New Enroll

Southgate Academy 2019/20

Registration Check List

Date: _____

Student Name_____ Home Phone_____

Grade (for **2019/20** school year) _____

For Official Use Only:

- ☐ 1. Registration Form **(All Students)**
- ☐ 2. Emergency Form **(All Students)**
- ☐ 3. Educational Background **(New Students)**
- ☐ 4. Ethnic Background **(New Students)**
- ☐ 5. PHLOTE **(New Students)**
- ☐ 6. Migrant/Homeless **(All Students)**
- ☐ 7. Attendance Policy **(All Students)**
- ☐ 8. Handbook **(All Students)**
- ☐ 9. Media/Photo Form **(All Students)**
- ☐ 10. Arizona Residency Form & Proof **(All Students) –required every school year**
- ☐ 11. Immunization Record Form **(All Students)**
- ☐ 12. Request for Educational Records **(New Students) used only after acceptance**
- ☐ 13. Legal Guardianship/Custody Papers **(All Students if applicable)**
- ☐ 14. IEP/Special Education Records **(New Students if applicable)**
- ☐ 15. School Transcript/Grades **(New Students)**
- ☐ 16. 8th Grade Promotion Certificate **(New 9th Grade Students)**
- ☐ 17. Birth Certificate / or other supporting Documents **(New Students)**
- ☐ 18. Immunization Record **(New Students)**
- ☐ 19. Withdrawal Slip **(New Students)**

(Office Comments):_____

_____

Southgate Academy Enrollment Form

School Year 2019/20

E_____ E Date_____
W_____ W Date_____
SAIS #_____
School ID_____
R_____ R Date_____

Date:_____ GRADE:_____ (2019/20)

Student First Name_____ Last_____ Middle _____
*Male_____ Female_____

Address _____Apt# _____City _____State____ Zip_____
*Mailing Address(if different from above)_____Zip_____
Student Home Phone_____
Student Date of Birth: MO_____/DA_____/YR_____ Social Security # _____
Country of Birth:_____ State of Birth:_____

Ethnic Choice: (1)White_____ (2)Black/African American_____ (3) Hispanic/Latino_____
(4)American Indian/Alaska Native_____ (5)Asian/Pacific Islander_____
*Native American Indians:Tribe_____
Tribal Enrollment #_____
Agency_____ Degree Indian Blood_____

Mother first name_____ Last_____Middle_____
Address (If different from student)_____Zip code_____
Home Phone_____Work Phone_____Cell_____
Occupation_____ Employer_____
Primary Email_____

Father first name_____ Last_____ Middle_____
Address (If different from student)_____Zip code_____
Home Phone_____ Work Phone_____Cell_____
Occupation_____ Employer_____
Primary Email_____

*Is there a non-custodial parent?_____Yes_____No Student living with:_____Number of children in family?_____
*Is non-custodial parent contact allowed?_____Yes_____No /Is non-custodial parent allowed to pick up student?_____Yes_____No
*Is this a single parent home?_____Yes_____No Does this child live in a foster or group home?_____Yes_____No

Legal Guardian: First Name_____ Last Name_____
Do you have Legal Guardianship Documentation:_____Yes (*Must provide to school) _____No
Relationship to student_____Address_____Zip code_____
Home Phone_____ Work_____ Other_____
Occupation_____ Employer_____
*Is Biological parent contact allowed _____Yes_____ No / Is biological parent allowed to pick up student _____Yes _____No

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? _____

Last School Attended:_____ District_____ Is this a Charter School_____
Address:_____ City_____ State_____ Zip_____
****

Entered on School Master by: _____ Date_____ Code_____
_____ Date_____ Code_____

Student Emergency Information (Year 2019/20)

Student Name_____ Grade_____
Mother Name_____ Day phone_____
Father Name_____ Day phone_____

Medical Care Provider_____
Name of Doctor_____ Phone_____
Name of Dentist_____ Phone_____
Hospital of Choice_____

***In the event of serious illness or injury, I give consent for my child to be transported to our doctor's office, or closest emergency care facility by school personnel or ambulance, where emergency care will be provided until I can be contacted.*

_____ *Date*_____
(Parent/Guardian Signature)

List Allergies:_____

Please Explain The Following If It Applies:
Current Health Problems:_____
Medications:_____
Physical Disabilities or Permanent Illness:_____
Serious Injuries or Accidents:_____
Operations:_____

Does your child wear glasses?_____ Contacts?_____
Does your child have a hearing problem?_____
If yes, please explain_____

EMERGENCY CONTACT: Person's Allowed To Transport/Pick Up Student:

In case of emergency, our procedure will be to contact you first. If we are unable to reach you, the seriousness of the emergency will indicate the following action:

1. The person you designate on this list may be asked to care for your child.
2. List in contact priority order. This list will also indicate who can pick your child up after school.

	Name: First, Last	Relationship to Child	Phone/Cell
1.			
2.			
3.			
4.			
5.			

Educational Background 2019/20

Student Name_____ Grade_____

Schools Attended:

Pre-K _____
Kinder _____
1st _____
2nd _____
3rd _____
4th _____
5th _____
6th _____
7th _____
8th _____
9th _____
10th _____
11th _____
12th _____

Any grades repeated? _____skipped?_____
Child's feelings about school? _____
_____
_____

Does your child have a history of behavior problems? _____
_____
_____
_____

Has this student ever been expelled/suspended? _____Yes _____No
For what reason was student expelled/suspended_____
_____Date of suspension:_____

Has student ever been in a Special Education Program? _____Yes _____No
If yes, Where_____When_____

Does your child have a current IEP? _____Yes _____No
If yes, what is the Special Education Disability Category? _____
_____

Has your child attended any special programs such as: Title 1 Tutoring, Break Thru or Gifted/Talented accelerated classes in the past? _____Yes _____No
If yes, When? _____ For What? _____

*Please list any siblings currently enrolled in Southgate Academy or who will be enrolling this school year:

1._____Grade_____
2._____Grade_____
3._____Grade_____
4._____Grade_____

New Federal law requires the use of a two-part question in identifying student ethnic and racial identification.

Parents now have the flexibility to report the ethnic and racial heritage of their children. Please answer the two questions below (both questions must be answered).

Student name:_____Grade:_____

1. Is your child of Hispanic or Latino origin?

   _____ Yes

   _____ No

2. What is your child's race? (mark all that apply)

   _____White

   _____Black or African American

   _____Asian

   _____American Indian or Alaskan Native

   _____Native Hawaiian or Other Pacific Islander

Parent/Guardian Signature :_____Date:_____

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 _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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.

Read the definitions below for migrant and homeless and check in the appropriate area if you fall into one, or both of the categories. **Please mark no** if this does not apply to you.

MIGRANT

Your parents are employed as seasonal or temporary workers in agriculture.

_____ *Yes*, my parents are employed as seasonal or temporary workers in agriculture.

_____ *No*, my parents are not migrant workers.

HOMELESS

Students are considered homeless if they are:

A. Living with a friend, relative or someone else because they lost their home or cannot afford A home.

B. Staying in a motel or hotel.

C. Living in an emergency or transitional shelter or domestic violence shelter.

D. Staying in substandard housing.

E. Living in a car, park, public place, abandoned building or bus or train terminal.

F. Awaiting foster care placement.

G. Living in a campground or inadequate trailer home.

H. Abandoned in a hospital.

I. Living in a runaway or homeless youth shelter.

_____ *Yes*, I can be considered homeless because letter A B C D E F G H I from above applies to me (circle the letter that applies to you)

_____ *No*, I am not homeless

Name of Student:_____ **Grade**_____ **School Year 19/20**

_____ _____

Signature of Parent/ Student **Date**

Southgate Academy (2019/20)
*Important Attendance Policies

♦If your child arrives to school late, they must stop at the front desk to sign in and receive a tardy slip.

♦If your child is going to be absent, please call the Attendance Office as soon as possible to report the absence and the reason the student is out.

♦All notes upon review, and Doctor excuses must be turned in within the first 24 hours of the student returning for it to be excused.

♦All students who need to leave school during school hours must be signed out in the office by parent/guardian or person(s) indicated on Emergency pick up list. Students may not sign themselves out.

♦Notify the Registration Office of any phone, address or emergency contact changes.

♦See **Student Handbook** for all attendance policies.

****I have read the above policies. I understand that I am responsible for my child's attendance while at Southgate Academy.**

_____ _____

Parent Signature **Date**

_____ _____

Students Name **Grade**

Statement of Agreement

By signing below, the student named on this page has received and read the Southgate Academy Student Handbook for the 2019-20 school year. As the parent/guardian of the student named below, we are aware of the provisions of the Family Education Privacy Act (FERPA). We are aware that we must notify the registrar within two weeks of the student's enrollment if we do not want the school to release "directory information."

Electronic Information Agreement

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is possible for the School to restrict access to all controversial materials, and I will not hold the School responsible for materials acquired by the use of electronic information services (EIS). I also agree to report any misuse of the EIS to a School administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, inappropriate language, or other issues described in the agreement.) I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Student Name_____

Parent/Guardian Name_____

Parent/Guardian Signature_____Date_____

850 W. Valencia Road
Tucson, AZ 85706
Phone: 520-741-7900
Fax: 520-741-7901

Southgate Academy

Dear Parent/Guardian,

During this school year, the staff of Southgate Academy Charter School and media representatives may want to interview, photograph or videotape your child for use as a teacher teaching tool and recruitment, in publications, television reports, public presentations, websites and other uses. The photographs may be of groups of students or of individuals, and the students' first name may be used. For the students' protection, their last name or other personal information will not appear on the school's or District's websites without additional permission.

Please complete the section below and return the form to the school office.

Thank you for your cooperation in helping us highlight the good work and efforts of our learners and instructors.

Please check one:

◯ I give permission for my child to be photographed, interviewed and displayed. I also give my permission to have my child's first name used if desired or necessary. (Only first names will be used if a photograph of that student is displayed on the webpage.)

◯ I give permission for my child to be photographed, interviewed and displayed, but **do not** want may child's name used.

◯ **I do not** want my child photographed or interviewed and **do not** want his or her name used.

_____ _____

Child's Name Homeroom Teacher/Grade

_____ _____

Parent/Guardian Signature Today's Date

Please note: Regardless of what option you select, your student **will still be in** the school's yearbook. The yearbook is sold to our school community to raise money for our school. If you do not want your student being included in the yearbook, please declare it here:

""NO QUIERO MI ESTUDIANTE EN EL ANUARIO" X_____

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 ageney (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 ther legal purposes.

2803440

19/20 - Request / Release Of Medical Records To:
SOUTHGATE ACADEMY

Requested From:

Doctor / Agency Name:_____ **Phone#**_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

I,_____ **the Parent/Guardian of:**_____

Birthdate:_____ **Grade**_____ authorize the transfer of the following records. I am aware that the following information will be used to assist my child and that it will be treated with confidentiality.

☐ **IMMUNIZATION RECORDS**

The authorization to release records is valid for one year from the date signed.

Parent/Guardian Printed Name_____

Parent/Guardian Signature_____ Date_____

Representative of School_____ Date_____

* ***Please return form along with records to:***

Southgate Academy District Office
7842 E. Wrightstown Rd.
Tucson, AZ 85715-4339

Phone: (520) 741-7900
Fax: (520) 741-7901

REQUEST FOR *EDUCATIONAL RECORDS*

Requesting School: SOUTHGATE ACADEMY DISTRICT OFFICE
7842 E. Wrightstown Rd.
Tucson, AZ 85715-4339
(520) 741-7900/ fax (520) 741-7901
Email: beckie.islas@southgateaz.org

Date:_____

School:_____ District_____

Phone_____ Fax_____

Address:_____

City:_____ State:_____ Zip:_____

PLEASE SUBMIT:

- ☐ **ALL EDUCATIONAL RECORDS,** including, but not limited to **Special Education records,** such as IEP's, MET meeting summaries, Eligibility Determination, psychological/psycho-educational evaluations and reevaluations.
- ☐ Permanent School Records, including **attendance** and **discipline**
- ☐ **Transcripts**
- ☐ Student Transfer Grades
- ☐ Reports from outside agencies or other service related information that would assist in providing this student with appropriate educational services.
- ☐ Other _____

_____ / _____ / _____ / _____

STUDENT NAME **DATE of BIRTH** **GRADE** **SAIS #**

Parent Signature: _____ *(*records will not be requested until student has been excepted)*

School Registrar: _____

*SOUTHGATE ACADEMY, under Public Law 93-380, section 99.3, the requested information will be made available for Inspection to eligible parent/guardians/eligible students since it will be considered an educational record as defined below.
*PL 93-380, The Federal Family Educational Rights and Privacy Act, Arizona Law, ARS 15-151, District Board Policy 5130, and Administrative Regulations 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 in which the student seeks or intends to enroll

For office use:
Date Faxed/Sent: _____ **Fax #**_____ **Date: Received:** _____

Please tell us how you found out about Southgate Academy or reason for enrolling here:

- ◯ Word of mouth
- ◯ Drove by location
- ◯ Family/Friends enrolled here
- ◯ Viewed an advertisement
- ◯ Website/On-line
- ◯ Curriculum/Special Programs
- ◯ Building/Structure improvements
- ◯ Other_____

Required Items to Enroll (*must be turned in with application)

-Birth Certificate/ or other supporting Documents – all grade levels

-Immunization Record – all grade levels

-Legal Guardianship Papers (if applies)

-High School Transcript (9th-12th) / 8th grade Promotion Certificate (new 9th graders)

-Last Report Card / Transfer Grades – all grade levels

-IEP/MET (if applies)

-Withdrawal Slip – all grades (exception: first enrollment of Kindergarteners)

-Arizona Proof of Residency – (all grade levels)

***KG students must turn 5 years old by Sept. 1st, 2019*

(Registration Office: # 741-7900 Ext. 404 ***or*** 711)

School Hours are 8:30am- 3:30 pm

Every Wednesday is "Early Out" at 2:30 pm

All grades are required to have a clear or mesh backpack (may carry a binder or notebook)

Uniform Attire Required:

(KG-6th grade) – Navy Blue or White Polo Shirts

Navy Blue, Khaki, Black Shorts, Skirts or Pants, Dark Blue or Black Jeans (no holes/rips)

***No Sweats, Joggers or Leggings allowed**

(7th-8th grade) – Dark Green or Black Polo Shirts

Navy Blue, Khaki, Black Shorts, Skirts or Pants, Dark Blue or Black Jeans (no holes/rips)

***No Sweats, Joggers or Leggings allowed**

High School – No uniform attire, however dress code enforced (See Student Handbook for HS dress code)

***No Sweats, Joggers or Leggings allowed**

PROOF OF RESIDENCY

As a resident of the State of Arizona you must submit documentation that displays your name and residential address or physical description of the property where the student resides. Proof of residency is required each school year. In support of this, a copy of one of the following documents must be submitted to the school in order to register:

-Valid Arizona driver's license, Arizona identification card or motor vehicle registration

-Real estate deed or mortgage documents

-Residential lease or rental agreement

-Property tax bill

-Water, electric, gas, cable, or landline 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. (Form my picked up in Registration Office)

SOUTHGATE ACADEMY 2019/2020

2019- Semester 1

July

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	***19***	20
21	22	23	24E	25	26	27
28	29	30	31E			

August

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7E	8	9	10
11	12	13	14E	15	16	17
18	19	20	21E	***22***	23	24
25	26	27	***28E***	***29***	30	31

September

Su	Mo	Tu	We	Th	Fr	Sa
1	2X	3	4E	5	6	7
8	9	10	11E	12	13	14
15	***16***	17	18E	19	20	21
22	23	24	25E	26	27	28
29	***30-I***					

October

Su	Mo	Tu	We	Th	Fr	Sa
		1-I	***2-I***	***3-I***	***4-I***	5
6	7X	8X	9X	10X	11X	12
13	14	15	16E	17	18	19
20	21	22	23E	24	25	26
27	28	29	30E	31		

November

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6E	7	8	9
10	11X	12	13E	14	15	16
17	18	19	***20E***	***21***	22	23
24	25	26	27E	28X	29X	30

December

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4E	5	6	7
8	9	10	11E	12	13	14
15	***16-I***	***17-I***	***18-I***	***19-I***	***20-I***	21
22	23X	24X	25X	26X	27X	28
29	30X	31X				

July 19th: Back to School Night 5pm-7pm
July 22nd: First Day of School
Aug. 8th: Picture Day
Aug. 22nd: Open House 5pm-6:30pm
Aug. 28th-29th: Parent/Teacher Conferences
(Aug .28th- 2:45pm-5:00pm)
(Aug. 29th- 3:45pm-6:00pm)
Sept. 2nd: Labor Day **(No School)**
Sept. 16th: 40th Day
Sept. 20th: Picture Retakes
Sept. 30th: Intersession 1 pm Release/End of QTR 1

Oct. 1st-4th: Intersession 1 pm Release
Oct. 7th-11th: Fall Break **(No School)**
Nov. 11th: Veteran's Day **(No School)**
Nov. 20th-21st: Parent/Teacher Conferences
(Nov. 20th- 2:45pm-5:00pm)
(Nov. 21st- 3:45pm-6:00pm)
Nov. 28th-29th: Thanksgiving Break **(No School)**
Dec. 16th-20th: Intersession 1 pm Release/Dec 20th End of QTR 2
Dec. 23rd-31st: Winter Break **(No School)**
Dec. 19th: 100th Day

2020- Semester 2

January

Su	Mo	Tu	We	Th	Fr	Sa
			1X	2X	3X	4
5	6	7	8E	9	10	11
12	13	14	15E	16	17	18
19	20X	21	22E	23	24	25
26	27	28	29E	30	31	

February

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5E	6	7	8
9	10	11	12E	13	14	15
16	17	18	19E	20X	21X	22
23	24	25	***26E***	***27***	*28*	29

March

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4E	5	6	7
8	9	10	11E	12	13	14
15	16	**17**	18E	**19**	20	21
22	***23-I***	***24-I***	***25-I***	***26-I***	***27-I***	28
29	30	31				

Jan. 1st-3rd: Winter Break **(No School)**
Jan. 20th: MLK Day **(No School)**
Feb. 20th-21st: Rodeo Break **(No School)**
Feb. 26th-27th: Parent/Teacher Conferences
(Feb. 26th- 2:45pm-5:00pm)
(Feb. 27th- 3:45pm-6:00pm)
March 20th End of QTR 3
March 23rd-27th: Intersession 1 pm Release/Mar. 20th End of QTR 3

April

Su	Mo	Tu	We	Th	Fr	Sa
			1E	2	3	4
5	6	7	8E	9	10X	11
12	13X	14	15E	16	17	18
19	20	21	22E	23	24	25
26	27	28	29E	30		

May

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6E	7	8	9
10	11	12	13E	14	15	16
17	18	19	20E	21	22	23
24	25X	26	27E	28	29	

June

Su	Mo	Tu	We	Th	Fr	Sa

April 10th-13th: Spring Break **(No School)**
May 25th: Memorial Day **(No School)**
May 29th: Last Day of School/End of QTR 4

(X): No School
(E): Early Release
(I): Intersession

School Information

Phone: 520-741-7900 / Fax 520-741-7901
Attendance: Ext. 711 / Registration: Ext. 404 / Transportation: Ext. 740 / Nurse: Ext. 772 / Cafeteria: Ext. 298
Website: www.southgateaz.org
School Address: 850 W. Valencia Rd. Tucson, AZ 85706

School Hours:
Normal School Day: 8:30-3:30
Early Release Wednesdays: 8:30-2:30
Intersession: 8:30-1:00