

RE-ENROLLMENT

Deadline for guaranteed re-enrollment is March 5, 2010

REQUIRED RE-ENROLLMENT DOCUMENTS:

Re-enrollment application:

- **Please complete the entire application.**
- **Incomplete applications may delay processing your student's re-enrollment.**
- **Please provide us with your current email address to receive email updates from Westwind.**

Educational and Demographic Form:

- **Please fill out each section of this form.**
- **Sign and date.**

Student Emergency Information and Transportation Permission Form:

- **Please complete this entire form. If the information is not available, please indicate by writing "None".**
- **Please sign and date all three areas identified for parent/guardian signature.**

Opinion Survey for Students:

- **Please have your student fill out this questionnaire.**

Opinion Survey for Parents:

- **This questionnaire should be filled out by the parent / guardian.**

ALL RE-ENROLLMENT PACKETS ARE TO BE TURNED INTO THE SCHOOL OFFICE NO LATER THAN 3/5/10.

Westwind Children Services

- Westwind Preparatory Academy
- Westwind Middle School
- PH: 602-864-7731 Fax: 602-864-7720
- Parkview Middle School
- PH: 928-775-5115 Fax: 928-775-6253
- Caurus Academy
- PH: 623-551-5083 Fax: 623-551-5679

Student Re-Enrollment 2010/2011 School Year

FOR OFFICE USE ONLY

Graduation Year: _____ Grade _____

ID Number _____

SAIS ID _____

Entry Date: _____ Entry Code _____

Staff Initials _____

Date Entered: _____

Date: _____

STUDENT INFORMATION: (Please print neatly)

Last Name _____ First _____ Middle _____

Birth Date _____ Student email address _____

Mailing Address _____ Apt. _____ City _____ Zip Code _____

Student lives with: Both Parents Mother Father Guardian Relative Spouse Friend Other

Are parent(s) of the student: Married Divorced Separated Never Married

If living separate and both receive mailings please include 2nd mailing address.

2nd Mailing address: _____ Apt. _____ City _____ AZ 85 _____

CONTACT INFORMATION

Mother first name: _____ **Last Name** _____

Home () _____ Work () _____ Cell () _____

Mother's e-mail address _____

Employer _____ Occupation/Title _____

Father first name: _____ **Last Name** _____

Home () _____ Work () _____ Cell () _____

Father's e-mail address _____

Employer _____ Occupation/Title _____

Student's Guardian: _____ **Relationship** _____ Custody Papers

Home () _____ Work () _____ Cell () _____

Is student a ward of the court? Yes - No Case Manager Name _____ Phone _____

EMERGENCY CONTACTS:

Name _____ Relationship _____

Home () _____ Work () _____ Cell () _____

Is this person authorized to release the student? Yes - No

Name _____ Relationship _____

Home () _____ Work () _____ Cell () _____

Is this person authorized to release the student? Yes - No

PERSONAL INFORMATION UPDATE:

This is an update to the Student Personal Information release that is already in your student's file.

I _____, **Do Not Want** Westwind Preparatory Academy, to publish the following information for my student:

- Publish student's name (first name only) on the school's web site which is available on the world wide web.
- Publish student's photo on the school's web site which is available on the World Wide Web.
- Publish student's photo and full name in Westwind Publications: i.e.: Westwind newsletters, local newspapers, etc.
- Allow my student to appear on Television.
- Publish student's photo (no names) in Westwind advertising venues. i.e.: Westwind newsletters, local newspapers, etc.
- Military Recruiters
- Post secondary schools.

MEDICAL INFORMATION:

Please Note: There is not a school nurse on campus.

Does this student have any medical conditions the school should be aware of? Yes No

If yes, explain: _____

Does this student need to take medications at school? Yes No (See Policies and Procedures)

Medications: _____

Is the student allergic to any medications? Yes No Medication(s): _____

Is there any information that you feel the staff at Westwind should be aware or regarding the student? Yes No

If yes, explain: _____

INSURANCE INFORMATION:

Name of carrier _____ Policy number _____

Name of Insured _____ ID Number _____

Physician Name _____ Phone _____ Hospital preference _____

Medical Problems _____ Current Medications _____

Allergies _____ Date of last tetanus booster ____/____/____

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time of his/her health and safety. I understand that the expense of this service will be my responsibility.

I also give Westwind Preparatory Academy permission to authorize any emergency medical treatment that may become necessary while my student is in school in the event that I cannot be reached. Furthermore, I realize that any expenses related to medical attention given is my responsibility.

I hereby give permission for my student listed above to be transported by Westwind Preparatory Academy for the purpose of school related activities.

Signature of Parent /Guardian _____ Date _____

ATHLETIC INFORMATION:

Student's Name: _____

Which of the following sports is your child interested in:

- Football
- Volleyball
- Basketball
- Track
- Baseball
- Softball
- Cheer

Has your student ever participated in any sports program? Yes No If yes, please explain _____

Please Note: Any student participating in a sport will be required to obtain a physical.

Signature of Parent /Guardian _____ Date _____

**WESTWIND PREPARATORY ACADEMY / WESTWIND MIDDLE SCHOOL
PARKVIEW MIDDLE SCHOOL / CAURUS ACADEMY
STUDENT EMERGENCY INFORMATION AND TRANSPORTATION PERMISSION FORM
2010/2011**

Name of Student _____

Date of Birth _____ Male or Female ____3____ Age _____

Parent/Guardian Name(s) _____

Address _____ Zip _____

Please be sure to enter the correct area code for ALL phone numbers listed including cell phones.

Home Phone (_____) _____	
Mother Name _____	Mother Work Phone (_____) _____ Cell Phone (_____) _____
Father Name _____	Father Work Phone (_____) _____ Cell Phone (_____) _____
Guardian Name _____	Guardian Work Phone (_____) _____ Cell Phone (_____) _____
Emergency Contact _____ (Other than parent/guardian)	Relation to Student _____ Phone (_____) _____

Medical Insurance Carrier _____ Policy Number _____

Name of Insured _____ I.D. Number _____

Physician Name _____ Phone _____ Hospital Preference _____

Does this student have any medical conditions the school should be aware of?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
Does this student need to take any medications at school? (SEE: Policies and Procedures)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Medication(s) _____ Dosage and Time of Day _____
Is the student allergic to any medication?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Medication(s) _____

I hereby give permission for my student listed above to be transported by Westwind Preparatory Academy for the purpose of school related activities.

Parent/Guardian Signature _____ Date _____

I also give agents of Westwind Preparatory Academy permission to authorize any emergency medical treatment that may become necessary while my student is in school in the event that I cannot be reached. Furthermore, I realize that any expenses related to medical attention given are my responsibility.

Parent/Guardian Signature _____ Date _____

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time of his/her health and safety. I understand that the expense of this service will be my responsibility.

Parent/Guardian Signature _____ Date _____

Westwind Children Services

Westwind Preparatory Academy

Westwind Middle School

PH: 602-864-7731 Fax: 602-864-7720

Parkview Middle School

PH: 928-775-5115 Fax: 928-775-6253

Caurus Academy

PH: 623-551-5083 Fax: 623-551-5679

EDUCATIONAL BACKGROUND (Initial all that Apply)

- Yes No My child **has** had special education testing or evaluations
- Yes No My child **has** been enrolled in a special education program at another school.
- Yes No My child is on an IEP
- Yes No My child is on a 504
- Yes No My child is involved in an English as a second language program (ELL)

DEMOGRAPHIC QUESTIONNAIRE (Initial all that apply)

Presently, where does the student stay at night?

- Yes No Student's immediate family resides in their own home or apartment (No one outside of the immediate family is present)
- Yes No With Grandparents, Aunt, Uncle or other family member who is not an immediate family member.
- Yes No With more than one family in a house or apartment.
- Yes No In a group home or group shelter
- Yes No In a motel.
- Yes No In a car.
- Yes No At a campsite
- Yes No Other: _____
- Yes No None of the above; explain: _____

Opinion Survey for Parents

Westwind Children Services

Here are some opinions that parents from time to time have expressed about their children's schools. Indicate how much you agree with each of these 19 statements as it relates to *your* experience at *this* school by circling the number of your choice.

1=Strongly Agree 2=Agree 3=So So 4=Disagree 5=Strongly Disagree

1. This school is a safe place for my child to learn1. 1 2 3 4 5
2. My child is challenged by his or her school work this year2. 1 2 3 4 5
3. This school is a friendly place3. 1 2 3 4 5
4. Students at this school show respect for each other4. 1 2 3 4 5
5. I like the way the school building and grounds look 5. 1 2 3 4 5
6. I am aware of my child's teachers and schedule6. 1 2 3 4 5
7. I am aware of my child's credits and requirements for graduation7. 1 2 3 4 5
8. As a parent, I feel welcome at this school8. 1 2 3 4 5
9. I can talk with my child's teachers easily9. 1 2 3 4 5
10. I feel comfortable talking with the principal 10. 1 2 3 4 5
11. I know the school's rules and behavioral expectations for my child 11. 1 2 3 4 5
12. When it comes to discipline at this school, my child has been treated fairly 12. 1 2 3 4 5
13. The school keeps me informed about how my child is doing 13. 1 2 3 4 5
14. Teachers at this school expect my child to learn 14. 1 2 3 4 5
15. Teachers give my child individual help when he or she needs it 15. 1 2 3 4 5
16. Sports and other extracurricular activities add value to this school 16. 1 2 3 4 5
17. I'm satisfied with my child's overall academic progress at this school 17. 1 2 3 4 5
18. Friday's are beneficial to my student 18. 1 2 3 4 5
19. The newsletter is informative and timely6.019. 1 2 3 4 5

Comments (optional):

END OF SURVEY

Opinion Survey for Students

Westwind Children Services

Here are some opinions that students in other schools have expressed about their schools. Indicate how much you agree with each of these 24 opinions as it relates to *your* experience at *this* school by circling the number of your choice. Before you start the survey, please circle your grade, gender and ethnic group.

Grade: 7 8 9 10 11 12

Gender: Male Female

Key: 1=Strongly Agree 2=Agree 3=So So 4=Disagree 5=Strongly Disagree

I like going to school1. 1 2 3 4 5

I feel safe at this school2. 1 2 3 4 5

This school is a good place for me to learn.3. 1 2 3 4 5

My teachers want me to do my best.4. 1 2 3 4 5

My teachers really listen to what I have to say.5. 1 2 3 4 5

I feel that I belong at this school.6. 1 2 3 4 5

Students in my classes help each other7. 1 2 3 4 5

Students at this school show respect for each other8. 1 2 3 4 5

I know the school's rules and behavioral expectations9. 1 2 3 4 5

The rules at this school have to be followed (i.e., they're enforced)10. 1 2 3 4 5

My teachers give me individual help when I need it11. 1 2 3 4 5

My teachers make learning fun and interesting12. 1 2 3 4 5

My teachers believe that I can learn13. 1 2 3 4 5

My teachers like their work. They like to teach14. 1 2 3 4 5

My teachers treat me fairly 15. 1 2 3 4 5

My teachers respect me and care about me 16. 1 2 3 4 5

I always try to do my best work in school17. 1 2 3 4 5

I see the principal all around the school18. 1 2 3 4 5

Sports and other extracurricular activities add a lot to this school19. 1 2 3 4 5

Students who break the school rules get in trouble 20. 1 2 3 4 5

I am able to study and work in my classrooms21. 1 2 3 4 5

I know I can ask the principal for help if I need it22. 1 2 3 4 5

I get along well with other students in this school.23. 1 2 3 4 5

I am an important person at this school.24. 1 2 3 4 5

Thank you for your honest opinion.