



# FOOTHILLS ACADEMY

ELEMENTARY

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## PUTTING THE PIECES TOGETHER FOR A SOLID EDUCATIONAL FUTURE

- 
- **Grades K - 6**
  - **Tuition Free**
  - **Small Classes**
  - **Multi-age/flexible Groupings**
  - **Authentic Learning/Authentic Assessments**
  - **Experience-based/Hands-on Learning**



## ENROLLMENT PACKET

Spring 2014

## **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. Copy of Birth Certificate
4. Copy of current Immunization Record (including *most recent* updates)
5. **Completed** Arizona Residency Documentation Form and attached document of proof
6. **Completed** PHLOTE Home Language Survey Form
7. Copy of IEP/504 and Gifted documents, if applicable, and any documentation related to discipline and special education
8. MOST RECENT report cards- Grades 1 - 6
9. MOST RECENT standardized tests (AIMS/TerraNova/or equivalent)-Grades 1 - 6

Upon receipt of the above (10) ten items a student will be considered 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 and standardized test results as you receive them are sent to Foothills Academy Elementary.*

All materials should be mailed to:

**Foothills Academy Elementary**  
**Re: Enrollment**  
**4720 E. Lone Mountain**  
**Cave Creek, AZ 85331**  
**Phone: 480-292-9819    Fax: 480-306-5380**  
**[www.foothillsacademy.com](http://www.foothillsacademy.com)**

*Foothills Academy Elementary 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.*



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

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

Names and ages of all of student's siblings and present school attended:

<b>Name:</b>	<b>School Attended:</b>
_____	_____
_____	_____

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 Elementary:

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

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

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

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

Did your child leave his/her previous school in good standing (academic, behavioral)? (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 the student 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 a 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 enrollment to Foothills Academy Elementary based on this information.



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, R7-2-305(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 \_\_\_\_\_

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.



Arizona Department of Education  
Arizona Residency Documentation Form

Student \_\_\_\_\_

School FOOTHILLS ACADEMY COLLEGE PREPARATORY

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

## MEDICAL EMERGENCY FORM

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

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

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

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 ( ) Home Phone # ( ) Cell Phone # Y/N

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

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.**

(Page 1 of 2 – SEE NEXT PAGE )

## 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 Name (please print clearly) \_\_\_\_\_

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



**Authorization to Pick-Up**

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

Name of Parent(s)/Guardian(s): \_\_\_\_\_

To allow adults other than parents/guardians to pick-up children, this form must be completed and returned or we will not be able to release your child.

**Information for Individuals Authorized to Pick-Up Child**

Name	Relationship	Cell Phone #	Home Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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

## PARENT AUTHORIZATION FORM

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

**For as long as my child is enrolled as a student at Foothills Academy:**

I give permission for Foothills Academy to publish and/or broadcast my student's name and/or photograph for purposes such as news releases, publication of Director's List and Principal's List, academic and athletic awards and recognition, etc. I understand that the name and/or photo could additionally be used for purposes such as school flyers and/or brochures, school event publicity, Foothills Academy website, and school yearbooks.

**Circle one: YES NO**

I give permission for my student's name, my name, address, telephone and email address to be used by the **Foothills Academy Parent Teacher Organizations (FAPTO-Grades 7-12, and/or FAePTO-Grades 1-6)** for purposes of **contacting parents via email or mail regarding FAPTO/FAePTO events and activities, and parent/student directories.** (Directories are prepared for use by the Foothills Academy parents ONLY and any use of their content for purpose of solicitation is prohibited.)

**Circle one: YES NO**

Personal education information is confidential and will not be available for public inspection.

Parent/Guardian Name (please print clearly) \_\_\_\_\_

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

\_\_\_\_\_  
Student Signature (If student is over 18 years of age, he/she is required to sign.) Date \_\_\_\_\_

### Parent Commitment Letter

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

The parents' role in the education of their children is critical. A strong partnership between parents and the school community is essential for each child's success. In our ongoing effort to strengthen this necessary partnership, we ask that you read, understand, and sign the following commitment statement.

**Please initial each item below in the space to the left to acknowledge you have read and understand each one:**

While my child is enrolled as a student at Foothills Academy, I, as parent/guardian agree to the following:

- \_\_\_ read and discuss with my child the annual Student/Parent Handbook as it appears on the website;
- \_\_\_ make certain my child is properly prepared each day with textbooks, necessary school supplies and completed assignments;
- \_\_\_ provide or make arrangements for daily lunch for my child;
- \_\_\_ make certain that my child is dressed according to the **school's Uniform Code**;
- \_\_\_ **complete and return all the forms included in this packet**;
- \_\_\_ provide **necessary student records and immunization updates**;
- \_\_\_ eliminate **tardies and absences** except in cases of illness;
- \_\_\_ provide prompt and timely **drop-off and pick-up** of my child every day. I understand that supervision of my student *prior to* or *after* the times stated below is not the responsibility of Foothills Academy with the exception of after school tutoring or other school sponsored activities.
  - \_\_\_ For FACP: Drop off no earlier than 7:45 a.m. or after; pick up no later than 3:00 p.m.
  - \_\_\_ For FAEP: Drop off no earlier than 8:00 a.m. or after; pick up no later than 3:15 p.m.
- \_\_\_ arrange for pick-up of my child within one hour of **notification of illness or discipline sanction**;
- \_\_\_ abide by and support **school disciplinary policies and decisions**;
- \_\_\_ follow the **complaint or grievance procedure** and chain-of-command outlined in the Student/Parent Handbook and discussed at orientation meetings;
- \_\_\_ arrange for and supervise **nightly homework and study**;
- \_\_\_ provide **remediation services and tutoring** (beyond what is provided at Foothills Academy) to the extent necessary for my child's success;
- \_\_\_ visit our **website ([www.foothillsacademy.com](http://www.foothillsacademy.com))** daily for calendar updates, PTO news, and school information if access to the internet is available;
- \_\_\_ read and respond (when asked) to all **school communications and check email at least once daily**;
- \_\_\_ **promptly notify** the school office of any changes in phone numbers (home, work, cell), address, email;
- \_\_\_ **volunteer** (when possible) for PTO sponsored event, during the school day, or at home school projects

Parent/Guardian Name (please print clearly) \_\_\_\_\_

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

**PARENT CONSENT FOR STUDENT TO PARTICIPATE IN ALL  
FOOTHILLS ACADEMY ACTIVITIES**

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

I understand that a significant part of Foothills Academy curriculum falls under the headings of field experiences and special projects. These activities may involve leaving campus on foot.

I understand that these activities are part of instruction and that students are under the supervision of school personnel. As always, students are expected to conduct themselves in a manner consistent with the "Conduct at Activities" and "Rules" sections of the annual Foothills Academy Student/Parent Handbook.

Due to the frequency of these activities, I further understand that it is impractical to obtain parental permission for each individual off-campus activity. I also understand and expect Foothills Academy to notify parents of those activities extending outside school hours or far beyond school boundaries; a special notification and permission slip will be sent home.

In general, having read and understood the above, while my child is enrolled as a student at Foothills Academy, I hereby give my permission for him/her to participate in all field experiences, special projects, and field trip activities. I further agree to release Foothills Academy from all liability associated with these activities.

Parent/Guardian Name (please print clearly) \_\_\_\_\_

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

## FOOTHILLS ACADEMY DRIVING, PARKING & PARKING LOT AGREEMENT

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

While my student is enrolled at Foothills Academy, I agree, for my student and myself, to abide by the following driving and parking lot regulations.

**For the Ashler Hills campus (FACP):**

1. **ALL** school related traffic (students, parents, faculty, etc.) **must** approach Foothills Academy from the east utilizing Ashler Hills Drive from Scottsdale Road.
2. There is absolutely **NO** school access from the west utilizing Ashler Hills Drive.
3. **ALL** traffic exiting the school parking lot **must turn right** or east on Ashler Hills Drive to Scottsdale Road.
4. Student parking is available for **SENIOR DRIVEN CARPOOLS ONLY** on a first come, first served basis. **ALL** Seniors who choose to park at school are required to carpool, *providing transportation to Foothills Academy for at least one other Foothills Academy student.* This policy will be **STRICTLY** enforced.
5. There is absolutely **NO PARKING at any time** on Ashler Hills Drive, Scottsdale Road, or Calle de las Estrellas, or adjacent to the red painted curbs in the parking lot. Improperly parked cars will be towed at owner's expense — **NO EXCEPTIONS.**
6. NO student parking is allowed in **Reserved** or **Visitor** marked parking spaces.

**For the Elementary campus (FAEP):**

1. I will pick up my student as he/she is released, beginning at 3:00 P.M. (or 12:00 P.M. on half days) outside the entrance to the school.
2. I understand that my child will not be allowed to walk across the parking lot alone to my parked vehicle.
3. My student will not be released unless I, or an authorized person listed on the student's "Pick up Authorization Form" is present, or a signed notification from me has been received by the elementary campus front office.
4. For traffic control and safety, I will abide by the parking lot drop-off and pick-up directions as outlined in the Parent/Student Handbook

Parent/Guardian Name (please print clearly) \_\_\_\_\_

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

\_\_\_\_\_  
*Student Signature (if driving to school)* \_\_\_\_\_ *DATE* \_\_\_\_\_



## FOOTHILLS ACADEMY INFORMATION TECHNOLOGY SYSTEM

### USER AGREEMENT

#### INTRODUCTION

Foothills Academy's information technology system (ITS) policy covers all school-owned devices and networks, as well as teacher and student owned devices while used on campus, regardless of whether Foothills Academy ITS is utilized.

Foothills Academy reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage.

#### RESPONSIBLE USE

- A. Foothills Academy grants access to the ITS for educational purposes only.
- B. All users must practice network etiquette - being polite, respectful, and courteous of others.
- C. It is strictly prohibited to use the Foothills Academy ITS...
  - in a manner that violates the law or encourages others to violate the law.
  - to access, create, distribute, or redistribute material which is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.
  - to access, create, view or transmit abusive, offensive, harassing, threatening, or otherwise objectionable or illegal content.
  - to access, create, view or transmit pornographic material.
  - to access another person's account or create messages that misleads others into believing that someone other than you is communicating;
  - in a manner constitutive of or promoting *cyberbullying*.
  - in a manner that causes harm to others or damage to their property including websites.
  - to publicly post or transmit pictures of students without obtaining prior permission from all individuals depicted or from parents of depicted students who are under the age of 18.
  - to publicly post messages that were sent to you privately.
  - to publicly post your personal contact information.
  - to forward or redistribute a message or e-mail address to third parties without expressed permission.
  - to access, create, view, transmit, or receive confidential, trade secret information, or copyrighted materials (i.e. music, movies, other media) without permission.
  - in commercial transactions. Students may not sell or buy anything over the Internet.
  - to download or stream movies, music, or other non-school related items on a school-owned or student's personal computer or telephone.
  - to use unauthorized internet websites or services (e.g. instant messenger, P2P file sharing).

#### SCHOOL-OWNED COMPUTERS

1. Students may check out and use campus computers only with permission of school personnel.
2. No food or drink is allowed while using a school computer.
3. No programs may be loaded onto a computer.
4. Work cannot be stored on FA computers.
  - FACP students will use Google Drive to access and store files.

- FAEP students may use portable storage devices as long as their home computer system is protected and maintained with appropriate virus protection. Should a student bring in a device with a virus, the student will no longer be allowed to use portable devices and will be required to email or use the cloud to access and retrieve documents.
5. Student will use headphones/earbuds if his/her work requires audio output. Student must supply his/her own headphones/ earbuds.
  6. Report any malfunction immediately. Students are not to try to fix FA computer problems on his/her own.
  7. All use of Foothills Academy ITS will be monitored by the teachers and administration for compliance with these rules.

### **STUDENT-OWNED PORTABLE ELECTRONIC DEVICES USED AT SCHOOL (Grade 5 and up)**

1. Students are expected to bring and use portable electronic devices for completing school assignments. (Devices include laptops and tablets and must have accessibility to the school's WiFi. Smart phones do not meet the requirements needed for word processing and educational collaborative software.)
2. The Information Technology System Policy for Foothills Academy technology also applies to all portable electronic devices brought onto campus. Any violation of these rules may result in the loss of the student's privilege to bring a portable electronic device to school.
3. While on campus, students are to access the internet using FA WiFi.
4. Students/Parents are responsible for maintenance and repair of student-owned electronic devices.
5. Foothills Academy will not be held responsible for the loss, theft or destruction of any student-owned portable electronic device.
6. Use of portable electronic devices in the classroom is up to the discretion of the teacher as to how and when the device may be used.
7. Foothills Academy reserves the right to review files on any portable electronic device brought into the school.

#### **Cell Phone Policy**

Foothills Academy students will be allowed to possess cell phones on campus. Student use of cell phones on campus is subject to the rules outlined below.

- Cell phones must be turned off and not visible on campus during the school day, unless specifically allowed by school personnel. Cell phones will only be permitted during class periods when the "Cell Phones Permitted" sign is visible from your instructor.
- Cell phone use will be permitted before school, during lunch time, and after school.
- Cell phones may not be connected to the school's Wi-Fi.
- Placing a cell phone on vibrate or texting is not considered off and is prohibited.
- Using a cell phone to record or video tape without instructor permission is prohibited.

#### **Cell Phone Policy Offense**

1<sup>st</sup> Offense- Cell phone is taken by teacher and returned to the student at the end of the school day.

2<sup>nd</sup> Offense- Cell phone is taken by teacher and given to the office. Cell phone may only be picked up by parent/guardian.

3<sup>rd</sup> Offense- Same as offense #2 but includes a \$10 Administration handling fee.

#### **FAILURE TO HONOR THE POLICY**

Access to Foothills Academy ITS is a privilege, not a right. Violation of this policy may result in disciplinary action, including possible suspension or termination of ITS privileges, school discipline, and civil and/or criminal action. A user violates this Policy by his or her own action or by failing to report any violations by other users that come to the attention of the user.

## STUDENT AGREEMENT

*Every student and parent/guardian must read and sign below.*

By signing the Foothills Academy Information Technology Policy (the "Policy"), you agree to follow the rules outlined. You also agree to report any misuse of the network in a timely manner to school personnel. "Misuse" refers to any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another, his or her property, or the School.

I have read the above procedures and precautions and understand what they mean. While enrolled in Foothills Academy I agree to abide by the Policy. I understand that an infraction may result in the loss of ITS access and possible further disciplinary, civil, or criminal action may be taken.

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Student Name (PRINT CLEARLY)

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Student Signature

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Parent/Guardian Name (PRINT CLEARLY)

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Parent/Guardian Signature

---

Date

---

Date