



## 2010-2011 Pre-Registration Checklist

Please indicate the Pointe School your child will be attending.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Canyon Pointe Academy<br>4941 W Union Hills Dr<br>Glendale, AZ 85308<br>Office 602.896.1166<br>Fax 602.896.1164 | <input type="checkbox"/> Pinnacle Pointe Academy<br>6753 W Pinnacle Peak Rd<br>Glendale, AZ 85310<br>Office 623.537.3535<br>Fax 623.537.4433 | <input type="checkbox"/> North Pointe Preparatory<br>10215 N 43 <sup>rd</sup> Ave<br>Phoenix, AZ 85051<br>Office 623.209.0017<br>Fax 623.209.0021 |
|--|--|---|

Pointe Schools provides parents the opportunity to pre-register their children. This process involves presenting personal documentation from home and providing previous school information, as well as signing and submitting district forms attached to this checklist.

A. **Secure and present** the following personal documentation from home:

1. Birth Certificate
2. Immunization Records
3. Social Security Card
4. Custody Papers (if applicable)
5. Paragraph written by student explaining why he/she wants to attend the North Pointe Preparatory (grades 7-12).

B. **Secure and present** the following official documentation from the previous school:

6. Academic Records: unofficial transcript (if applicable), most recent report card
7. Discipline Records
8. Withdrawal Form (to maintain enrollment for 2010-2011, due by June 1, 2010).

C. **Complete, sign, and submit** the 2010-2011 district forms attached to this checklist:

9. Registration Application
10. Special Education Information Form
11. Emergency Health Form
12. Screening Form To Determine History of Chicken Pox Disease
13. Home Language Survey (English or Spanish)

D. **Schedule** a placement test with the school office: Math (grades 1-12), Reading (grades 1-6), Kindergarten Readiness Assessment (if your child is not 5 by September 1, 2010).

The personal documents must be presented at the time the above-cited district forms are submitted. All items must be presented/submitted at the same time.

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

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



<h2 style="margin: 0;">2010-2011 STUDENT REGISTRATION FORM</h2>
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**Please indicate the Pointe School your child will be attending.**

- Canyon Pointe Academy     
  Pinnacle Pointe Academy     
  North Pointe Preparatory

**STUDENT INFORMATION**

Last Name: _____		First Name: _____		Middle Name: _____	
Social Security #: _____			Preferred Name: _____		
Primary Address: _____			City: _____	State: _____	Zip: _____
Home Telephone: _____			Student E-mail: _____		
Date of Birth: _____	Gender: M F	Ethnicity: _____		Current Age: _____	
Place of Birth: _____			Home Language: _____		
Current School: _____				Current Grade: _____	
Requested Enrollment (Start) Date at Pointe School: _____				Enrollment Grade: _____	

**PARENT/GUARDIAN INFORMATION**

Father's Name: _____	Mother's Name: _____
<input type="checkbox"/> Lives With <input type="checkbox"/> Legal Custody <input type="checkbox"/> Receives Report Cards	<input type="checkbox"/> Lives With <input type="checkbox"/> Legal Custody <input type="checkbox"/> Receives Report Cards
Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home: _____ Cell: _____	Home: _____ Cell: _____
E-Mail: _____	E-Mail: _____
Employer: _____	Employer: _____
Telephone: _____ Fax: _____	Telephone: _____ Fax: _____

Are parents divorced or separated?	Yes	No	
Name of Stepmother: _____		Name of Stepfather: _____	
Cell: _____	Work: _____	Cell: _____	Work: _____
E-Mail: _____		E-Mail: _____	
Siblings at a <b>Pointe School</b> ?	Yes/Current	Yes/Registered	No
Name: _____	Grade: _____	School: <b>NPP</b> <b>CPA</b> <b>PPA</b>	
Name: _____	Grade: _____	School: <b>NPP</b> <b>CPA</b> <b>PPA</b>	
Name: _____	Grade: _____	School: <b>NPP</b> <b>CPA</b> <b>PPA</b>	
Name: _____	Grade: _____	School: <b>NPP</b> <b>CPA</b> <b>PPA</b>	



**EDUCATIONAL INFORMATION (page 2 of 2010-2011 Student Registration Form)**

List previous school(s) (attach separate sheet if necessary):

<b>School:</b>			Telephone:			Fax:			
Address:					Dates Attended:				
City:			State:		Zip Code:		Grades Attended:		
Reason Leaving:									
<b>School:</b>			Telephone:			Fax:			
Address:					Dates Attended:				
City:			State:		Zip Code:		Grades Attended:		
Reason Left:									
<b>School:</b>			Telephone:			Fax:			
Address:					Dates Attended:				
City:			State:		Zip Code:		Grades Attended:		
Reason Left:									
<b>School:</b>			Telephone:			Fax:			
Address:					Dates Attended:				
City:			State:		Zip Code:		Grades Attended:		
Reason Left:									
Has your child been suspended/dismissed?			Yes	No	This academic year?		Yes	No	Year?
Has your child ever been expelled?			Yes	No	This academic year?		Yes	No	Year?

**If you marked yes to either of the questions above, you must provide separate, official documentation detailing the circumstances surrounding the suspension/expulsion.**

What are some of your child's Strengths \_\_\_\_\_ Interests \_\_\_\_\_ Challenges \_\_\_\_\_

How did you hear about us? Website Family/Friend Fliers/Mailers AZ Dept. of Ed  
 Current Pointe Schools' Student/Employee/Parent (name): \_\_\_\_\_  
 Other: \_\_\_\_\_

I certify that the above information is true and complete and I understand that falsification of facts on this application may result in my child's delay in enrollment and/or removal from the school. I also certify that I have read and agree to abide by the current Pointe Schools student handbook. Additionally, I agree to support and abide by each current student handbook as long as my child is enrolled at a Pointe School.

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



## 2010-2011 SPECIAL EDUCATION INFORMATION FORM

**Please indicate the Pointe School your child will be attending.**

- Canyon Pointe Academy       Pinnacle Pointe Academy       North Pointe Preparatory

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

Is your child currently receiving Special Education Services?      Yes \_\_\_\_\_      No \_\_\_\_\_

Has your child ever received Special Education Services?      Yes \_\_\_\_\_      No \_\_\_\_\_

Has your child ever been evaluated for Special Education Services?      Yes \_\_\_\_\_      No \_\_\_\_\_

If you checked "NO" to all questions above, please skip the next section and sign the form at the bottom.

If you checked "YES" to any of the question above, please complete the form below. Pointe Schools is committed to providing all eligible students with services upon enrollment. *Therefore; in order for your registration to be complete, you must attach a current copy of your child's **504 plan** or **IEP** and **Psychological records** (or the official determination that your child no longer qualifies for services).* Once the Special Education Director has reviewed the paperwork, he/she will call you to set up a meeting.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Street

City

Zip

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

Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Date/Grade of IEP (if possible): \_\_\_\_\_

Please read the categories below and check all that apply to your child:

\_\_\_ Hearing Impaired (HI)      \_\_\_ Current Behavior Plan      \_\_\_ Visual Impairment

\_\_\_ Emotional Disability (ED)      \_\_\_ Speech/Language Impairment      \_\_\_ MIMR

\_\_\_ Orthopedic Impairment      \_\_\_ 504 Plan      \_\_\_ ELL

\_\_\_ Attention Deficit Disorder      \_\_\_ Occupational Therapy      \_\_\_ Autism (A)

\_\_\_ Specific Learning Disability (SLD)      Other (Specify) \_\_\_\_\_

   \_\_\_ Math    \_\_\_ Language    \_\_\_ Reading

I understand that Pointe Schools requires a full disclosure of all special education services that have been provided. I also understand that failing to disclose this information is a falsification of facts and will result in my child being withdrawn from school.

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

\_\_\_\_\_  
Date





# Screening Form to Determine History of Chickenpox (Varicella) Disease

ADHS Var 6/05

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Parent/Guardian Name** (please print): \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone Number** (where you can be reached during the day): \_\_\_\_\_

**If your child saw a doctor for a rash that the doctor said was chickenpox, please fill out this box.**

Doctor's Name: \_\_\_\_\_

Approximate Date of the Doctor Visit:      Month: \_\_\_\_\_      Year: \_\_\_\_\_

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

If you filled out this box then your child will not need to get the chickenpox vaccine for school admission. Present this to the school nurse as proof of chickenpox disease.

**If you think your child had chickenpox even though he or she was not taken to the doctor, please fill out this box.**

Approximate Date of Illness:      Month: \_\_\_\_\_      Year: \_\_\_\_\_

Did your child have a rash on his/her body for 3 or more days?       Yes       No       Don't Know

Did the rash have blisters?       Yes       No       Don't Know

Did the blisters itch?       Yes       No       Don't Know

Did the blisters turn into scabs       Yes       No       Don't Know

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

If you answered "Yes" all the questions in this box then your child will not need the chickenpox vaccine for admission to school. Present this to the school nurse as proof that your child already had chickenpox.

If you answered "No" or "Don't Know" to any of the questions in this box, then your child will need the chickenpox vaccine for school admission.



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:** \_\_\_\_\_



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:** \_\_\_\_\_