

RE-ENROLLMENT

2011 / 2012

Deadline for guaranteed re-enrollment is March 4, 2011

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.**

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 3/4/11.

WESTWIND COMMUNITY SCHOOLS

Student Re-Enrollment Application 2011 - 2012

FOR OFFICE USE ONLY

Grad Year: _____ Grade _____

ID Number _____

SAIS ID _____

Entry Date: _____

Date: _____

Applicant Information *(Please print neatly)*

Legal Name _____
Last/Family/Sur (Enter name exactly as it appears on official documents) First/Given Middle (Complete) Jr. etc

Preferred name, (Nickname) _____ **Birth Date** _____ **Male** _____ **Female** _____ **Age** _____
mm/dd/yyyy

Birth Information: _____ **Social Security Number** _____
City/Town State/Province Country

Current Mailing Address: _____
Number & Street Apartment #

City/Town County/Parish State/Province Country Zip/Postal Code

Telephone Number: **Home** (_____) _____ **Cell** (_____) _____ **Work** (_____) _____
Area/Country/City Code Area/Country/City Code Area/Country/City Code

Family

Student Lives With: Both Parents Mother Father Legal Guardian Relative Ward of the Court Other

If parents live separately, who will receive mailings? Both Parents Mother Father Guardian Relative Other

If both wish to receive mailings please include 2nd mailing address.

2nd Mailing Address: _____ **Apt.** _____ **City** _____ **AZ 85** _____

Parent 1: Mother Father Legal Guardian

Parent 2: Mother Father Legal Guardian

Last/Family/Sur First/Given Middle

Last/Family/Sur First/Given Middle

Home address if **different** from above

Home address if **different** from above

Number & Street Apartment #

Number & Street Apartment #

City/Town State/Province Country

City/Town State/Province Country

Telephone:

Home (_____) _____
Area/Country/City Code

Cell (_____) _____
Area/Country/City Code

Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

Parent Signature _____

Telephone:

Home (_____) _____
Area/Country/City Code

Cell (_____) _____
Area/Country/City Code

Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

Student Signature _____

Emergency Contact Information

Contact 1

Last/Family/Sur First/Given Middle

Relationship to Student _____

Telephone:

Home (_____) _____
Area/Country/City Code

Cell (_____) _____
Area/Country/City Code

Work (_____) _____
Area/Country/City Code

Is this person authorized to release student? Yes No

Contact 2

Last/Family/Sur First/Given Middle

Relationship to Student _____

Telephone:

Home (_____) _____
Area/Country/City Code

Cell (_____) _____
Area/Country/City Code

Work (_____) _____
Area/Country/City Code

Is this person authorized to release student? Yes No

Contact 3

Last/Family/Sur First/Given Middle

Relationship to Student _____

Telephone:

Home (_____) _____
Area/Country/City Code

Cell (_____) _____
Area/Country/City Code

Work (_____) _____
Area/Country/City Code

Is this person authorized to release student? Yes No

Contact 4

Last/Family/Sur First/Given Middle

Relationship to Student _____

Telephone:

Home (_____) _____
Area/Country/City Code

Cell (_____) _____
Area/Country/City Code

Work (_____) _____
Area/Country/City Code

Is this person authorized to release student? Yes No

Medical Information

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

Does your student have any medical conditions the school should be aware of? Yes No If yes, please explain _____

Are there any physical or mental health conditions or concerns that would place your child at risk? Yes No
Please give a brief explanation: _____

Is your student taking any medication? Yes No
If yes, please list and explain _____

If yes, will these medications be taken during school hours? Yes No

Parent/Legal Guardian Signature Date

Student Signature Date

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: _____

Parent Group

Westwind Community Schools would like to include you in all of our email updates. Please provide us with your current email address.

Parent email address _____

_____ I do not have an email address

_____ I would like help setting up an email address

Would you be interested in doing volunteer work at the school? Yes No

Athletics

Student: _____ **Please Note:** Any student participating in a sport will be required to obtain a physical

Which of the following sports is your child interested in:

Football Volleyball Basketball Soccer Track Softball Cheer

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

I certify that all information submitted in the re-enrollment process – including the application and any supporting materials is factually true, and honestly presented, and that these documents will become the property of Westwind Community Schools to which I am applying and will not be returned to me. I understand that my student may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, should the information I have certified be false.

Parent Signature

Date

Student Signature

Date

**WESTWIND PREPARATORY ACADEMY / WESTWIND MIDDLE SCHOOL
PARKVIEW MIDDLE SCHOOL / CAURUS ACADEMY
STUDENT EMERGENCY INFORMATION AND TRANSPORTATION PERMISSION FORM
2011/2012**

Name of Student _____

Date of Birth _____ Male or Female _____ 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 _____

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.

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 timely 19. 1 2 3 4 5

Comments (optional):

END OF SURVEY