White  Black or African American  Asian

Native Hawaiian or other Pacific Islander

American or Alaskan Native  Tribe: \_\_\_\_\_

What is the PRIMARY language of the student?  
 \_\_\_\_\_

What is language MOST OFTEN spoken in the home?  
 \_\_\_\_\_

What is the language FIRST SPOKEN by the student?  
 \_\_\_\_\_

Check any of these programs/services child has previously received: Title I  Gifted  SEI

Dual Language or Bilingual  Indian Education

**SPECIAL EDUCATION:** Yes  No

ED  Speech  LD  MR

Hearing  Other: \_\_\_\_\_

Signature of Person Enrolling Student \_\_\_\_\_ Date \_\_\_\_\_

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



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**

This question is in compliance with A.R.S. §15-756. *Identification of English Language Learners*

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

**“What is the primary language of the student?”**

**Language:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(For Office Use Only)

**Student ID:** \_\_\_\_\_

**SAIS ID:**

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**OSBORN SCHOOL DISTRICT NO. 8  
Phoenix, Arizona**

**KINDERGARTEN QUESTIONNAIRE**

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

**FAMILY BACKGROUND**

Child's full name \_\_\_\_\_ Name to be used in school \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Current marital status of child's parents: \_\_\_\_\_

Who has the child been living with for most of the past year? \_\_\_\_\_

<u>Other children in Family</u>	<u>Age</u>	<u>School</u>	<u>Grade Level</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has there been a divorce, death or illness in the family, which might affect your child? \_\_\_\_\_

**SOCIAL EXPERIENCES**

Check the places your child has visited:

- |  |                                  |                                    |                                    |
|--|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> grocery store | <input type="checkbox"/> library | <input type="checkbox"/> mountains | <input type="checkbox"/> fair      |
| <input type="checkbox"/> airport       | <input type="checkbox"/> museum  | <input type="checkbox"/> downtown  | <input type="checkbox"/> your work |
| <input type="checkbox"/> zoo           | <input type="checkbox"/> circus  | <input type="checkbox"/> ocean     | <input type="checkbox"/> farm      |

Where has your child traveled? \_\_\_\_\_

How has your child traveled? \_\_\_\_\_

Has your child attended pre-school?  Yes  No Where? \_\_\_\_\_

Does your child play quietly or actively? \_\_\_\_\_

Who does your child play with?

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> alone               | <input type="checkbox"/> with children of same age | <input type="checkbox"/> with boys  |
| <input type="checkbox"/> with other children | <input type="checkbox"/> with younger children     | <input type="checkbox"/> with girls |

Is your child a leader or a follower? \_\_\_\_\_

What activities does your child enjoy outdoors? \_\_\_\_\_

What family activities do you and your child do together? \_\_\_\_\_

Does your child enjoy watching TV? \_\_\_\_\_ How many hours per day? \_\_\_\_\_ What programs are his/her favorite? \_\_\_\_\_

What activities does your child enjoy indoors? \_\_\_\_\_

Does your child enjoy books? \_\_\_\_\_ Have a library card? \_\_\_\_\_ Do you read to your child? \_\_\_\_\_

How often? \_\_\_\_\_

Is your child able to remember songs or rhymes? \_\_\_\_\_ Has your child had experience with paints and crayons? \_\_\_\_\_ Does your child pick the clothes he/she wears? \_\_\_\_\_

Do you celebrate birthdays in your home? \_\_\_\_\_ (If not, please explain) \_\_\_\_\_

## **DEVELOPMENT**

Does your child have any health problems the school nurse should know of? \_\_\_\_\_ If so, what? \_\_\_\_\_

Is your child allergic to any food? \_\_\_\_\_

Was your child premature? \_\_\_\_\_

Did the baby stay longer in the hospital than the mother? \_\_\_\_\_

Does your child wear glasses or a hearing aid? \_\_\_\_\_

Has your child had frequent ear infections? \_\_\_\_\_

At what age did he/she: walk alone \_\_\_\_\_ talk in sentences \_\_\_\_\_

Is your child right or left-handed? \_\_\_\_\_

Please check the items your child can do:

- |  |                                  |                                |  |
|--|----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Dresses self  | <input type="checkbox"/> Buttons | <input type="checkbox"/> Hops  | <input type="checkbox"/> Fastens         |
| <input type="checkbox"/> Knows address | <input type="checkbox"/> Zip     | <input type="checkbox"/> Skips | <input type="checkbox"/> Uses scissors   |
| <input type="checkbox"/> Knows phone # | <input type="checkbox"/> Ties    | <input type="checkbox"/> Snaps | <input type="checkbox"/> Prints 1st name |

Is your child aware of dangers such as fire, electricity, traffic and strangers? \_\_\_\_\_

Is your child able to be in a new or strange situation without an undue show of fear? \_\_\_\_\_

What kind of problems do you have most often with your child? \_\_\_\_\_

For what behavior is your child most often punished? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

How do you expect your child to behave in school? \_\_\_\_\_

How do you expect your child to be disciplined in school? \_\_\_\_\_

Can your child care for his/her own toilet needs? \_\_\_\_\_

Check what applies to your child:

Cries easily

Fearful in new situations

Eating problems

Sleeping problems

Doesn't share

Describe your child \_\_\_\_\_

What do you enjoy most about your child? \_\_\_\_\_

**SCHOOL ADJUSTMENT**

Is your child able to sit still and listen to a story? \_\_\_\_\_

Does your child listen and not interrupt? \_\_\_\_\_

Is your child able to share/take turns? \_\_\_\_\_

Will your child find his/her way home from bus stop? \_\_\_\_\_

What else would you like your child's teacher to know about your child? \_\_\_\_\_

**\*\*\*\*\* Can you volunteer? \*\*\*\*\***

Are you interested in helping in the classroom? \_\_\_\_\_

If yes, what day is best for you? \_\_\_\_\_ Best time? \_\_\_\_\_

Are you interested in occasionally sending a food ingredient for the class cooking/art program?

When is the best time to meet with you? Mom \_\_\_\_\_ Dad \_\_\_\_\_

**PLEASE REMEMBER:** You are welcome to call or visit whenever you please! We encourage you to contact your child's teacher to discuss anything you think may have an impact on your child.

# Osborn School District Student Technology Agreement

The terms of this agreement shall be in effect the entire time the student is enrolled in the Osborn School District.

All students of the Osborn School District shall use district-supplied technology in accordance with the following acceptable terms and conditions.

## Terms and Conditions

**Acceptable Use.** Each user must:

1. Use **internal and external computer resources including Internet access** to support personal education objectives consistent with the educational goals and objectives of the School District.
2. Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually orientated, threatening, racially offensive, or illegal material.
3. Abide by all copyright and trademark laws and regulations.
4. Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
5. Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school-employed persons.
6. Not intentionally use the network in a way that would disrupt the use of the network by others.
7. Follow the District's code of conduct and abide by policies and procedures.
8. Not attempt to harm, modify, add or destroy software or hardware nor interfere with system security.

**Personal Responsibility.** I will report any misuse of computers and/or network resources to my teacher.

**Network Etiquette.** I am expected to abide by the generally acceptable rule of network etiquette. Therefore I will:

- **Be polite and use appropriate language.** I will not send, or encourage others to send, abusive messages.
- **Respect Privacy.** I will not reveal home addresses, personal phone numbers or personally identifiable information.
- **Avoid Disruptions.** I will not intentionally use the network in any way that would disrupt use of the system by other.

Student Name: \_\_\_\_\_  
(Please print)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Teacher Name: \_\_\_\_\_

**OSBORN SCHOOL DISTRICT NO. 8**

The terms of the Field Trip and Photo Permission forms shall be in effect the entire time the student is enrolled in the Osborn School District.

**Field Trip Permission Form**

As part of your child’s curriculum, there may be field trips throughout the year. Some of these trips will be walking, and others will utilize busses (school and commercial.) School rules require you, as the parent/guardian, to sign a permission slip for each child before they are allowed to go on any trip.

Yes  No

I give permission for (child’s name) \_\_\_\_\_ to take school sponsored field trips. I understand that the district will take reasonable steps to ensure my child’s safety, but that the District cannot eliminate all risks that may be associated with a school sponsored activity. I understand that if I do not want my child to participate in any particular field trip, I will notify the school in writing.

\_\_\_\_\_  
Print Name

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

**Photo Permission Form**

During the course of the year, opportunities arise to photograph or film students participating in interesting, educational and fun activities or contests at each school. These pictures could be used in school newsletters, the district newsletter, on the website, in teacher training and in the newspaper or on TV. Your child’s name may be used to identify the student pictured.

Yes  No

My child \_\_\_\_\_ may be photographed or filmed for publicity purposes and my child’s name may be used.

\_\_\_\_\_  
Print Name

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

## STATE REQUIRED ACTIVITY FEE

Dear Parent/Guardian:

The Governing Board is required by the State to set a fee for all extra activities and agreed on a nominal \$1.00 participation fee per student for ALL activities for ALL school year. ADDITIONAL FEES MAY BE CHARGED FOR SPECIAL ACTIVITIES SUCH AS FIELD TRIPS WHEN THERE ARE INSUFFICIENT TUITION TAX CREDIT DOLLARS AVAILABLE.

However, no student will be excluded from any extracurricular, co-curricular activity or program due to an inability to pay. If this creates any undue financial hardship, please check below for a waiver.

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PLEASE PRINT LEGIBLY  
(Please complete one form per child)  
**RETURN THIS WITH THE \$1.00 TO YOUR CHILD'S TEACHER**

Teacher's Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_  I would like this fee waived due to a financial hardship.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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Estimados Padres de Familia:

**La mesa directiva llegó a un acuerdo de cobrar una cuota nominal de un \$1.00 por estudiante por todas las actividades durante el año escolar. CUANDO NO HAY SUFICIENTES DOLARES DISPONIBLES DEL CREDITO DE IMPUESTOS, PUEDA SER QUE LA ESCUELA COBRARÁ PAGOS ADICIONALES PARA ACTIVIDADES ESPECIALES, TAL COMO EXCURSIONES.**

De cualquier manera, ningún estudiante será excluido de ninguna actividad o programa extracurricular o co-curricular debido a no poder pagar la cuota de un \$1.00. Si esto le crea una condición de finanzas dificultosa, por favor anote abajo de éste pagina que no puede pagar.

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POR FAVOR ESCRIBE LEGIBLE  
(Por favor llene una forma para cada estudiante)  
REGRESE ESTA FORMA AL MAESTRO(A) DE SU HIJO(A)

Nombre del Maestro(a): \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

Cuota Pagada: \$ \_\_\_\_\_  Marque aquí se no puede pagar la cuota.

\_\_\_\_\_  
Firma del Padre o Guardián

\_\_\_\_\_  
Fecha

# HEALTH INFORMATION SHEET

## CONSENT TO EMERGENCY TREATMENT

CHILD'S NAME: \_\_\_\_\_

In the event of an emergency, I hereby grant permission for emergency treatment and/or hospital service under the general or specific instruction of Dr. \_\_\_\_\_

Phone number \_\_\_\_\_, or any other hospital department physician.

\_\_\_\_\_  
Signature of Parent/Legal Guardian      Date

## **MEDICAL HISTORY:**

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

Asthma/Respiratory Disease       Heart Condition

Convulsive Disorders       Rheumatic      Fever

Physical Handicaps

ALLERGIES: \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

TEACHER: \_\_\_\_\_

## EMERGENCY PHONE NUMBERS

MOTHER'S NAME: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

In the event neither parent can be reached call:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

## INSURANCE INFORMATION - **Check One**

I have AHCCCS Plan \_\_\_\_\_

I have personal insurance that covers my child.

\_\_\_\_\_  
Name of Insurance Company

I am participating in the Osborn Health Partnership School Clinic.

I have taken school offered insurance for my child.

I do not have school insurance nor personal insurance that covers my child. I understand that I am responsible and liable for any costs incurred by my child while participating in school activities.

## PARENT CONSENT FOR GIVING OVER-THE-COUNTER MEDICATION AT SCHOOL

Dear Parent:

Your child may occasionally need medication during the school day. For these occasions we must have written parental permission. Each school nurse maintains a limited supply of over-the-counter medications (may be generic brand) for student use, however, parents are requested to supply over-the-counter medications for their child if the medication needs to be used for an extended time or for a chronic condition. The medication must be in the original container with all warnings and directions clearly visible. The school nurse will attempt alternate methods of care or treatment before using over-the-counter medications.

Please complete the form below and return it to the school nurse if you want your child to receive any of the medications listed below during the school day.

Name of Student: \_\_\_\_\_

**List all known MEDICATION ALLERGIES for the student. If there are none, write, "I am not aware of any allergies to medications".**

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

My child may receive the medication(s) marked **YES** below:

MEDICATION	YES	NO
Acetaminophen (Tylenol)		
Robitussin/Robitussin DM		
Triple Antibiotic Cream (First Aid)		
Hydrogen Peroxide (First Aid)		
Chloraseptic Spray (Sore Throat)		
Anbesol (Tooth Ache)		
Tums (Upset Stomach)		
Caladryl (Skin Itching)		
Tea Tree Oil (First Aid)		
Tinactin (Ringworm)		
Burn Gel (Minor Burns)		

I authorize the school nurse/health assistant or designee to be my agent to give the medication(s) checked above to my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number



An Osborn Education<sup>SM</sup>

Osborn School District #8 ♦ 1226 West Osborn Road ♦ Phoenix, AZ 85013 ♦ (602) 707-2000 ♦ [www.OsbornSchools.org](http://www.OsbornSchools.org)

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If due to a lack of housing, you must live in a shelter, motel, vehicle, or campground, on the street, in abandoned buildings or trailers, or doubled-up with relatives or friends, then according to the McKinney-Vento Act, you are considered homeless.

Your children have the right to:

- Go to school, no matter where you live or how long you have lived there.
- Continue in the school they last attended before you became homeless or the school they last attended, if that is your choice and is feasible.
- Receive transportation to the school they last attended before your family became homeless or the school they last attended, if you or a guardian requests such transportation.
- Attend a school and participate in school programs with children who are not homeless.
- Enroll in school without giving a permanent address.
- Enroll and attend classes while the school arranges for the transfer of school and immunization records or any other documents required for enrollment.
- Enroll and attend classes in the school of your choice even while the school and you seek to resolve a dispute over enrolling your child.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school and to school programs.

When you move, you should do the following:

- Contact the school district's local liaison for homeless education (see phone number below) for help in enrolling your child in a new school or arranging for your child to continue in his or her former school. (Or, someone at a shelter, social services office, or the school can direct you to the person you need to contact.)
- Contact the school and provide any information you think will assist the teachers in helping your child adjust to new circumstances.
- Ask the local liaison for homeless education, the shelter provider, or a social worker for assistance with clothing and supplies, if needed.

If you need further assistance, call the National Center for Homeless Education at the toll-free Help Line number: **1-800-308-2145** or go online at [www.serve.org/nche](http://www.serve.org/nche).

**Local Area Contacts: Osborn School District, 602-707-2566**

**State Coordinator: Frank Migali, 602-542-4963**

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Clarendon School  
1225 W. Clarendon  
Phoenix, AZ 85013  
(602) 707-2200  
FAX (602) 707-2240

Encanto School  
1420 W. Osborn Rd.  
Phoenix, AZ 85013  
(602) 707-2300  
FAX (602) 707-2340

Longview School  
1209 E. Indian School  
Phoenix, AZ 85014  
(602) 707-2700  
FAX (602) 707-2740

Montecito Com. Sch.  
715 E. Montecito  
Phoenix, AZ 85014  
(602) 707-2500  
FAX (602) 707-2540

Osborn Middle School  
1102 W. Highland  
Phoenix, AZ 85013  
(602) 707-2400  
FAX (602) 707-2440

Solano School  
1526 W. Missouri  
Phoenix, AZ 85015  
(602) 707-2600  
FAX (602) 707-2640





# An Osborn Education<sup>SM</sup>

Osborn School District #8 ♦ 1226 West Osborn Road ♦ Phoenix, AZ 85013 ♦ (602) 707-2000 ♦ [www.OsbornSchools.org](http://www.OsbornSchools.org)

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## OUT OF DISTRICT AGREEMENT

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

ID #: \_\_\_\_\_ School Year: 20\_\_ to 20\_\_

We understand that, in order to attend the Osborn School District, we must be at school on time and picked up on time; have no discipline or truancy problems and maintain passing grades. If we do not meet these requirements we will be asked to attend our home school. We understand that we are responsible for transportation. False information provided by parent may result in admission being rejected. Signatory affirms that the student will abide by the rules, standards and policies of the school and district.

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official's Signature

\_\_\_\_\_  
Date

\\Odoofs\district\Registration\Out of District Agreement.doc

Revised 2/10

Clarendon School 1225 W. Clarendon Phoenix, AZ 85013 (602) 707-2200 FAX (602) 707-2240	Encanto School 1420 W. Osborn Rd. Phoenix, AZ 85013 (602) 707-2300 FAX (602) 707-2340	Longview School 1209 E. Indian School Phoenix, AZ 85014 (602) 707-2700 FAX (602) 707-2740	Montecito Com. Sch. 715 E. Montecito Phoenix, AZ 85014 (602) 707-2500 FAX (602) 707-2540	Osborn Middle School 1102 W. Highland Phoenix, AZ 85013 (602) 707-2400 FAX (602) 707-2440	Solano School 1526 W. Missouri Phoenix, AZ 85015 (602) 707-2600 FAX (602) 707-2640
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# OPEN ENROLLMENT STUDENT ATTENDANCE APPLICATION

(District Policies JFAB/JFAB-R)

FILE THIS APPLICATION AT THE SCHOOL YOU WANT YOUR CHILD TO ATTEND.

Student's Name \_\_\_\_\_  
Last First Middle

Current grade \_\_\_\_\_ Birth date \_\_\_\_\_ Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

The above named student:  resides outside the School District  resides within the School District  
\*\*If student resides within the district, skip to bottom of form and sign.\*\*

Current School of Attendance: \_\_\_\_\_

District \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

REQUEST ENROLLMENT IN WHICH OSBORN SCHOOL? \_\_\_\_\_

Is the above-named child:

- |                              |                             |   |  |
|------------------------------|-----------------------------|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expelled from any school or district?                               |  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Currently being considered for expulsion from a school or district? |  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A  | In compliance with conditions imposed by a juvenile court?                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A  | In compliance with conditions of disciplinary action in any school/district? |

**Note:** The following conditions apply to the open-enrollment program:

1. An attendance application must be completed and submitted on or before May 1<sup>st</sup> when possible. (**Note: This is for returning out-of-district or out-of-boundary students.**)
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On or before June 15<sup>th</sup>, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.
4. APPLICATION ACCEPTANCE IS ON A YEAR-BY-YEAR BASIS.
5. Transportation for the student may be the responsibility of the parent or legal guardian
6. Providing false information on this form may result in the application being denied or admission being revoked.

The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

FOR DISTRICT USE ONLY – DO NOT WRITE BELOW THIS LINE

STUDENT NUMBER \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

Accepted  Placed on waiting list Principal \_\_\_\_\_

Rejected Reason for rejection \_\_\_\_\_

Date copies sent to applicant and Superintendent's office. \_\_\_\_\_