

  

# FOOTHILLS ACADEMY

COLLEGE PREPARATORY



PUTTING THE PIECES TOGETHER

FOR A SOLID EDUCATIONAL

FUTURE SINCE 1993



TUITION-FREE

HIGH TEST SCORES

AdvancED (NCA-CASI) ACCREDITED

GRADES 7-12



ENROLLMENT PACKET

# FOOTHILLS ACADEMY CONNECTED

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## FOOTHILLS ACADEMY CONNECTED

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*The personalized Online Learning Experience!*

Foothills Academy  
7191 East Ashler Hills Drive  
Scottsdale, AZ 85266  
Phone: 480.488.5583 | Fax: 480.488.6902  
<http://www.foothillsacademy.com/online-learning/>

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480.488.5583

## REQUIRED ENROLLMENT DOCUMENTS

The enrollment packet is considered complete once the following items have been received:

1. Completed Student Enrollment Form (Form #1, Page 1) *INCLUDING* parent/guardian *and* student signatures
2. Completed Parent/Guardian Questionnaire (Form #2, Page 2)
3. Completed Student Information Form (Form #3, Page 3 and 4)
4. Copy of Birth Certificate
5. Copy of current Immunization Record (including *most recent* updates)
6. Completed Arizona Residency Documentation Form and attached document of proof
7. Completed PHLOTE Home Language Survey Form
8. Copy of IEP/504 and Gifted documents, if applicable, and any documentation related to discipline and special education
9. Middle school students:\*\*
  - MOST RECENT report card
  - MOST RECENT standardized tests (AIMS/TerraNova/or equivalent)High school students\*\*
  - MOST RECENT report card
  - MOST RECENT high school transcript, including work in progress
  - MOST RECENT standardized tests (AIMS/TerraNova/PLAN/SAT/ACT or equivalent.)
10. Completed Assessment (to be scheduled by the front office)

Upon receipt of the first (9) nine items, a student will be scheduled for an assessment, which assists in determining the student's academic level. Once the assessment has been taken, the file is considered complete on that date and the student is ready for enrollment.

A completed Enrollment Packet does not guarantee enrollment. Space availability is limited based upon enrollment at each grade level and total school enrollment.

*\* It is the responsibility of the parent/guardian to make available for review by the administration, all required documents, including those relating to discipline and special education before enrollment can be confirmed. Enrollment may be voided if this information relevant to enrollment is not disclosed.*

*\*\*It is the responsibility of the parent/guardian to make sure the most current Report Card, high school Transcript and standardized test results as you receive them are sent to Foothills Academy.*

All materials should be mailed to:

Foothills Academy College Preparatory  
Office of Admissions  
7191 E. Ashler Hills Drive  
Scottsdale, AZ 85266  
Phone: 480-488-5583    Fax: 480-488-6902  
www.foothillsacademy.com

*Foothills Academy is a non-profit organization and does not discriminate on the basis of age, race, color, religion, national origin, gender, sexual orientation, or disability in the administration of its educational policies, admission policies, athletic and other programs administered by the school or in its hiring and employment practices.*

# FOOTHILLS ACADEMY CONNECTED Date Received \_\_\_\_\_

## 1. STUDENT ENROLLMENT FORM (The following information must be completed by Parent/Guardian)

Student Name:                      First                                      Middle                                      Last                                      Jr., II, III or IV

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Nickname: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

SS # \_\_\_\_\_ (optional)                      Enrolling in Grade Level: \_\_\_\_\_ For School Year: \_\_\_\_\_

Cohort Year: 20\_\_\_\_ (Normal graduation year based on the year of student's first entry into 9<sup>th</sup> grade)

Previous School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Special Ed: \_\_\_\_\_ 504: \_\_\_\_\_ IEP: \_\_\_\_\_ Gifted: \_\_\_\_\_ (Please include most recent copy of documentation)

Sex: circle M or F                      mo day year                      State of Birth:                      Country of Birth:                      Tribal Name (if applicable):

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check ETHNICITY (if Hispanic or Latino) and RACE**

ETHNICITY:  Is Hispanic or Latino                      RACE (please check all that apply):  American Indian or Alaskan Native;  Asian;  
 Black or African-American;  Native Hawaiian or Other Pacific Islander;  White

PLEASE ANSWER ALL 3 QUESTIONS: (State of Arizona requirement-AZ Admin Code R7-2-306(B)(1), (2)(a-c).)

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? \_\_\_\_\_

HOW DID YOU HEAR ABOUT FOOTHILLS ACADEMY? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION: (Legal custody confirmation required below)**

Relationship (Please circle)	Adult Name	Contact Priority	OK to Pick up	Legal Custody (Circle)	Lives With	Receives Mailings
Mother/Stepmother				Yes No		
Father/Stepfather				Yes No		
Guardian				Yes No		

Residence Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Mother/Stepmother

Cell Phone \_\_\_\_\_ Father/Stepfather

Email Address(es) Mother \_\_\_\_\_ Father \_\_\_\_\_

Place of Employment - Mother/Stepmother \_\_\_\_\_ Phone \_\_\_\_\_

- Father/Stepfather \_\_\_\_\_ Phone \_\_\_\_\_

(MUST HAVE PARENT/GUARDIAN SIGNATURE) \_\_\_\_\_ Date \_\_\_\_\_

**2. PARENT/GUARDIAN QUESTIONNAIRE**  
(PLEASE PRINT OR TYPE)

Student Name \_\_\_\_\_ Enrolling for Grade \_\_\_\_\_

Names and ages of all of student's siblings:

\_\_\_\_\_  
\_\_\_\_\_

Please relate anything about your son or daughter that you feel would give us insight into him or her as it would be relevant to the student's experience at Foothills Academy.

\_\_\_\_\_  
\_\_\_\_\_

What talents and energies do you feel you can contribute to Foothills Academy?

(Mother/Stepmother/Guardian) \_\_\_\_\_

\_\_\_\_\_  
Father/Stepfather/Guardian \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been expelled or received a long-term suspension?  Yes  No

Are there any suspensions or expulsions pending?  Yes  No (If so, please explain below)

\_\_\_\_\_

Did your child leave his/her previous school in good standing (academic, behavioral)?  Yes  No (if no, please explain)

\_\_\_\_\_

***It is the responsibility of the parent/guardian to make available for review by the administration, all required documents, including those relating to discipline and special education before enrollment can be confirmed. Enrollment may be voided if this information relevant to enrollment is not disclosed.***

Does your child have a health problem of which the school should be aware?  Yes  No (If yes, please explain)

\_\_\_\_\_

Has your son/daughter ever participated in a Special Education program?  Yes  No

If so, where? \_\_\_\_\_ Type of Program? \_\_\_\_\_

If your son/daughter has participated in a Special Education program, please include the **most current** copy of his/her IEP with this application. This information will be used for placement purposes only.

Has your son/daughter had a psycho educational evaluation in the past three years?  Yes  No

If so, when? \_\_\_\_\_

Please note: Students will not be denied admission to Foothills Academy based on this information.

**3. STUDENT INFORMATION FORM**

**STUDENT: PLEASE COMPLETE IN YOUR OWN HANDWRITING**

Student Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Gender \_\_\_\_\_ (M/F)      Date of Birth \_\_\_\_\_      State of Birth \_\_\_\_\_

Current Grade in School \_\_\_\_\_

Name of Present School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Telephone \_\_\_\_\_ Years Attended \_\_\_\_\_

Did you leave your previous school in good standing? (if no, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

List the names, addresses and years of other schools attended, if any.  
\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS:**

Please answer the following questions. You may attach additional sheets of paper if you need more space.

List your special interests (music, dance, sports, animals, books, etc.).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT INFORMATION FORM (continued)**

**STUDENT NAME** \_\_\_\_\_

List any honors, awards or achievements you have received or accomplished.

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Describe any work or volunteer experiences you have had.

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What did you do last summer?

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What skills or qualities do you have that you are most proud of?

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What do you see yourself doing as an adult?

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



Arizona Department of Education  
Arizona Residency Documentation Form

Student \_\_\_\_\_

School FOOTHILLS ACADEMY CONNECTED

School District or Charter Holder FOOTHILLS ACADEMY

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





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 \_\_\_\_\_

School \_\_\_\_\_

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 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.

## MEDICAL EMERGENCY FORM

**IMPORTANT: Please complete BOTH pages of this form and return it to the school office immediately.**

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

Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent Email Address \_\_\_\_\_

**IT MAY BE NECESSARY TO COMMUNICATE WITH A PARENT/GUARDIAN DURING THE SCHOOL DAY BECAUSE OF AN ACCIDENT OR SUDDEN ILLNESS OF A STUDENT. PLEASE COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
 Father's Name ( ) - ( ) - ( ) -  
Work Phone Home Phone Cell Phone

\_\_\_\_\_  
 Mother's Name ( ) - ( ) - ( ) -  
Work Phone Home Phone Cell Phone

\_\_\_\_\_  
 Family Physician Phone #

\_\_\_\_\_  
 Dentist Phone # Orthodontist Phone #

\_\_\_\_\_  
 Hospital Preference Phone #

**PLEASE GIVE NAMES OF TWO INDIVIDUALS RESIDING LOCALLY, WHO WILL ASSUME THE RESPONSIBILITY OF YOUR CHILD IN CASE OF AN ILLNESS OR ACCIDENT UNTIL YOU CAN BE REACHED.**

**PLEASE NOTIFY THESE INDIVIDUALS OF THESE ARRANGEMENTS. ANY CHANGES SHOULD BE GIVEN IN WRITING.**

1. \_\_\_\_\_ OK to pick up?  
Name Address ( ) ( ) Y/N  
Home Phone # Cell Phone #

2. \_\_\_\_\_ OK to pick up?  
Name Address ( ) ( ) Y/N  
Home Phone # Cell Phone #

Health Insurance Plan (i.e. Blue Cross, Kaiser, etc.) \_\_\_\_\_

Group/Policy Number \_\_\_\_\_

**IMPORTANT: YOU MUST COMPLETE THE INFORMATION ON THE NEXT PAGE OF THIS FORM AND SIGN AND DATE WHERE INDICATED.**

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of \_\_\_\_\_ a minor, I hereby authorize the Principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to initiate paramedic/ambulance care or transport for said minor and to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Foothills Academy, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all cost of paramedic/ambulance transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

I understand that Foothills Academy does not provide medical insurance for student injuries but does offer student accident/health insurance for voluntary purchase. Insurance information is available in the office upon request.

*If your child has an existing medical condition that requires daily medication, please label the medication with the student's name and clearly written instructions on how to administer and leave it with the school office personnel. This applies to medications for temporary health issues as well.*

My child is allergic to the following medications:	
Other medications used:	
I GRANT PERMISSION TO GIVE MY CHILD ACETAMINOPHEN (TYLENOL), IBUPROFEN (ADVIL), PEPTO BISMOL Yes ____ No ____	
My child has the following health concerns:	
My child wears: Contact Lenses ____ Eye Glasses ____ Hearing Aid ____	

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**“I will...”** [please read and mark (✓) each box ]

- consistently** make progress to accomplish my agreed-upon plan of course completion.
- daily** complete my online time log for all time spent on instructional activities, meeting an average weekly minimum of 30 hours per week.
- daily** check my email and respond immediately (if appropriate).
- abide by Foothills Academy’s ITS policy.
- practice academic integrity; submit only original work and practice proper citation.
- communicate as soon as possible with FA Connected staff (instructors and administrators) regarding any extended periods of inactivity (i.e., more than three consecutive weekdays).
- communicate with instructors according to required protocol (using email signature and polite, academically appropriate language).
- request, at least five days in advance of a course’s end date, an extension if needed by contacting the instructor.
- take FA 101 seriously, and complete and submit all assignments when expected.
- participate in preparation for state standardized tests.
- take all state standardized tests (required), which means attending FACP campus for specific days.
- participate in meetings with instructors or administrators (arrange for alternative if face-to-face is not possible, e.g., web-conference).
- attend and participate in on-site and off-site special activities (orientation, testing, vision/hearing screening, pictures, field trips, etc.)
- when requested, attend FACP campus for proctored tests.

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***I have read the above and understand what is expected of me. I agree to abide by the terms of this agreement.***

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***I have read and understand the above. I agree to support my child in upholding the terms.***

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***Student Name (PRINT CLEARLY)***

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***Parent/Guardian Name (PRINT CLEARLY)***

---

***Student Signature***

---

***Parent/ Guardian Signature***

---

***Date***

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***Date***

At Foothills Academy Connected (FAC), parent(s)/guardian(s) play a critical role in ensuring student success, achievement, and accountability. Parent(s)/guardian(s) of an enrolled student have the great responsibility of direct supervision and support of their child and his/her online education program. The following guidelines are designed for parents/guardians and school staff to work in partnership to promote a fulfilling and rewarding experience at FAC.

Parents/guardians of FA Connected students acknowledge their responsibility, which includes

- providing an environment appropriate and resources for student learning, with reliable access to sufficient technologies and additional learning materials, if applicable.
- planning a daily schedule enabling the student to meet the time and lessons requirements, and actively supporting the student to implement it.
- actively and consistently monitoring the overall progress of the student, and helping to ensure the student understands this in terms of his/her long-term goals.
- seeking input from instructors.
- providing assistance for the student who needs help beyond what the course and the instructor provide (this may mean engaging a tutor or learning coach).
- verifying that the student meets the average weekly minimum of 30 hours instructional time and records this in his/her FAC digital time log.\*
- notifying school officials with any status changes or requests for extended absences (non-activity).\*
- attending required school meetings or events.
- ensuring student attends state- or school-mandated assessments and participates in preparation.

\*Pursuant to A.R.S. §15-808.

*I have read and understand the Foothills Academy Connected Handbook and the responsibilities outlined in this document for parents/guardians. I understand that my student is registered in a full-time public school, which has specific rules and standards. With my signature below, I agree to abide by the terms of this acknowledgement.*

*One form must be completed per FA Connected student. If the child is in the custody of more than one parent/guardian or unit, a signature is required from each party.*

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*Student's Name*

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*Parent/Guardian Name*  
*(PRINT CLEARLY)*

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*Parent/Guardian Signature*

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*Date*

*The Rules, Policies, and Procedures set forth in the Foothills Academy Parent/Student Handbook apply to all schools and divisions of schools under the auspices of Foothills Academy, Inc.*

## Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records unless it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.
- Parents or eligible students have the right to request in writing that a school correct records that they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:
  - o School officials with legitimate educational interest
    - A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or student serving on an official committee or assisting another school official in performing his or her tasks;
    - A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school;
  - o Other schools to which a student is seeking to enroll;
  - o Specified officials for audit or evaluation purposes;
  - o Appropriate parties in connection with financial aid to a student;
  - o Organizations conducting certain studies for or on behalf of the school;
  - o Accrediting organizations;
  - o To comply with a judicial order or lawfully issued subpoena;
  - o Appropriate officials in cases of health and safety emergencies; and
  - o State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, sports participation (including height and weight of athletes) and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent.

The Individuals with Disabilities Education Act (IDEA) is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children with disabilities education records could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of sources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887 (voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-5901	Arizona Department of Education Exceptional Student Services 1535 W. Jefferson, BIN 24 Phoenix, AZ 85007
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This notice is available in English and Spanish on the ADE website at [www.ade.az.gov/ess/resources](http://www.ade.az.gov/ess/resources) under forms. For assistance in obtaining this notice in other languages, contact the ADE/ESS at the above phone/address.