

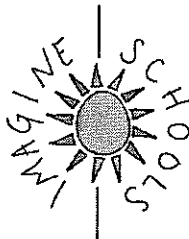
# Imagine Middle at Cortez Park

## Enrollment Packet 2009-2010

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

### Grade Level Interest

- 6th Grade
- 7th Grade
- 8th Grade



3535 W. Dunlap Avenue • Phoenix, AZ 85051

602-589-9840



# Registration Checklist

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

- Student Enrollment Forms
- Birth Certificate
- Home Language Survey     \_\_\_Eng only \_\_\_Other than Eng
- Special Education Form     \_\_\_IEP \_\_\_504 \_\_\_No IEP
- Request for Student Records     Date Requested \_\_\_\_\_
- Parent Survey
- Standard of Dress Form
- Medical Information Form
- First Aid Release
- Immunization Record
- Emergency Card
- Media Release
- Permission to Walk Home
- Transportation Request Form

**(For Office Use Only)**

Date Packet Returned \_\_\_\_\_

Date Entered into SIS \_\_\_\_\_

Start Date \_\_\_\_\_

Orientation Date \_\_\_\_\_

Assigned Teacher \_\_\_\_\_

**This enrollment packet is not considered complete until the records from the previous school are obtained.**

# Lista de Matrícula

Imagine Elementary at Cortez Park  
3535 W .Dunlap Ave.  
Phoenix, AZ. 85051

- Forma de Matrícula (Registration)
- Forma de Información Medica
- Forma de Lenguaje en Casa
- Forma de Educación Especial
- Solicitud de Expedientes
- Cuestionario de Padres
- Reglamentos de Uniforme
- Permiso para Medio de Noticias
- Permiso de Primeros Auxilios
- Comprobante de Vacunación
- Acta de Nacimiento
- Blue Card

(For Office Use Only)

Date Packet Returned\_\_\_\_\_

Start Date\_\_\_\_\_

Assigned Teacher\_\_\_\_\_

Date Entered in STI\_\_\_\_\_

# Student Enrollment Form

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

## STUDENT INFORMATION

Name (Last, First MI) \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Last School Attended \_\_\_\_\_

Home schooled

Home Phone ( ) \_\_\_\_\_

Gender  Female  Male Grade Entering \_\_\_\_\_

Student Lives With (Check all that apply)  Both Parents  Father  Mother  Foster Parents

Stepfather  Stepmother  Other (Please Specify) \_\_\_\_\_

Race/Ethnic Background  American Indian/Alaskan Native  Black or African American  Asian

Hispanic/Latino of any race  Native Hawaiian or Other Pacific Islander  Caucasian (White)

## FAMILY INFORMATION

Name: Mother/Guardian \_\_\_\_\_

Name: Father/Guardian \_\_\_\_\_

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

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Mobile/Pager ( ) \_\_\_\_\_

Mobile/Pager ( ) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

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

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

Hobbies or talents you are willing to share with our students \_\_\_\_\_

Hobbies or talents you are willing to share with our students \_\_\_\_\_

## Forma de Inscripción

Imagine Elementary at Cortez Park  
3535 W .Dunlap Ave.  
Phoenix, AZ. 85051

### INFORMACION DEL ESTUDIANTE

Nombre: \_\_\_\_\_

Numero de Seguro Social: \_\_\_\_\_

Dirección: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_ Lugar de Nacimiento: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Area Postal: \_\_\_\_\_

Ultima Escuela a la que Asistió: \_\_\_\_\_

Numero de Teléfono de su Casa ( ) \_\_\_\_\_

Sexo  Fem.  Masc. Entrando a que Grado: \_\_\_\_\_

El Estudiante Vive Con (Indique todo lo que aplique)  Ambos Padres  Padre  Madre  Padres Adoptivos

Padrastra  Madrastra  Otro (Por Favor Especifique) \_\_\_\_\_

Raza/Antepasados Étnicos  Indio Americano/ Nativo de Alaska  Negro  Caucásico (Blanco)

Hispano/Latino de cualquier raza  Isleño Pacifico o Asia  Hawaiano Natal U otro Isleno Pacifico

### INFORMACION FAMILIAR

Nombre: Madre/ Tutor \_\_\_\_\_

Nombre: Padre/ Tutor \_\_\_\_\_

Dirección: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad Estado Area Postal \_\_\_\_\_

Ciudad Estado Area Postal \_\_\_\_\_

Numero de teléfono: ( ) \_\_\_\_\_

Numero de teléfono: ( ) \_\_\_\_\_

Celular/ Beeper: ( ) \_\_\_\_\_

Celular/ Beeper: ( ) \_\_\_\_\_

Numero de Seguro Social: \_\_\_\_\_

Numero de Seguro Social: \_\_\_\_\_

Lugar de empleo: \_\_\_\_\_

Lugar de empleo: \_\_\_\_\_

Posición: \_\_\_\_\_

Posición: \_\_\_\_\_

Dirección del trabajo: \_\_\_\_\_

Dirección del trabajo: \_\_\_\_\_

Numero de teléfono del trabajo ( ) \_\_\_\_\_

Numero de telefono del trabajo: ( ) \_\_\_\_\_

Dirección de correo electrónico: \_\_\_\_\_

Dirección de correo electrónico: \_\_\_\_\_

**OTHERS LIVING IN THE HOME**

Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____
Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____

**EMERGENCY CONTACT INFORMATION**

In case of an emergency or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name _____	Relationship _____	Address _____
Home Phone ( ) _____	Work Phone ( ) _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone ( ) _____	Work Phone ( ) _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone ( ) _____	Work Phone ( ) _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone ( ) _____	Work Phone ( ) _____	City _____ State _____ Zip Code _____

I hereby permit the school to release my child to the above name person(s) upon my written or telephoned request.

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

The following person(s) may **NOT** remove my child from the school.

Name _____	Custody Papers on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____			
Name _____			

**HOW DID YOU HEAR ABOUT THE SCHOOL**

- Direct Mail     
  Newspaper     
  Flyer     
  Internet     
  Passing By  
 Magazine     
  Word of Mouth     
  Yellow Pages     
  Other (Please Specify) \_\_\_\_\_

**OTRAS PERSONAS QUE VIVEN EN LA CASA**

Nombre: \_\_\_\_\_ Edad: \_\_\_\_\_

Nombre: \_\_\_\_\_ Edad: \_\_\_\_\_

Escuela Actual: \_\_\_\_\_ Grado: \_\_\_\_\_

Escuela Actual: \_\_\_\_\_ Grado: \_\_\_\_\_

Nombre: \_\_\_\_\_ Edad: \_\_\_\_\_

Nombre: \_\_\_\_\_ Edad: \_\_\_\_\_

Escuela Actual: \_\_\_\_\_ Grado: \_\_\_\_\_

Escuela Actual: \_\_\_\_\_ Grado: \_\_\_\_\_

**INFORMACION DE LA PERSONA DE CONTACTO EN CASO DE EMERGENCIA**

En caso de emergencia o que no se puedan comunicar conmigo para que recoger a mi hijo(a), yo le doy autorización a las siguientes personas para recoger a mi hijo(a).

Nombre: \_\_\_\_\_ Relacion: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de su casa: \_\_\_\_\_ Teléfono de su trabajo: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Area Postal: \_\_\_\_\_

Nombre: \_\_\_\_\_ Relacion: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de su casa: \_\_\_\_\_ Teléfono de su trabajo: \_\_\_\_\_

Teléfono de su casa: \_\_\_\_\_ Teléfono de su trabajo: \_\_\_\_\_

Nombre: \_\_\_\_\_ Relacion: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de su casa: \_\_\_\_\_ Teléfono de su trabajo: \_\_\_\_\_

Teléfono de su casa: \_\_\_\_\_ Teléfono de su trabajo: \_\_\_\_\_ Area Postal: \_\_\_\_\_

Nombre: \_\_\_\_\_ Relacion: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de su casa: \_\_\_\_\_ Teléfono de su trabajo: \_\_\_\_\_

Teléfono de su casa: \_\_\_\_\_ Teléfono de su trabajo: \_\_\_\_\_

Firma de Padres/Tutor 

Fecha \_\_\_\_\_

Las siguientes personas no puedan recoger a mi niño(a) de la escuela.

Nombre \_\_\_\_\_

Papeles de custodia en Archivo  Si  No

Nombre \_\_\_\_\_

Nombre \_\_\_\_\_

**COMO SUPO DE NUESTRA ESCUELA**
 Corresndencia     Periódico     Folleto     Internet     De Pasada

 Revista     Amigos     Paginas Amarillas     Otro (Por favor especifique) \_\_\_\_\_



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

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey  
(Effective July 1, 2009)**

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?”**  
(Answer with the language used most often by the student)

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

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

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

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

\*\*\*\*\*

(For Office Use Only)

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

SAIS ID: \_\_\_\_\_

Grade: \_\_\_\_\_

Imagine Schools at Cortez Park Elementary



Estado de Arizona  
Departamento de Educación  
Servicios de Aprendizaje del Inglés

**Idioma Principal del Estudiante excluyendo el inglés (PHLOTE)**  
Encuesta sobre el idioma principal del estudiante  
(Efectivo el primero de julio de 2009)

La pregunta está en conformidad con A.R.S. §15-756. **Identificación de los Alumnos que están aprendiendo el inglés**

La respuesta que proporcione a la pregunta siguiente será usada para determinar si se evaluará la competencia en el idioma inglés de su hijo(a):

**¿Cuál es el idioma principal que usa su estudiante?**  
(Conteste con el idioma que usa con más frecuencia su estudiante)

Idioma: \_\_\_\_\_

Nombre del estudiante: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Firma del padre o tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

\*\*\*\*\*  
(For Office Use Only)

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

SAIS ID: \_\_\_\_\_

Grado: \_\_\_\_\_

Imagine Schools at Cortez Park Elementary

# Special Education Form

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

In order to provide continuity in the educational environment, it is important that Imagine Schools be informed of any special educational services received by your child in the past.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Was your child ever enrolled in any Special Education Programs?

Yes  No If yes, please check all that apply.

Speech  Learning Disability (LD) If yes, in what areas? \_\_\_\_\_

Occupational Therapy  Physical Therapy  Other (Please Specify) \_\_\_\_\_

Has your child been tested or evaluated for Special Educational Services?

Yes  No

**\*The Evaluations must be attached to the enrollment packet.**

Does your child currently have an Individualized Education Plan (IEP)?

Yes  No

**\* The current I.E.P. must be attached to the enrollment packet.**

Does your child currently have a 504 Accommodation Plan?

Yes  No

**\* The current 504 Accommodation Plan must be attached to the enrollment packet.**

I hereby certify that the above information is true and correct.

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

# Forma de Educación Especial

Imagine Elementary at Cortez Park  
3535 W .Dunlap Ave.  
Phoenix, AZ. 85051

Para poder proveer continuamente un ambiente educativo apropiado, es importante que nos informe de cualquier servicio especial educativo que halla recibido su hijo(a) en el pasado.

Estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

¿Ha su niño(a) participado en algún programa de educación especial?

Sí  No Si indico que sí, por favor conteste lo siguiente:

Lenguaje  Incapacidad de Aprendizaje (LD)

Terapia Ocupacional  Terapia Física  Otro (Por favor especifique) \_\_\_\_\_

¿Le han hecho exámenes o evaluaciones para los Servicios Especiales Educativos a su niño(a)?

Sí  No

**\*Las evaluaciones deben de estar adjuntas al paquete de inscripción.**

**\* El I.E.P. mas reciente debe estar adjunto al paquete de inscripción.**

¿Tiene su niño(a) un Plan Individual Educativo (IEP)?

Sí  No

**Si su niño(a) tiene un Plan de Acomodación 504, debe estar adjunto al paquete de inscripción.**

Yo certifico que toda la información proveída es correcta.

Nombre de Padres/Tutor \_\_\_\_\_

Firma de Padres/Tutor  \_\_\_\_\_ Fecha \_\_\_\_\_

# Request for Student Records

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

Student			
Home Address			Date of Birth
City	State	Zip Code	Home Phone
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Parent/Guardian

### Requested From (in order from most recent school attended)

Last School Attended			Last School Attended		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Last School Attended			Last School Attended		
Address			Address		
City	State	Zip Code	City	State	Zip Code

### Information requested consists of:

- Withdrawal Form (SAIS # and school CTDS # should be included if last school attended is in Arizona)
- Official transcript
- Immunization Record
- Birth Certificate
- Withdrawal Grades and Date of Withdrawal
- Testing Data and Results
- Legal Guardianship or Custody Papers
- Current IEP and Psych Evaluation
- EII Testing and Results

*The Federal Law 99.31 allows for educational records to be sent to other educational agencies without the parent's signature.*

Send Records To: **Imagine Elementary at Cortez Park**  
**3535 W. Dunlap Avenue**  
**Phoenix, AZ 85051**  
Phone (602) 589-9840 Fax (602) 589-9841

<input type="checkbox"/> First Request	<input type="checkbox"/> Second Request	<input type="checkbox"/> Third Request
--	---	--

## Solicitud de Expedientes del Estudiante

Imagine Elementary at Cortez Park  
3535 W. Dunlap Ave.  
Phoenix, AZ. 85051

Estudiante: \_\_\_\_\_

Numero de Seguro Social: \_\_\_\_\_

Dirección de su casa: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Area Postal \_\_\_\_\_

Numero de su Casa \_\_\_\_\_

Sexo  Femenino  Masculino

Padres/Tutor \_\_\_\_\_

**Solicitándole desde ( la escuela que asistió mas reciente, escribirlas en orden.)**

La ultima escuela que asistió: \_\_\_\_\_

Direccion \_\_\_\_\_

Ciudad \_\_\_\_\_ Stado \_\_\_\_\_ Area Postal \_\_\_\_\_

Telefono \_\_\_\_\_

Fax \_\_\_\_\_

La información que estamos solicitando consiste en transcripciones oficiales, formas de transferencia, datos sobre la salud, resultados académicos, datos particulares sobre el estudiante

Mandar los Expedientes a: Imagine Schools at Cortez Park  
3535 W. Dunlap Ave  
Phoenix, AZ 85051  
Phone (602) 589-9840

# Parent Survey

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

Please answer the following questions with as much information as possible.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last School Attended \_\_\_\_\_ Grade \_\_\_\_\_

How did you learn about Imagine Schools?

\_\_\_\_\_

Has your child ever repeated a grade or been retained by another district?

Yes  No

Has your child ever been suspended by another district? If yes, please explain.

Yes  No

\_\_\_\_\_

Has your child ever been expelled from school?

Yes  No

From what school \_\_\_\_\_ Date(s) of Expulsion \_\_\_\_\_

Comments \_\_\_\_\_

How does your child relate to authority? Does your child resist authority?

\_\_\_\_\_

How does your child get along with other children?

\_\_\_\_\_

Has your child participated in any extra-curricular activities? If yes, please list below.

Yes  No

\_\_\_\_\_

Please describe any special needs your child might have.

\_\_\_\_\_

I hereby certify that the above information is true and correct. I understand that misinformation may result in dis-enrollment. Imagine Schools does not accept students who have been expelled from other schools.

Official enrollment begins on the first day of school.

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

# Cuestionario de Padres

Imagine Elementary at Cortez Park  
3535 W .Dunlap Ave.  
Phoenix, AZ. 85051

Por favor conteste las siguientes preguntas completamente.

Estudiante: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

Ultima escuela que asistió: \_\_\_\_\_

Grado: \_\_\_\_\_

¿Cómo conoce Ud. Sobre Cortez Park Charter School?

\_\_\_\_\_

¿Ha sido su hijo retenido o reprobado algún grado?

Sí  No

¿Ha sido su hijo suspendido por otro distrito? Explicación.

Sí  No

\_\_\_\_\_

¿Ha sido su hijo expulsado de otra escuela?

Sí  No

¿De cual escuela?: \_\_\_\_\_

Día de expulsión: \_\_\_\_\_

Comentarios

\_\_\_\_\_

¿Como reacciona su hijo a la autoridad? (o resiste?)

\_\_\_\_\_

¿Se lleva bien su hijo con otros niños?

\_\_\_\_\_

¿Ha participado su hijo en actividades extra-curriculares?

Sí  No

\_\_\_\_\_

Describa alguna necesidad especial que requiera su hijo.

\_\_\_\_\_

Yo certifico que toda la información proveída es correcta. Las escuelas Imagine Schools at Cortez Park no aceptan que hallan sido expulsados de otras escuelas.

Nombre de Padre/Guardian \_\_\_\_\_

Firma de Padre/Guardian 

Fecha \_\_\_\_\_

## Standard of Dress

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

All students are expected to adhere to the following standard of dress guidelines while on campus or while attending an off campus school sponsored activity. All final decisions regarding appropriateness of the uniform, headwear, shoes, hair style, or appearance in general, is left to the discretion of the principal.

You may select from the following choices.

### GIRLS

Polo Shirts (long or short sleeve) *Hunter Green, Navy, Maroon, or White*

Skorts, Skirts, or Shorts (no more than 3 inches above the knee) *Navy or Khaki*

Pants (all pants with belt loops require a belt) *Navy or Khaki*

### BOYS

Polo Shirts (long or short sleeve) *Hunter Green, Navy, Maroon, or White*

Shorts (length not to be below the knee) *Navy or Khaki*

Pants (all pants with belt loops require a belt) *Navy or Khaki*

### OPTIONAL

Sweatshirts (solid colors with no writing or logos) *Hunter Green, Navy, Maroon, or White*

Cardigan Sweaters *Hunter Green, Navy, Maroon, or White*

### THE FOLLOWING WILL NOT BE ACCEPTED

Hats or bandanas (The Principal will make exceptions on outdoors sports days or excessive weather)

Beeepers, cell phones, hand held games, or portable CD/MP3/tape players

Shoes with heels over 1 inch or sandals without back support strap

Tattoos or facial piercings

Baggie pants or pants with hems dragging on the ground

Oversized shirts or shirts that are "long hanging"

Gum, unnatural hair color or hair styles

I agree to support the Imagine Schools Standard of Dress. I understand that violations of the above dress code as perceived by the administration, may result in disciplinary action.

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

\_\_\_\_\_ Date

# Reglamentos de Uniforme

Imagine Elementary at Cortez Park  
3535 W .Dunlap Ave.  
Phoenix, AZ. 85051

Se requiere que todos los estudiantes se vistan en uniforme todos los días, en la escuela o cuando estén asistiendo una actividad fuera de la escuela.

Se puede seleccionar de lo siguiente:

## NIÑAS

Camisetas Polo con logotipos\*\* (mangas largas o cortas) *Blancas, Verde Oscuro, o Burgendy*

Skorts, Faldas, o Shorts (no más de 3 pulgadas arriba de la rodilla) *Azul Marino o Beige*

Pantalones (todos los pantalones se requieren con cinto) *Azul Marino o Beige*

## NIÑOS

Camisetas Polo con logotipos\*\* (mangas largas o cortas) *Blancas, Verde Oscuro, o Burgendy*

shorts (no pueden ser mas abajo de la rodilla) *Azul Marino o Tan*

Pantalones (todos los pantalones se requieren con cinto) *Azul Marino o Tan*

## OPCIONAL

Sudaderas (colores sólidos, sin logotipos o letras) *Blancas, Verde Oscuro, o Burgendy*

suéteres *Blancos, Verde Oscuro*

## LO SIGUIENTE NO SERA ACEPTADO

Cachuchas o sombreros de ningún tipo

Beepers, teléfonos celulares, juegos de video, o audiófonos

Botas, zapatos de hule, huaraches, o tacones de más de una pulgada

Tatuajes

Camisas demasiado grandes para el cuerpo

Pelo teñido de colores no naturales

Chicle

**\*\*Se le enviara mas información sobre la compra de polos.**

Yo estoy de acuerdo con la los reglamentos de los uniformes. Yo entiendo que violaciones de este código pueden Resultar en acción disciplinaria.

Nombre de Padre/Guardian \_\_\_\_\_

Firma de Padre/Guardian 

Fecha \_\_\_\_\_

# Medical Information Form

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

## Medical History (Check all that apply)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Measles             | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Allergies (food or otherwise) |  |
| <input type="checkbox"/> Chickenpox          | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Physical Handicap             | <input type="checkbox"/> Mumps           |
| <input type="checkbox"/> Hearing Impairment  | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Scoliosis                     | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Ear Infection     | <input type="checkbox"/> TB                            |  |

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Is your Child Taking Any Medication?  Yes  No If yes, name the medication(s) and for what condition(s).

*\*Medication may not be administered without prescription release form, available in the school office.*

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Is your child presently under treatment for any physical problem? If yes, please explain.

Is your child allergic to any foods or other substances? If yes, name foods or substances to be avoided.  
Please explain procedure if reaction occurs.


Is your child subject to convulsions, and what should be our procedure if one occurs?

Is your child usually susceptible to infections and if so, what precautions need to be taken?

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

Additional Comments/Other Special Instructions

The above emergency and medical information is provided by:

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

# Forma de Información Médica

Imagine Elementary at Cortez Park  
3535 W .Dunlap Ave.  
Phoenix, AZ. 85051

## Historia Medica (Indique a todo lo que aplique)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Sarampión            | <input type="checkbox"/> Asma                | <input type="checkbox"/> Alergias (a la comida o otra cosa) |  |
| <input type="checkbox"/> Viruela Loca         | <input type="checkbox"/> Deterioro de Visión | <input type="checkbox"/> Incapacidad física                 | <input type="checkbox"/> Paperas               |
| <input type="checkbox"/> Deterioro de Oír     | <input type="checkbox"/> Diabético           | <input type="checkbox"/> Escoliosis                         | <input type="checkbox"/> Condición del corazón |
| <input type="checkbox"/> Trastorno convulsivo | <input type="checkbox"/> Infección del oído  | <input type="checkbox"/> Tuberculosis (TB)                  |  |

Nombre de Doctor \_\_\_\_\_ Teléfono \_\_\_\_\_

Preferencia de Hospital \_\_\_\_\_ Teléfono \_\_\_\_\_

¿Su niño(a) esta tomando algún medicamento?  Sí  No Si indico que sí, nombre los medicamento(s). \_\_\_\_\_

*\*Las medicinas no pueden ser administradas sin el permiso de receta medica, disponible en la oficina de la escuela.*

Medicamento \_\_\_\_\_ Condición \_\_\_\_\_

Medicamento \_\_\_\_\_ Condición \_\_\_\_\_

Medicamento \_\_\_\_\_ Condición \_\_\_\_\_

Medicamento \_\_\_\_\_ Condición \_\_\_\_\_

¿Su niño(a) en el presente se encuentra bajo tratamiento medico por un problema físico? Si dijo que sí, por favor explique.

¿Su niño(a) es alérgico alguna comida o alguna sustancia? Si indico que sí, por favor nombre las comidas o sustancias  
Por favor explique el procedimiento para seguir en caso de una reacción.

¿Si su niño(a) es propenso a tener convulsiones, cual debe ser nuestro procedimiento en caso de que ocurra una convulsion?

¿Si su niño(a) es susceptible a infecciones, que precauciones debemos tener?

¿Si hay alguna condición física de la cual debemos conocer, que precauciones o procedimientos debemos tomar?

Comentarios adicionales/ otras instrucciones especiales

La información de emergencia y medica que se encuentra arriba es proveída por:

Firma de Padres/Tutor

Fecha \_\_\_\_\_

# First Aid Release

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

I hereby give consent for my child to receive the following over-the-counter medications (check all that apply) from the Imagine School staff. Imagine School staff will administer first aid only as needed.

Bandages

Antiseptic

Ice Packs

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

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

Date \_\_\_\_\_

No Medication will be distributed without a Signed Medication Consent form provided by the Health Office upon request

# Permiso de Primeros Auxilios

Imagine Elementary at Cortez Park  
3535 W .Dunlap Ave.  
Phoenix, AZ. 85051

Yo permito que mi hijo(a) reciba las siguientes medicinas sin receta medica por parte del personal de la Escuela Charter . (indique a la caja que aplique), El personal de la Escuela Charter va a dar primeros auxilios solamente cuando se necesite.

- Vendajes
- Antiséptico
- Bolsas de Hielo

Nombre del Estudiante

---

Nombre de Padres/Tutor

---

Firma de Padres/Tutor

---

Fecha

# Emergency Information and Immunization Record Card

Child's Name: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Updated: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

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

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

Date of Birth: \_\_\_\_\_ Sex: male female

Mother or Guardian Name: _____	
Home Address: _____	Street City State Zip
Home Phone: _____	Cell Phone: _____
Business Name: _____	Work Phone: _____
Business Address: _____	Street City State Zip
Signature: _____	

Father or Guardian Name: _____	
Home Address: _____	Street City State Zip
Home Phone: _____	Cell Phone: _____
Business Name: _____	Work Phone: _____
Business Address: _____	Street City State Zip
Signature: _____	

## If Medical Care is Necessary, Call:

**DOCTOR:** \_\_\_\_\_  
Name Address City State Zip Phone

**HOSPITAL:** \_\_\_\_\_  
Name Address City State Zip Phone

Does your child have insurance coverage?  No  Yes Name of Insurance Company \_\_\_\_\_  
(Optional)

**In case of injury or sudden illness, \_\_\_\_\_ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.**

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

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

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

Address: \_\_\_\_\_  
Street City State Zip

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
Street City State Zip

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

The following person(s) may **not** remove my child from the center:

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

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

**Custody papers have been provided and are on file at the facility.      yes      no**

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

\_\_\_\_\_  
Parent or Guardian printed name      Signature      Date: \_\_\_\_\_

**Immunization Information**

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 - 3 months	#1	#1	#1				
4 - 5 months	#2	#2	#2	#2			
6 - 11 months	#3		#2 - #3 <sup>1</sup>				
12 - 14 months		#3	#1 - #4 <sup>2</sup>	#3		#1	#1
15 - 59 months	#4						
24 - 71 months					#1 <sup>3</sup> & #2 <sup>3</sup>		
School Age (K-12)	#4 <sup>4</sup> or #5	#3 <sup>3</sup> or #4		#3		#2 <sup>6</sup>	#1 <sup>7</sup>

<sup>1</sup> Pedvax or Comvax vaccine given

<sup>2</sup> Must have at least 1 Hib after 12 months of age

<sup>3</sup> Hep A required in Maricopa County only

<sup>4</sup> 4 doses meet requirement if 4<sup>th</sup> dose is after 4<sup>th</sup> birthday

<sup>5</sup> 3 doses meet requirement if 3<sup>rd</sup> dose is after 4<sup>th</sup> birthday

<sup>6</sup> Must have 2 doses of MMR for K-12 entry

<sup>7</sup> A 2<sup>nd</sup> dose is needed if dose #1 is given at 13+ years of age

**Check one**

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

Updated immunizations received and attached

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR

**Medical Information**

Is child allergic to food or other substances?  No  Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) \_\_\_\_\_

Is child usually susceptible to infections and if so, what precautions need to be taken?  No  Yes \_\_\_\_\_

Is child subject to convulsions and what should be our procedure if one occurs?  No  Yes \_\_\_\_\_

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?  No  Yes \_\_\_\_\_

Additional comments: \_\_\_\_\_

Other special instructions: \_\_\_\_\_

Telephone Authorization Code : \_\_\_\_\_ (optional)

## Student Media Release

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

I hereby agree and give my permission for Imagine Schools, Inc. and/or Imagine Elementary at Cortez Park (the "School") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by Imagine Schools, Inc. and/or the School, including, without limitation, for posting on the Imagine Schools, Inc. and/or School's website and/or for distribution in print or broadcast media. I hereby further agree that Imagine Schools, Inc. is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as Imagine Schools, Inc. and/or the School shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Imagine Schools, Inc. and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for Imagine Schools, Inc. and/or the School, including without limitation Imagine Schools, Inc. and/or the School, in all manner and media, as Imagine Schools, Inc. and/or the School determines in their sole discretion. I also understand that Imagine Schools, Inc. and School shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Imagine Schools, Inc. and the School shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing Imagine Schools, Inc. and the School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

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

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

Date \_\_\_\_\_

## Permiso para el Medio de Noticias

Imagine Elementary at Cortez Park  
3535 W .Dunlap Ave.  
Phoenix, AZ. 85051

Esta forma permite que el nombre y la fotografía de su hijo(a) puedan ser usadas por cualquier medio de Noticias que tome fotos en Imagine Schools at Camelback o en cualquier excursión.

Nombre \_\_\_\_\_

Grado \_\_\_\_\_

Profesor(a) \_\_\_\_\_

Sí, yo le doy permiso a cualquier medio de noticias que usen el nombre Y foto de mi hijo(a)

(Cuando halla un proyecto que requiere usar la foto de su hijo(a), usted será notificado antes de imprimir la foto.

NO, yo no permito que usen el nombre y foto de mi hijo(a).

Padres/Nombre del Tutor \_\_\_\_\_

Padres/Firma de Tutor

Fecha \_\_\_\_\_

# Permission To Walk Home

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

The safety of your child(ren) is a high priority for us at Cortez Park. Because of this, we need to know if your child will be walking to and/or from school. Please complete the permission slip below.

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Address \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

I give permission for my student to walk to and from school at Imagine Elementary at Cortez Park (3535 W. Dunlap Ave.)

Yes  No

I hereby certify that the above information is true and correct.

Parent/Guardian Name (Please Print) \_\_\_\_\_

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

## OFFICE USE ONLY

Teacher \_\_\_\_\_

Room Number \_\_\_\_\_

## Transportation Request Form

Imagine Elementary at Cortez Park  
3535 W. Dunlap Avenue  
Phoenix, AZ 85051

If you are interested in bus service, please complete the questionnaire below and return it with your enrollment packet.

Only families using both morning and afternoon bus services will be placed on the bus schedule.

We cannot guarantee transportation as we have limited seating.

Student Names \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Major Cross Streets \_\_\_\_\_

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

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

**Imagine Schools at Cortez Park**

**Student Residency Questionnaire Form**

Your child may be eligible for additional educational services through Title I Part A, and/or Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Where are you and your family currently staying? **Check one box.**

<p><b>Section B</b></p> <p><input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing.</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult.</p> <p><input type="checkbox"/> In a hotel/motel.</p> <p><input type="checkbox"/> In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.</p> <p><input type="checkbox"/> In an emergency/transitional shelter.</p> <p><input type="checkbox"/> Other _____</p> <p><i>CONTINUE: If you checked a box in Section B, complete the remainder of this form.</i></p>
--

3. If you checked a box in Section B, your child/children may be eligible for additional educational services through Title I, Part A, Title I Part C-Migrant, or Title X, Part C- Federal McKinney-Vento Assistance Act.

Students Name	M/F	D.O.B	Grade	School

4. Would you like to be contacted by a member of the school system's Education for Homeless Children and Youth program staff? Yes No

5. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student  
Date

Signature

(Area Code) Phone number

Street Address

City

State

Zip

Print School Contact

Title

Signature (required)

Date

