

Ambassador Academy

3820 E. Ray Road, Ste.8 Phoenix, AZ. 85044

(480) 961-2214

"Preparing future leaders today."

Student Demographics

Student Last Name _____ Student First Name _____ M Gender _____ DOB _____ Age _____

Street Address _____ City _____ Zip _____ Home Phone _____

Birthplace _____ Date student entered U.S. School _____
Country _____ State _____ City _____ (If born outside of U.S.)

Special Education Service ☐ Yes ☐ No Foster Child: ☐ Yes ☐ No

Name & address of last school attended _____ Grade: _____

Student Lives with: ☐ Mother Guardian ☐ Father Guardian ☐ Stepmother ☐ Stepfather ☐ Foster Mother ☐ Foster Father
☐ Other _____

Mother/Guardian _____ email: _____

Employer _____ Work Phone _____

Father/Guardian _____ email: _____

Employer _____ Work Phone _____

Emergency Contacts

Name _____ Phone _____
Name _____ Phone _____

We are applying for admission to Ambassador Academy. We have learned about the school's program and philosophy and we believe it would be a good educational setting for our child. We affirm that the information contained in this application is, to the best of our knowledge, true.

Parent/Guardian Signature: _____ Application Date _____

Office Use Only

☐ Language Survey completed and signed

☐ Ethnicity _____

☐ Immunization records complete

☐ ESS documents complete and current

☐ Birth Certificate

☐ FRL Form completed and signed (IA)

☐ Admission documents complete: ☐ Yes ☐ No

Grade _____

Teacher _____

Birth date and birth place verified by:

Enrollment start date: _____
SAIS entry date: _____
Withdrawal date: _____
SAIS entry date: _____

***Ambassador Academy* – Student Emergency Contacts/Medical Information**

2017-2018

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Cell #

e-mail

Cell #

e-mail

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Any medications you child is taking that we need to be aware of

Allergies/Special Health Considerations

In the case that you are unable to pick up your child from school by 3:15pm, Monday-Friday, who would you like school personnel to contact?

Name : _____ Phone: _____

Name: _____ Phone: _____

Please give the full names of any individuals who are AUTHORIZED to pick up your child from school:

Please give the full names of any individuals who are NOT authorized to pick up your child from school:

For State and Federal purposes, we need parent verification of your child/children's ethnicity and race.

Name of child/children: _____

Race (select one or more):

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

☐ Hispanic/Latino

Ethnic Group (please select one):

☐ White

☐ Hispanic/Latino

☐ Black/ African American

☐ American Indian/Alaska Native

☐ Asian/Pacific Islander

Parent signature: _____ Date: _____

Ambassador Academy

Primary Home Language Student Language Survey

Responses to these statements will be used to determine whether your child will be assessed for English Language Proficiency. These questions are in compliance with AZ. R7-2-306 from the ADE Board Rules.

Student Name _____

Date of Birth _____

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? _____

Parent/Guardian Signature _____

Date _____

Student I.D. _____

SAIS I.D. _____



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3820 E. Ray Road, Ste. 8
Phoenix, Arizona 85044
Telephone: 480-961-2214 Fax: 480-993 3222

Release of Information Request

TO: _____
AT: _____
FAX: _____ PHONE: _____
ADDRESS: _____
RE: Child's Name: _____
DOB: _____

Please provide the information indicated below for the above-referenced child:

- ☐ Student transcripts, including the current grades.
- ☐ Standardized testing results
- ☐ All specialized program reports and/or records
- ☐ Special Education records
- ☐ Results of any Special Education evaluations
- ☐ Health records, including immunization report
- ☐ Counseling records
- ☐ Official Withdrawal form

Thank you in advance for your assistance.

SEND RECORDS TO: Ms. Elizabeth Melter
Ambassador Academy
Fax: 480-993-3222

Please Note: According to the Family Educational Rights and Privacy Act, it is no longer necessary to obtain written consent to release records between schools. The Act states that school officials in which the student may intend to enroll may receive a student's records without a written consent for such release.

FOR MEDICAL RECORDS/INFORMATION:

I am the parent/legal caregiver of the above child and give my consent to release the above records and for your staff to speak with the school about my child.

Parent/Legal Caregiver

Date

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Ambassador Academy is a non-sectarian, public charter school. Ambassador Academy does not discriminate against any student on the basis of ethnicity, national origin, religion, gender, or disability.

Media Permission Slip

Dear Parent/Guardian:

As a school district we want to celebrate your child, his/her work, and his/her participation in certain programs or events. We are requesting permission for your child's image to be published. Please check the choice below that is appropriate for your family.

Your signature/permission will remain in effect for the duration of the child's schooling at Ambassador Academy. However, you may change this agreement at any time by writing to the Principal. Your wishes will be honored immediately upon receipt of your written request.

☐ **Full permission is granted**

This includes the following as appropriate: Image/audio of my child. This may include, but is not limited to, school/district website, local papers, and school publications, including yearbooks/memory books, DVD's of school performances/shows, etc.

☐ **Partial permission is granted**

This includes the following, as appropriate: Image/audio only, with no other personally identifying information except school.

☐ **Permission is NOT granted**

My child's image/audio may not be published on the district and/or school's website or in the print media generated by and under the control of the school district.

Student Name (please print clearly): _____

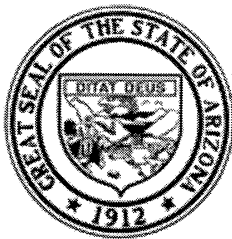
Student Current Grade: _____

Signature of Parent/Guardian: _____

Date: _____

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Arizona Department of Education

Student Directory Information Release Form

During the school year, school district or charter school staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the district governing board or charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter operator is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information containing the student's names, addresses, and telephone listings.*

If you *do not* want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District/charter in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form, or October 31, whichever occurs first. If the school district or charter school does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son/daughter's designated directory information.

TO: Principal

Re: My child (or children): **Name(s)** _____

- ☐ I *do not* want any or all the information I have indicated below concerning my child to be designated as directory information and released to any person or organization without my prior written consent:

- | | |
|---|---|
| ☐ Name | ☐ Enrollment status (e.g. part time or full time) |
| ☐ Date and place of birth | ☐ Dates of attendance |
| ☐ Grade level | ☐ Photograph |
| ☐ Address | ☐ Participation in officially recognized activities/sports |
| ☐ Telephone Listing | ☐ Weight and height (members of athletic teams) |
| ☐ Electronic mail address | ☐ Most recent educational agency or institution attended |
| ☐ Honors and awards received | ☐ Major field of study |
| ☐ Other _____ | |

Parent/Guardian Signature

Date

Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School: Ambassador Academy

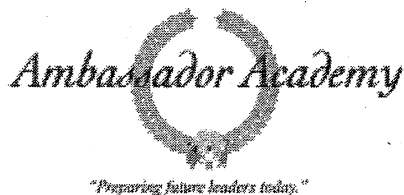
School District or Charter Holder: Ambassador Academy

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



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Phoenix, Arizona 85044
Telephone: 480-961-2214

Located in the Ahwatukee Community

Dear Ambassador Academy Families:

The Academy is preparing to participate in the E-rate program for next school year. The E-rate program would provides **substantial discounts** to the costs of our telephone service, Internet access, and the internal connections we use to build and maintain the computer networks for our students, and would save us a substantial amount of money which we could on curriculum materials to further enhance your child's education. The size of the discounts which we receive is based the income level of our students' families.

We need your help to qualify for the largest discount allowable by providing us with some general information. Please take a minute to fill out and return this questionnaire to me via email, or drop it off at school by August 5, 2016. **This information remains confidential. We report only by total school data, NOT individual families. The information will not be used for any purpose other than E-rate.**

(Please Print or Type)

Family Name _____
Street Address _____ City _____ State _____ Zip _____

I. Please answer the questions listed below.

Family Size (circle one)	Annual Income	Monthly Income	Weekly Income
1	21,978	\$ 1,832	\$ 423
2	29,637	\$ 2,470	\$ 570
3	37,296	\$ 3,108	\$ 718
4	44,955	\$ 3,747	\$ 865
5	52,614	\$ 4,385	\$ 1,012
6	60,273	\$ 5,023	\$ 1,160
7	67,951	\$ 5,663	\$ 1,307
8	75,647	\$ 6,304	\$ 1,455
For each additional family member add	+ 7,696	+ \$ 642	+ \$ 148

Is your family's income equal to or less than any of the amounts listed next to the number you circled? ☐ Yes ☐ No
 Are your children eligible for the National School Lunch Program (provides free or reduced meals) at their schools? ☐ Yes ☐ No
 Is your family eligible for food stamps? ☐ Yes ☐ No
 Is your family eligible for medical assistance under Medicaid? ☐ Yes ☐ No
 Does your family receive Supplementary Security Income (SSI)? ☐ Yes ☐ No
 Does your family receive housing assistance (section 8)? ☐ Yes ☐ No
 Does your family receive home energy assistance? ☐ Yes ☐ No

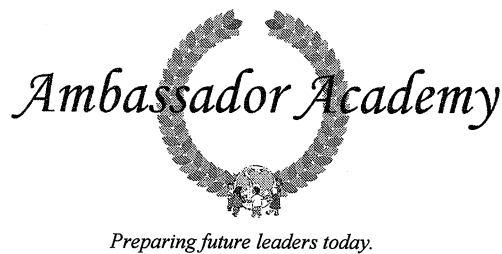
II. To validate the questionnaire, please list the names of all school children living in your home and which school they attend.

Name of Child	Name of School	Grade

Remember, the results of this survey IS kept confidential. Please call Ms. Melter at 480-961-2214 or Dr. Reyes at 480-822-9525 if you have any questions. We thank you for your continued support to your Academy.

Sincerely,

Dr. E. I. Reyes, Superintendent



TO : All Families
RE : Enrollment and Activity Fees

Enrollment and Activity Fee is \$100 per child and is due at the time of enrollment.

After two weeks of submitting the enrollment request, the enrollment fee is non-refundable.

- *Processing* your child's enrollment and setting up the child into the student data system through which report cards are generated.
- *Family Communication*: This is a one-time fee used to help defray the cost of our family communication system we which includes text, in addition to other communication features.
- *PTO* This is a one-time fee that is used to help with the costs incurred in managing your parent/teacher organization.

Activity Fees:

Field Trip Fee (Arizona Tax Credit eligible): This is a one-time fee that is used to help pay for field trips during the school day and helps cover the cost of transportation, entry fees, and other fees associated with field trips. Because of the state's guidelines, your child will not participate in the field trips if you do not pay this fee.

The state of Arizona has developed clear guidelines on how Arizona School Tax Credit dollars can be used. Schools must be able to answer yes to a series of questions in order to claim the dollars are eligible for tax credit. Because of this, we need to be in compliance with the tax credit regulations.

Please make checks to Ambassador Academy. If you have any questions, please contact me.

Elizabeth M Melter

Ms. Elizabeth Melter, Principal

I have read and agree to the above

Student	Fee
TOTAL	

Parent/Guardian Signature

Date

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2017-2018 School Year

Dear Kindergarten Parents/Guardians,

Implementing a quality Full Day Kindergarten program requires planning and funding for materials, and highly qualified teaching staff. It is important to realize that currently schools are only funded for half day kindergarten. As a result, the amount of funding we receive is not enough to cover the cost of educating a child for the full day. Your partial monthly tuition of \$150.00 helps to offset part of the costs involved (less than half the actual cost for the half day). The Academy pays the balance.

Your enrollment of your child into Ambassador Academy demonstrates your commitment to offer your child a quality education and your investment into your child's future.

Sincerely,

Ms. Elizabeth Melter, Principal

I have read and understand the kindergarten tuition policy.

Parent Signature: _____

Date: _____

Please include the following with your application:

- ADE AZ Proof of Residency Documentation Form (*showing current address*)
 - AZ Driver License, Utility Bill, Lease or Mortgage, etc
- Birth Certificate
- Current Immunization Records
- Enrollment/Activity Fee – Payment
- Ambassador Academy Before & After School Registration (if applicable)