 REGISTRATION CHECKLIST

2019-2020 SCHOOL YEAR

\_\_ Copy of Birth Certificate \_\_ Medical Release Form

\_\_ Copy of Immunization Records \_\_ Consent & Release Form

\_\_ Student Registration Form \_\_ Release of Student Records

\_\_ Pick-Up Authorization Form \_\_ Field Trip Form

\_\_ Medical Information Form \_\_ Photo Release Form

\_\_ Medical Treatment Authorization Form \_\_ ESA Tuition Form

**Student Registration Form**

**Student Information**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s primary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information**

Mother’s Name:

Mother’s Address (if different from student):

Mother’s email:

Mother’s primary phone number:

Father’s Name:

Father’s Address (if different from student):

****Father’s email:

Father’s primary phone number:

Legal Guardian’s Name(s):

Legal Guardian’s Address:

Legal Guardian’s email:

Legal Guardian’s primary phone number:

**Pick-Up Authorization Form**

**PERMISSION TO RELEASE STUDENT TO ALTERNATE ADULT**

**\*RISE Learning Academy will not release students to unauthorized adults. Nobody but legal parents or guardians may pick up your student unless they are listed below. Provide the names of the individuals who have permission to pick up your child.\***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to release my child to the following adult(s):

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Student | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**To Update form, families MUST put in writing each addition or subtraction from this list and return it to RISE Learing Academy.**

**Medical Information Form**

**\*Please provide a list of medications, if any, your student is currently taking.\***

**THIS INFORMATION WILL ONLY BE SHARED WITH SCHOOL STAFF AND MEDICAL PROFESSIONALS.**

|  |  |  |
| --- | --- | --- |
| **Medication** | **Dose** | **Time** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |



**Medical Treatment Authorization Form**

**\*This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parent or leagal guardians. When on field trips this form will be carried by RISE staff.\***

**MINOR**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Adress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL TREATMENT INFORMATION**

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurer/Health Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to Medicaiton: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (Other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note **all** conditions that student is currently receiving treatment for:

**Authorization and Consent of Parent(s) or Legal Guradian(s)**

I do hereby state that I have legal custody of the aforementioned minor. I grant my authorization and consent for RISE Learning Academy staff (herafter “Designated Aduld”) to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illnes is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emegency personnel to attend, transport, and issue coensent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the stat in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his/her best judgement upon the adivice of any such medical or emergency personnel.

PARENT/GUARDIAN NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby request and give consent to a desiganated person at RISE Learning Academy to see that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ receives the prescription or over the counter medication as instructed below.

All medications must be brought to and picked up from a RISE staff member. NO MEDICATION IS TO ARRRIVE IN STUDENT BACKPACKS.

Prescription medications must come in original container labeled with student’s name, name of medicine, time medicine is to be given, dosage, date medication is to be stopped and licensed healthcare provider’s name. Pharmacy name and phone number is also required.

Over the counter medication must be supplied by the parent/guardian and must be in original container and labeled with child’s name.

It is understood that the medication is administered solely at the request of and as an accommodiation to the undersigned parent/guardian. In consideration of the acceptance of the request to perform this service by any person employed by RISE Learning Academy and its personnel from any legal claim which they now have or may have hereafter have arising from administration of or failure to adminster medication to student.

Authorization to Administer Medication at School

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ My student DOES NOT receive any prescription medication during the school day.

\_\_ My student DOES receive prescrtption medication during the school day.

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direction to Administer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Side Effects that Need Reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Consent and Release Form**

**THIS COMPLETED FORM MUST BE KEPT IN THE STUDENT”S PERMANENT FILE**

RISE Learning Academy requires that parents/guardians sign this consent and realease of liabilty form in advance of attending all on campus and off campus school related activities and in advance of participation in curricular activities or courses. The health and welfare of students are primary concerns and RISE takes reasonable precautions in every class or activity to minimize any risk to students. Certain risks are associated with attending any school and participating in daily activites.

PART 1. Student Acknowledgement and Release (to be signed by students if 18 years or older)

I know there can be risks involved when participating in school activities . I understand that serious injury can be possible in such participation and choose to accept this risk. I voluntarily accept any and all responsibility for my own safety and welfare while attending RISE. I hereby release and hold harmless the school and its staff, of any and all responsibility and liabity for any injury or claim resulting form daily participation and agree to take no legal action against RISE because of any accident or mishap. I hereby authorize the use or disclosure of my individually identifiable health infromation should treatment for illness or injury become necessary. I understand that I may opt out of participating in any class or activity that I feel is a personal risk to me.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE FROM LIABILITY.

Student Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART 2. Parent/Guadian Consent, Acknowledgement and Release.

1. I/we hereby give consent for our student to participate in RISE Learning Academy activities and field trips.
2. I/we know and aknowledge that the risks involved in daily participation in RISE activities and field trips and understand that injury can be possible in such daily participation. I/we choose to accept any and all responsibility for his/her safety and welfare while participating. With full understanding of the risk involved. I/we release and hold harmeless my student’s school, and its staff of any and all responsibility and liability for any injury or claim resulting from participation and agree to take no legal action against RISE, or staff because of any accident or mishap involving the participation of my student. I authorize emergency medical treatment for my student should the need arise for such treatment while my child is under the supervision the school. I/we hereby authorize the use or disclosure of my student’s individually identifiable health information should treatment for illness or injury become necessary. I/we consent to the disclosure by my student’s school, upon its request, of all records relevant to his/herf records relating to enrollment and attendance, academic standing, age discipline, finances, residence and physical fitness.
3. Please check appropriate option.

\_\_\_My/our student is covered under a health insurance plan and I accept all responsibility for emergency expenses.

\_\_\_My/our student is not covered by health insurance and I accept all responsibility for emergency expenses.

\*I HAVE READ THE PREVIOUS PAGE CAREFULLY AND KNOW IT CONTAINS A RELEASE FORM LIABILITY\*

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

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

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

**Release of Student Records**

**MAIL RECORDS TO:**

**11404 E. Renata Ave**

**Mesa, AZ 85212 or**

 **Email to** **jadams@riselearningacademy.org**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL OFFICE USE ONLY**

**Please send all of the following records to the above address or email:**

 Transcripts Birth Certificate Immunization Records Health Information

Withdrawal Form Social History State Test Scores Attendance Records

Disciplinary Records IEP/504 Report Cards

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby request and authorize the school to release, as indicated above, any medical information, education records, Special Education placement and development history, psycholical reports or other pertinent information you and the school may, or may not receive, that would aid in providing appropriate educatinal services for this student. Pursuant to the Familiy Educational Rights and Privacy Act of 1974, all psychological and confidential data will be maintained. Not withstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring student’s records to the new school shall comply and forward the record within ten school days after the receipt of the request unless the record has been flagged pursuant to secction 15-829.**

**Parent/Guardian Signatute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Office Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Community Outing & Field Trip Transportation Releas Form**

For community outings and/or field trips we staff vehicles to transport students.

Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial the following for your approval.**

\_\_\_ I give permission for my student to be transported in RISE staff members’ cars.

\_\_\_ I do not give permission

If the behavior of my student becomes too distracting for others on or driving the vehicle, I acknowledge that he/she will not be allowed to participte in those outings.

In the considersation of the opportunity for my student to partipate and fully recognizig that such an undertaking involves an element of risk. I assume all risks and hazards incidental to participation and do hereby release, absolve, indemnify, and agree to hold harmless RISE Learning Academy, nor any said persons shall be held financially responsible for any injury, illness, or death, as a direct or indirect result of these activities. I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

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

 

**Photo & Video Release Form**

RISE Learning Academy my occasionally want to use photographs taken of students on the school website, newsletter, or in the media. Please review the photograph/video consent options below and choose ONE box that best represents your request regarding the use of photographs/videos at RISE Learning Academy,

\_\_\_ **APPROVE** By selecting this you give permission for internal and exernal use of photos/videos for RISE Learning Academy promotional purposes such as Facebook, website, newsletter and newspaper articles.

\_\_\_ **DO NOT APPROVE** By selecting this box you do not give permission for external use of phots/videos for RISE Learning Academy purposes such as Facebook, website, newsletter, and newspaper articles.

Do you give consent for your student to have his/her photo displayed on the school bullentin board?

\_\_\_ **YES**, I give consent for my child’s picture to be on the school bulletin board

\_\_\_ **NO**, I do not give consent for my child’s picture to be on the school bulletin board

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

**Tuition/Funding Options**

\_\_\_ ESA (Empowerment Scholarship Account0

 An Empowerment Scholarship Account is a scholarship awarded bu the Arizona Department

 Education. You can visit [www.azed.gov/esa](http://www.azed.gov/esa) for more information.

\_\_\_ Private Pay

 Payments can be tailored for families on a monthly, quarterly or semi-annual basis.

If you have any questions or concens please email jadams@riselearningacademy.org or hbullard@riselearningacademy.org

Parent/Guaridan Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 