

# Da Vinci Tree Academy

2020-2021 Registration Form

For complete registration of your child, please submit the following documents:  Documents included in this package:
Commitment to Success (signed) 2020-2021 DaVTA Registration Packet (completed, signed, and dated) ESSA (also known as NCLB) Guidelines to Determine Eligible Students PHLOTE Form (completed, signed, and dated) Arizona Residency Documentation Form (completed, signed, and dated) iPad Pilot Parent Agreement/iPad Policy Manual
Required Documents:  Arizona Residency Verification (only provide a copy of one)  • Valid Arizona driver's license, Arizona identification card  • Valid Arizona motor vehicle registration  • Valid United States passport  • Property deed  • Mortgage documents  • Property tax bill  • Rental agreement or lease (including Section 8 agreement)  • Utility bill (water, electric, gas, cable, phone)  • Bank or credit card statement  • W-2 wage statement
<ul> <li>Payroll stub</li> <li>Certificate of tribal enrollment or other identification issued by an Indian tribe</li> <li>Must also include only one of the following: Copy of Birth Certificate, Baptismal Record, Social</li> <li>Security Number Application or Original School Records</li> </ul>
Other Requested Documents (can be submitted after enrollment):  Copy of Immunization Records  Copy of previous report card and copies of standardized tests (AIMS Science & AzMerit)  Legal Custody Documentation (if applicable)  IEP (if applicable and after the student has been registered and enrolled)  504 (if applicable and after the student has been registered and enrolled)  NSLP Form for Free and Reduced Lunches for Students

OFFICE USE ONLY (Verify student name Per A.R.S 15-828)					
Student Last Name:		Student First Name:			
Received by:		Date Received:			
SAIS ID#:		Grade Entering:			
ENTRY DATE	_CODE	WITHDRAWAL DATE CODE _			



## **Student Information**

-As it appears on Birth Certificate-

Last:	First:		MI:
Home Address:		APT/Unit:	
City:	State:	Zip:	
Home Phone Number / Primar	y Contact Numb	er: ()	
Grade Entering: Las	t School Attende	ed:	
Date of Birth (mm/dd/yyyy):		Present Age:	
State/Province of Birth:			
Gender:			
<u>Pa</u>	rent/Guard	lian Information	
Parent Name:		Parent Name:	
<ul><li>Lives With</li><li>Legal Custody</li><li>Guardian/Foster Parent</li></ul>		<ul><li>Lives With</li><li>Legal Custody</li><li>Guardian/Fost</li></ul>	
Order of Contact (circle): 1st	2nd 3rd	Order of Contact (cire	cle): 1st 2nd 3rd
Address:		Address:	
City: Sta	ate:	City:	State:
Zip Code:		Zip Code:	
Mobile: ()		Mobile: ()_	<del>-</del>
Work: ()		Work: ()_	<u>-</u>
Email:		Email:	

### Primary Home Language Other than English (PHLOTE) **Home Language Survey**

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statement will be used to determine whether the student will be assessed for English Language Proficiency. What is the primary language used in the home regardless of the language spoken by the student? What is the language most often spoken by the student? What is the language the student first acquired? **Other Siblings At Home** Grade: \_\_\_\_\_ Enrolled at DaVTA/Storybook? Y N Name: Grade: \_\_\_\_\_ Enrolled at DaVTA/Storybook? Y N Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled at DaVTA/Storybook? Y N Name: \_\_\_\_ Grade: \_\_\_\_ Enrolled at DaVTA/Storybook? Y N Name: \_\_\_ **Student Demographics** We are required by the State of Arizona to report the following race and ethnicity information for all students. Student's Race Check all that apply. If two or more are checked, please circle the option you would like DaVTA to list on the state survey. Arizona only allows us to report one category per student. ☐ White Asian ☐ Black/African American Pacific Islander or Native Hawaiian American Indian/Alaskan Native Student's Ethnicity Check one box only.

☐ Hispanic or Latino

### **Special Education Information**

Students are admitted to Da Vinci Tree Academy regardless of whether or not they have an Individual Education Profile (IEP) or 504 plan. Once students are admitted, parents are required to complete a questionnaire that informs the school of any and all accommodations the student requires currently or in the past.

Is the student	currently enrolled	in programs such	as Special Education	, Gifted programs, Etc.?
		Yes	☐ No	
If yes, please s	state which and fo	r what specific are	ea(s):	
Has the stude	nt previously beer	n enrolled in Spec	ial Education, Gifted p	orograms, Etc.?
		Yes	□ No	
It yes, please e	explain:			
Does the stude	ent have a serious	or disabling cond	lition that may require	accommodation or
	Special Education		, , , , , , , , , , , , , , , , , , , ,	
		Yes	□No	
If you please			L NO	
ii yes, piease t	explain:			
		General Inf	ormation	
Has the studer	at over been evne		attended schools?	
rias trie studer	it ever been expe	ned at previously	attended schools:	
		Yes	☐ No	
If yes, please e	explain:			
	How die	d vou loarn about	Da Vinci Tree Academ	w2
	riow die	a you learn about	Da vilici ilee Acadelli	y:
☐ Google	☐ Facebook	Storybook (	Cottage 🗌 Radio	☐ Kids First on 22nd
☐ Family/Frie	ends 🔲 Gr	eatSchools.com	Other:	
My signature be	elow certifies all of t	he following: (1.) I a	m the parent or Legal gu	uardian of this student; (2)
		_		est of my knowledge; (4)
Dav IA has my p	permission to obtair	n school records fro	m the previous schools a	attended.
D I C	C'			Data
rarent Guardi	an Signature:			Date:



# **Student Emergency Card**

Last:	First:		MI:
Home Address:		APT/Unit:	
City:	State:	Zip:	
Home Phone Number / Prima	ary Contact Numb	oer: ()	<del></del>
Parent/Guardian:		Parent/Guardian: _	
Mobile: ()		Mobile: ()	
Work: (		Work: ()_	
Physician:			
Business Name:		Business Name:	
Office: ()		Office: ()_	<del>-</del>
Emergency Contact:		Emergency Contac	t:
Phone: (		Phone: ()_	=
Relationship:		Relationship:	
Current Medications:			
Allergies:			
DaVTA will make every effort to chereby authorize Da Vinci Tree A		•	g ,
Parent/Guardian Signature		Parent/Guardian Si	gnature
Date:		Date:	
Medication Permission			
l,, p to DaVinci Tree Academy to	arent and/or guar	rdian of	, grant permission
to DaVinci Tree Academy to recommended dosage.	administer Tyleno	l and/or Ibuprofen to m	y child not to exceed the
Parent/Guardian Signature		Date	

#### **VOLUNTEERING OPPORTUNITIES**

DaVTA values the dedication and commitment of our parents. You are instrumental in making sure each and every student succeeds in their academic pursuits. To make sure we are best utilizing all of your unique skills and abilities, let us know if you would be interested in volunteering. Please note that any volunteer being left alone with students must have an Arizona Fingerprint Clearance Card. In the space below, tell us about your interest and experience in any of the following:

- Speaking to a class about a subject or experience you think would be beneficial. Include any important facts relevant to the subject or your experience (your education, profession, or a brief explanation of your experience).
- Tutoring with small groups.
- Helping with after school clubs.
- Driving for field trips.

Other	



## Arizona Department of Education Residency Documentation Form

Student:	School: Da Vinci Tree Academy K-8
School District or Charter Holder: Scie	nce Technology Engineering and Math Arizona
Parent/Legal Guardian:	
and submit in support of this attestatio	udent, I attest that I am a resident of the State of Arizona n a copy of the following document that displays my name scription of the property where the student resides:
Please mark and provide ONLY ONE:	
Valid Arizona driver's license, Arizo Valid U.S. passport	na identification card or motor vehicle registration
Real estate deed or mortgage doc	uments
Property tax bill	
Residential lease or rental agreeme	
Water, electric, gas, cable, or phon	e bill
Bank or credit card statement	
W-2 wage statement Payroll stub	
	her identification issued by a recognized Indian tribe that
contains an Arizona address.	, G
Documentation from a state, tribal	or federal government agency (Social Security
	n, ArizonaDepartment of Economic Security)
•	ny of the foregoing documents. Therefore, I have provided
an original affidavit signed and notariz established residence in Arizona with t	ed by an Arizona resident who attests that I have he person signing the affidavit.
Parent/Guardian Signature	 
raieni/Quaruian signature	Date



#### **Homeless Form**

The following information is used to identify the needs of students and to report information to receive funding to improve our educational programs. If this information does not apply to you; please write your student's name, parent signature, and check the DOES NOT APPLY box.

☐ DOES NOT APPLY	
Student Name: Parent/Guardian Signature:	
Homeless Information: If you are homeless, please complete the following.  Type of housing (check options which apply):	
Publicly Operated Shelter	
Specify:	
☐ Privately Operated Shelter	
Specify:	
☐ Temporary Housing with Relatives or Friends	
Public Lands, Streets, Campgrounds	
☐ Other	
Specify:	

#### Children/Youth Information:

First Name	Last Name	Grade	Age	Sex	Ethnicity	Attend School?	School Name

### **PHOTOGRAPH RELEASE**

	parent and/or guardian of	
to DaVinci Tree Academy to 2020-2021 school year for the	allow my child to have his/her picture takene following events:	en at school for the current
☐ Yearbook		
☐ School Newspaper		
☐ School Website		
☐ School Brochures and	Promotional Materials	
Parent/Guardian Signature	Date	
	SCHOOL EXCURSIONS	
permission to DaVinci Tree A excursions for the current 20	he parent and/or guardian ofAcademy to allow my child to participate in the supervision of the supervision of the supervision of the supervision of the sent home prior to each excurate an arrangements.	n school-sponsored on of school personnel. I
Parent/Guardian Signature	Date	

### **Free and Reduced Lunches**

Your child my qualify for receiving from and/or reduced price meals from the school. Please look at the chart below to determine if you qualify or not.

Federal Eligibility Income Chart for School Year 2020-2021					
Household Size	Yearly Income	Monthly Income	Weekly Income		
1	\$23,107	\$1,926	\$445		
2	\$31,284	\$2,607	\$602		
3	\$39,461	\$3,289	\$759		
4	\$47,638	\$3,970	\$917		
5	\$55,815	\$4,652	\$1,074		
6	\$63,992	\$5,333	\$1,231		
7	\$72,169	\$6,015	\$1,388		
8	\$80,346	\$6,696	\$1,546		
Each additional person:	+\$8,177	+\$682	+\$158		

Each additional person.	. ψΟ, 1 / /	. 4002	. 4100
My student qualifie	es. I know that	🗌 l am unsure. l l	know that completing
completing the NS	LP Forms is	the form howe	ver will potentially
optional for free &	reduced lunches.	generate more	funding for my child



# **SCHOOL DAILY TRANSPORTATION**

Name	Phone Number	Relationship to Studen
☐ If your student has permiss	ion to walk home, or meet yo	u outside the gates please
-		
mark the box and sign belo	w.	
	w.	
mark the box and sign belo	Date	
mark the box and sign belo		
mark the box and sign belo Parent/Guardian Signature	Date  INSURANCE INFOR	MATION
mark the box and sign belo arent/Guardian Signature	Date	MATION
mark the box and sign below Parent/Guardian Signature  STUDENT  Please complete the b	Date  INSURANCE INFOR (Optional)  Pottom portion of this page and	return to the office.
mark the box and sign below arent/Guardian Signature  STUDENT  Please complete the b	Date  INSURANCE INFOR (Optional)	return to the office.
mark the box and sign below arent/Guardian Signature  STUDENT  Please complete the bear and sign below arent/Guardian Signature	Date  INSURANCE INFOR (Optional)  oottom portion of this page and	return to the office.
mark the box and sign below arent/Guardian Signature  STUDENT  Please complete the bear and sign below arent/Guardian Signature	Date  INSURANCE INFOR (Optional)  oottom portion of this page and	return to the office.
mark the box and sign below arent/Guardian Signature  STUDENT  Please complete the belowing provider:	Date  INSURANCE INFOR (Optional)  Pottom portion of this page and has health insuran	return to the office.  nce coverage through the
mark the box and sign below arent/Guardian Signature  STUDENT  Please complete the bear and sign below arent/Guardian Signature	Date  INSURANCE INFOR (Optional)  Pottom portion of this page and has health insuran	return to the office.  nce coverage through the
mark the box and sign below arent/Guardian Signature  STUDENT  Please complete the belowing provider:  Eudent's primary care physician national signature	Date  INSURANCE INFOR (Optional)  Pottom portion of this page and has health insuran	return to the office.  nce coverage through the

info@davincitree.academy



#### 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.	3. What is the language that the student first acquired?						
Studen	t Name	Student ID					
Date of	f Birth	SSID					
Parent/	Guardian Signature	Date					
Distric	t or Charter						
School							
Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.							
In AzEDS, please indicate the student's home or primary language.							

Diane M. Douglas, Superintendent of Public Instruction

1535 West Jefferson Street, Phoenix, Arizona 85007 • (602) 542-5460 • www.azed.gov



### **Migrant Agricultural Form**

The following information is used to identify the needs of students and to report information to receive funding to improve our educational programs. If the information on this form applies to you please complete this form; if this information does not apply to you, please fill in your student's name, parent signature, and check the "Does Not Apply" box.

Parent/Guardian Signature		Student Signature
☐ Does Not Apply		
М	igrant Agric	cultural Information
Student Name:		Grade:
Parent(s) Names:		
Address:		
City, State, ZIP:		
Has your family moved in the la	st 3 three year	s to seek agricultural work?
	☐ Yes	☐ No
Are you a dependent of an agri	cultural worke	r?
	Yes	□ No



## 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, FERP A allows schools to disclose those records, without consent, to the following parties or under the following conditions:
  - 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
  - Other schools to which a student is seeking to enroll
  - Specified officials for audit or evaluation purposes
  - Appropriate parties in connection with financial aid to a student
  - Organizations conducting certain studies for or on behalf of the school
  - Accrediting organizations
  - To comply with a judicial order or lawfully issued subpoena
  - Appropriate officials in cases of health and safety emergencies
  - 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

This notice is available in English and Spanish on the ADE website at 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.



### **Commitment to Success**

Da Vinci Tree Academy (DaVTA) is dedicated to inspiring students in the areas of Science, Technology, Engineering, and Math (STEM) while highlighting how these fields intersect with the Liberal Arts. Students can't fully benefit from these areas until they have a strong set of literacy skills and a healthy work ethic. That is why we require all of our students and parents/guardians to sign the following commitment to success.

#### Student Commitment to Success

- I commit to do my best by paying attention in class and completing my homework.
- I commit to respect my teachers and the other adults at school.
- I commit to let my teachers know if I don't understand something or if I need help.
- I commit to follow school rules and teacher instructions, since I know that they are there to keep me safe and to help me learn.

udent Signature	– Date

#### Parent/Guardian Commitment to Success

- I commit to setting my student up for success by keeping an open line of communication with my child's teachers when necessary, either in-person or over the phone.
- I commit to helping my student complete their homework by providing them with a quiet work space at home and/or allowing them to stay after school for study hall.
- I commit to respecting the staff of Da Vinci Tree Academy and to addressing my questions and concerns to my child's teachers and/or school administration.
- I commit to helping my child follow school rules by providing them with dress code appropriate clothing. If I am unable to do so, I will privately let the school administration know so that arrangements can be made.

Parent/Guardian Signature	 Date	

