



TWENTY FIRST CENTURY  
CHARTER SCHOOLS

Bennett Academy's K-8 Schools

**Bennett Academy**  
2930 W. Bethany Home Rd. Phoenix, AZ 85017

SAIS \_\_\_\_\_  
Enrolling Grade \_\_\_\_\_

**Registration Form**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
LAST FIRST M City/State Zip  
 Male  Female

Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_

**Ethnicity:**  Non-Hispanic/Latino  Hispanic/Latino  
**Race:**  White  Indian American  Black/African American  
 Native Hawaiian/Pacific Islander  Asian or Indian Subcontinent

**Parent/Guardian Information:**

<b>Relationship</b>	<b>Last Name/First Name</b>	<b>Phone Numbers:</b> Cell _____ Work _____ Home _____ Email Address _____	<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Other _____
<b>Relationship</b>	<b>Last Name/First Name</b>	<b>Phone Numbers:</b> Cell _____ Work _____ Home _____ Email Address _____	<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Other _____
<b>Relationship</b>	<b>Last Name/First Name</b>	<b>Phone Numbers:</b> Cell _____ Work _____ Home _____ Email Address _____	<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Other _____

**Emergency Contacts:**

If my student needs to leave school and I am unavailable, I authorize the following persons to take temporary custody and responsibility for my student:

Name	Relationship	Home Phone	Cell Phone	Work Phone

**FOR OFFICE USE ONLY**

Entry Date:	Last Day of Attendance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Day of Non Attendance	Withdrawal Form	Proof of Birth	Immunizations	Proof of AZ Residency



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**Educational History:**

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

Has your student ever been  expelled from any school? If yes please explain: \_\_\_\_\_

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To provide a continuity of services, please check any special services your student has previously received or is currently receiving:

Special Education    504 Accommodations    Gifted/Talented    English Language Learner

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

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?** \_\_\_\_\_

***I hereby certify that I am the legal parent or guardian for this student and information that I have provided is accurate and true.***

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

\_\_\_\_\_  
Date



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

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
- \_\_\_\_\_ 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

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.



Departamento de Educación de Arizona  
Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante \_\_\_\_\_ Nombre de Escuela \_\_\_\_\_

Distrito Escolar o Escuela Chárter \_\_\_\_\_

Padre/Tutor Legal \_\_\_\_\_

Como el padre del estudiante o representate legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- \_\_\_ Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- \_\_\_ Pasaporte válido de los EE. UU.
- \_\_\_ Escritura inmobiliaria o documentos de hipoteca
- \_\_\_ Recibo de pago de impuestos sobre la propiedad
- \_\_\_ Contrato de renta de casa/residencia
- \_\_\_ Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- \_\_\_ Factura de tarjeta de crédito o de banco
- \_\_\_ Copia de la forma W-2 sobre declaración de ingresos
- \_\_\_ Talón del cheque de paga
- \_\_\_ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- \_\_\_ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
  
- \_\_\_ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

\_\_\_\_\_  
Firma del padre/tutor legal

\_\_\_\_\_  
Fecha

Request Sent: \_\_\_\_\_  
Follow Up: \_\_\_\_\_



# TWENTY FIRST CENTURY CHARTER SCHOOLS

Bennett Academy's K-8 Schools

**Bennett Academy**  
2930 W. Bethany Home Rd  
Phoenix, AZ 85017  
602-943-1317/F: 602-943-0280

**Bennett Academy – Venture Site**  
1535 W. Dunlap Ave  
Phoenix, AZ 85021  
602-242-4220/F: 602-870-7501

## Request for School Records

**Student** \_\_\_\_\_ **DOB** \_\_\_\_\_ **SAIS#** \_\_\_\_\_

**Last School(s) Attended/Phone #/Fax #**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*PUBLIC LAW 93-380. The Federal Family Education Rights and Privacy Act, provide that the written consent of the parent/guardian/eligible students is not required to release educational records to officials of other schools or school systems to which the student seeks or intends to enroll.*

Permission is granted to release any and all school records:

\_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Official Transcripts</b>     | <input type="checkbox"/> <b>Withdrawal / Expulsion Form</b> | <input type="checkbox"/> <b>LEP Student File</b>                          |
| <input type="checkbox"/> <b>Attendance Records</b>       | <input type="checkbox"/> <b>Behavioral Record</b>           | <input type="checkbox"/> <b>Paper copy of Special Education Records</b>   |
| <input type="checkbox"/> <b>Report Cards</b>             | <input type="checkbox"/> <b>Health Data</b>                 | <input type="checkbox"/> <b>IEP-Pro copy of Special Education Records</b> |
| <input type="checkbox"/> <b>Standardized Test Scores</b> | <input type="checkbox"/> <b>504 Accommodation Plans</b>     | <input type="checkbox"/> <b>Records of Current Suspension</b>             |

Please send all health and immunization records, copy of birth certificate, all standardized test, previous and current grades, disciplinary records, and **SPECIAL EDUCATION RECORDS INCLUDING PSYCHOEDUCATIONAL EVALUATIONS, IEPs, MEETING NOTICES, PRIOR WRITTEN NOTICES, METs, ELIGIBILITY STATEMENTS, PLACEMENT STATEMENTS** and any/all other legal communications between the parent and school.

**Please forward this request for records to your Special Education/Special Services/Exceptional Student Services office automatically.**

**Thank you.**



**TWENTY FIRST CENTURY  
CHARTER SCHOOLS**  
Bennett Academy's K-8 Schools

**MEDICAL POLICIES**

Please sign that you have read and understand each medical policy below.

Under no circumstances should a student be brought to school if an illness is suspected. Students who are ill or contagious must remain away from school until they fever free and/o no longer contagious for 24 hours and fully recovered. All communicable afflictions must be reported to the office.

An ill student must be picked up within one hour from notification from the office. Authorized person(s) on the emergency card are eligible to pick up ill student(s) in the event a parent cannot be reached.

**MEDICATION POLICY**

Venture may administer short term medications on a daily basis under the following conditions:

- Medication must have been prescribed by your child's pediatrician/physician.
- Medicines must be in the original bottle with your child's full name, dosage amount, physician's dosage instructions, and the expiration date.
- Medication can only be dispensed once per day (all other doses need to be administered at home).
- Parent or guardian must bring the medication directly to the office and must have the back of this page completed and in the student's file.

**NEVER SEND MEDICATION TO SCHOOL IN A STUDENT'S BOX OR BACKPACK.** All medication, prescription or otherwise, must be dispensed by a designated staff person. This policy includes all non-prescription over the counter lozenges and medications.

Any medication which may be required on an "as needed" basis (i.e. inhalers, pain relievers, etc.) are required to have an accompanying note bearing the child's physician's signature and should include the following information: name of medication, dosage, and appropriate times for administering.

**SICKNESS AND ILLNESS POLICY**

Parents will be contacted immediately should any of the following occur:

1. The child's temperature exceeds 100 degrees.
2. There is the suspicion of a communicable or transferable disease.
3. The child is too ill to return to class.

I have read and understand the above:

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE



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*"Going from Good to Great!"*

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Phoenix, AZ 85017  
602-943-1317/FAX 602-943-0280

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1535 W. Dunlap Ave  
Phoenix, AZ 85021  
602-242-4220/FAX 602-870-7501

## Parent General Permission Form

I give permission to have my child's \_\_\_\_\_ voice or image  
(student name)  
used in school projects, on social media (radio, video, internet) or in print.

I give permission for my child \_\_\_\_\_ to attend school  
(student name)  
sponsored field trips. Advanced notice will be provided and a permission form  
required for each field trip.

I give permission for my child \_\_\_\_\_ to play in  
(student name)  
\_\_\_\_\_. Advanced notice will be provided and a permission form  
(sport/PE)  
required for each after-school sport.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date



# TWENTY FIRST CENTURY CHARTER SCHOOLS

Bennett Academy's K-8 Schools

Bennett Academy

Bennett Academy-Venture Site

## Transportation Form

It is important for the safety of our students that we know exactly how they will be coming to school, and how and with whom they are leaving school. To help us with this, please complete the form below:

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

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

**Morning (AM) Mode of Transportation:** (Please Circle)

School Bus

Family Drop-Off

Day Care Van

Walk / Bike

\_\_\_\_\_  
(Bus Stop Location)

**Afternoon (PM) Mode of Transportation:** (Please Circle)

School Bus

Family Pick-Up

Day Care Van

Walk / Bike

\_\_\_\_\_  
(Bus Stop Location)

**Primary Pick-Up Person:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Phones)

**Secondary Approved Pick-Up People:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Phones)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Phones)

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_





# TWENTY FIRST CENTURY CHARTER SCHOOLS

Bennett Academy's K-8 Schools

### Bennett Academy

2930 W. Bethany Home Rd.  
Phoenix, AZ 85017  
602-943-1317/F: 602-943-0280

### Bennett Academy – Venture Site

1535 W. Dunlap Ave  
Phoenix, AZ 85021  
602-242-4220/F: 602-870-7501

## DRUG, ALCOHOL, AND TOBACCO POLICY

Twenty First Century Charter Schools wishes to provide a safe school environment for all of its students. A school free of drugs, alcohol and tobacco is a good way to start.

We have a **ZERO TOLERANCE POLICY** regarding drugs, alcohol, and tobacco. If a student is caught on or near campus using these items, or with these items in his/her possession, that student will be expelled. **No excuses, no exceptions.** This includes selling, using, handling, or holding any of these substances.

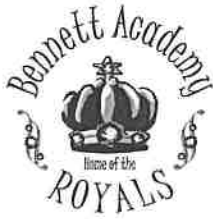
In addition, idle discussion about, pantomime use of, drawing of, writing about, texting about, or gossiping about drugs, alcohol or tobacco, and wearing any clothing with substance symbols/writing on it will result in immediate disciplinary actions. At Bennett demerits will be given, and a letter will be sent home to the parents of the offending parties. At Venture, parents will be immediately notified of disciplinary measures. Any further violations will result in a parent teacher conference, removal from the general school population and demerits will be given. Once a student has three violations or enough demerits, *whichever comes first*, that student will be expelled.

Any student needing to take prescribed medication must notify the office of this, and bring a signed note from their parent/legal guardian indicating their permission to use this medication. The medication is to be left in the office, and used only as directed. Abusing any kind of medication, or the distribution of medication to those it is not prescribed to, will result in immediate expulsion. Thank you for your support of this policy.

I have read and understand this policy:

\_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_ DATE

\_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_ DATE



## Twenty First Century Charter Schools Inc.

### FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Twenty-first Century Charter Schools, Inc. is required to provide a copy of the *General Guidance for Parents*, a part of the *Family Educational Rights and Privacy Act (FERPA)*, to all parents and guardians of students attending either the Bennett Academy or Bennett Academy-Venture Site. This information is provided to you to help ensure that you know your rights in regard to your student's educational records.

A copy is included in our enrollment package. By signing this form, you are acknowledging that you have received a copy of the *General Guidance for Parents*. If you have any questions regarding these rights, please call the office at 602.943.1317 (Bennett Academy) or 602.242.4220 (Bennett Academy-Venture Site).

I have received a copy of the *General Guidance for Parents*.

---

Parent's Signature

---

Date

## **Family Educational Rights and Privacy Act (FERPA) General Guidance for Parents**

FERPA is a Federal law that applies to educational agencies and institutions that receive funding under a program administered by the U. S. Department of Education. Parochial and private schools at the elementary school levels do not generally receive such funding and, therefore, are not subject to FERPA. The statute is found at 20 U.S.C. § 1232g and the Department's regulations are found at 34 CFR Part 99.

Under FERPA, schools must generally afford parents: -access to their children's education records -an opportunity to seek to have the records amended -some control over the disclosure of information from the records.

Parents may access, seek to amend, or consent to disclosures of their children's education records, unless there is a court order or other legal document specifically stating otherwise. When a student turns 18 years of age or attends a postsecondary institution, the student, and not the parent, may access, seek to amend, and consent to disclosures of his or her education records.

### **Access to Education Records**

Schools are required by FERPA to:

- provide a parent with an opportunity to inspect and review his or her child's education records within 45 days of the receipt of a request
- provide a parent with copies of education records or otherwise make the records available to the parent if the parent, for instance, lives
- outside of commuting distance of the school
- redact the names and other personally identifiable information about other students that may be included in the child's education records.

Schools are not required by FERPA to:

- Create or maintain education records;
- Provide parents with calendars, notices, or other information which does not generally contain information directly related to the student;
- Respond to questions about the student.

### **Amendment of Education Records**

Under FERPA, a school must:

- Consider a request from a parent to amend inaccurate or misleading information in the child's education records;
- Offer the parent a hearing on the matter if it decides not to amend the records in accordance with the request;
- Offer the parent a right to place a statement to be kept and disclosed with the record if as a result of the hearing the school still decides not to amend the record.

A school is not required to consider requests for amendment under FERPA that:

- Seek to change a grade or disciplinary decision;
- Seek to change the opinions or reflections of a school official or other person reflected in an education record;
- Seek to change a determination with respect to a child's status under special education programs.

#### Disclosure of Education Records:

A school must:

- Have a parent's consent prior to the disclosure of education records;
- Ensure that the consent is signed and dated and states the purpose of the disclosure.

A school MAY disclose education records without consent when:

- The disclosure is to school officials who have been determined to have legitimate educational interests as set forth in the school district's annual notification of rights to parents;
- The student is seeking or intending to enroll in another school;
- The disclosure is to state or local educational authorities auditing or evaluating Federal or State supported education programs or enforcing Federal laws which relate to those programs;
- The disclosure is pursuant to a lawfully issued court order or subpoena; and
- The information disclosed has been appropriately designated as directory information by the school.

#### Annual Notification

A school must annually notify parents of students in attendance that they must allow parents to:

- Inspect and review their children's education records;
- Seek amendment of inaccurate or misleading information in their children's education records;
- Consent to most disclosures of personally identifiable information from education records.

The annual notice must also include:

- Information for a parent to file a complaint of an alleged violation with the PPCO;
- A description of who is considered to be a school official and what is considered to be a legitimate educational interest so that information may be shared with that person;
- Information about who to contact to seek access or amendment of education records.

Means of notification:

- Can include local or student newspaper; calendar; student programs guide; rules handbook, or other means reasonable likely to inform parents;
- Notification does not have to be made individually to parents.

#### Complaints of Alleged Violations:

Complaints of alleged violations may be addressed to:

Family Policy Compliance Office  
US Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-5901

Complaints must:

- Be timely submitted, not later than 180 days from the date you learned of the circumstances of the alleged violation
- Contain specific allegations of fact giving reasonable cause to believe that a violation has occurred, including:
  - Relevant dates, such as the date of a request or a disclosure and the date the parent learned of the alleged violation;
  - Names and titles of those school officials and other third parties involved;
  - A specific description of the education record around which the alleged violation occurred;
  - A description of any contact with school officials regarding the matter, including dates and estimated times of telephone calls and/or copies of any correspondence exchanged between the parent and the school regarding the matter;
  - The name and address of the school, school district, and superintendent of the district;
  - Any additional evidence that would be helpful in the consideration of the complaint.

This document was prepared and distributed by the Parent Information Network, Arizona Department of Education, Exceptional Student Services. It appears on the U.S. Department of Education website at [http://www2.ed.gov/pubs/parentsandfamilies/exceptional.html](http://www2.ed.gov/pubs/parentsandfamilies/exceptional/exceptional.html). These contents do not necessarily represent the position of the Department of Education and should not be construed as an official policy or position of the Department of Education or the State of Arizona. It does not discriminate on the basis of race, religion, color, national origin, sex, disability or age in its programs, activities or in its hiring and employment practices. For questions or concerns regarding this statement, please contact Administrative Services at (602)945-3118. This document is in the public domain and may be freely reproduced in its current format. For more information, call the Parent Information Network at (602)945-3118 or visit our website at [www.azed.gov/azpinet/](http://www.azed.gov/azpinet/).

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

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**

(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?**

\_\_\_\_\_

2. **What is the language most often spoken by the student?** \_\_\_\_\_

3. **What is the language that the student first acquired?** \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_  
AzEDS \_\_\_\_\_

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

Twenty First Century Charter Schools, Inc.

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)

Estado de Arizona  
Departamento de Educación  
Servicios de Aprendizaje del Inglés

**Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)  
Encuesta sobre el Idioma en el Hogar**

(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?**

\_\_\_\_\_

2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** \_\_\_\_\_

3. **¿Cuál fue el primer idioma que aprendió el estudiante?** \_\_\_\_\_

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

Fecha de nacimiento \_\_\_\_\_ Núm. de SAIS \_\_\_\_\_

Num de AzEDS \_\_\_\_\_

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

Twenty First Century Charter Schools, Inc.

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)



TWENTY FIRST CENTURY  
CHARTER SCHOOLS

Bennett Academy's K-8 Schools

Questionnaire for Separate/Divorced Parents

SY \_\_\_\_\_

We understand that certain family circumstances may cause situations to arise that we need to be aware of, in order to best provide for the welfare of your child(ren) during the time they are at school. In case there are circumstances that we need to be aware of as to custody, restraining orders, etc., you will need to provide us with all information necessary in order to provide maximum protection for your child. All information provided will remain strictly confidential and will be shared only with those staff members who need to know of these situations because of their duties or responsibilities with the school.

*We must have a certified copy of any court order(s) that may affect the custody restrictions explained below.*

Student Name(s) \_\_\_\_\_

Custodial Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Please circle or explain:

Divorced                      Separated                      other \_\_\_\_\_

Is there a court order dealing with custody/visitation?                      Y                      N

Are there any court orders curtailing or restricting the rights and privileges of your current or former spouse with respect to his/her right to be kept informed of the student's school progress and activities or to participate in those activities? Briefly explain                      Y                      N

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

Does the most recent court order restrict the right of the non-custodial parent to pick up the above-named child at school? If so, please explain:                      Y                      N

\_\_\_\_\_

On the back please provide any additional information that may be helpful in regard to the above issues.