



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: _____ Male Female
LAST FIRST M
 Address: _____ City/State _____ Zip _____

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:

| | | | |
|--------------|----------------------|---|---|
| Relationship | Last Name/First Name | Phone Numbers: 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 _____ |
| Relationship | Last Name/First Name | Phone Numbers: 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 _____ |
| Relationship | Last Name/First Name | Phone Numbers: 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: First Day of Non Attendance | <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> Proof of Birth | <input type="checkbox"/> Immunizations | <input type="checkbox"/> 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: _____

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

Request Sent: _____
Follow Up: _____



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

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.



**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
- ___ Valid Arizona Address Confidentiality Program authorization card
- ___ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ___ Temporary on-base billeting facility (for military families)

___ 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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



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
- ___ Tarjeta vigente del Programa de Confidencialidad de Dirección de Arizona.
- ___ 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.
- ___ Instalación temporal de alojamiento en la base (para familias militares)

Firma del Padre/Custodio legal

Fecha



Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

| | |
|---------------------------------|---------------------------|
| Student Name _____ | District Student ID _____ |
| Date of Birth _____ | SSID _____ |
| Parent/Guardian Signature _____ | Date _____ |
| District or Charter _____ | |
| School _____ | |

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. **¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

2. **¿Qué idioma habla el estudiante la mayoría del tiempo?**

3. **¿Qué idioma habló o entendió el estudiante primero?**

| | |
|-------------------------------|------------------------------|
| Nombre del estudiante _____ | Distrito _____ |
| Fecha de nacimiento _____ | Núm. de identificación _____ |
| Firma del padre o tutor _____ | SSID _____ |
| Distrito o Charter _____ | Fecha _____ |
| Escuela _____ | |

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)



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

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



U.S. Department of Education

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

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

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. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which 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, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - 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; and
 - 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, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

[Get the Latest on FERPA at <https://studentprivacy.ed.gov/>](https://studentprivacy.ed.gov/)



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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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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: _____



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"Going from Good to Great!"

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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



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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
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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.