

# WESTWIND COMMUNITY SCHOOLS

## REQUIRED ENROLLMENT DOCUMENTATION

Thank you for considering **Westwind Community Schools** for your student's educational needs and for allowing us to share with you the benefits and opportunities available at our school.

In an effort to review and process your student's registration packet in an efficient and timely manner and to have our records in compliance, **all forms must be turned into the School Office by the Parent or Guardian. Parent/Guardian identification will be required.** There are several **required** documents that will need to be provided along with the completed registration packet. We have included the following list for your convenience.

### REQUIRED ENROLLMENT DOCUMENTS:

**Complete Registration Packet** – The following documents will be required by all students requesting enrollment to Westwind.

- |   |   |
|---|---|
| <input type="checkbox"/> Enrollment Application   | <input type="checkbox"/> Title 1 Eligibility Guidelines |
| <input type="checkbox"/> Medical Authorization    | <input type="checkbox"/> Parent/Family Involvement      |
| <input type="checkbox"/> Immunization Record      | <input type="checkbox"/> Parent Questionnaire           |
| <input type="checkbox"/> Varicella Screening Form | <input type="checkbox"/> Student Questionnaire          |

### Additional information required to complete the enrollment process.

- Birth Certificate** (copy) or other proof of birth i.e. Baptismal Certificate with birth date
- Student Social Security Number**
- Parent/Guardian Information**
- Immunization Records**– Proof of all required immunizations or a valid exemption
- Unofficial copy of transcripts and/or school records/ and any college/international transcript**
- Aims Test Results** (if applicable)
- SAT Scores**
- ACT Scores**
- Withdrawal Form** from previous school attended (if applicable)  
\*Incoming Freshmen require 8<sup>th</sup> grade promotion certificate
- Current IEP** (if applicable)
- Current MET Re-Evaluation including last completed Psycho-educational Evaluation**
- Most current 504 Plan including all documentation**

**If the enrollment packet is turned in after the school year has begun, your student will need transfer grades of "C" or better.**

WESTWIND PREP ACADEMY  
WESTWIND MIDDLE SCHOOL  
2045 NORTHERN AVENUE  
PHOENIX, ARIZONA 85021  
PH: 602-864-7731  
FAX: 602-864-7720  
WWW.WESTWINDACADEMY.ORG

WESTWIND PREP INTERNATIONAL  
2045 W. NORTHERN AVENUE  
PHOENIX, ARIZONA 85021  
PH: 602-864-7731  
FAX: 602-864-7720  
WWW.WPIBASKETBALL.COM

PARKVIEW MIDDLE SCHOOL  
8300 E. DANA DRIVE  
PRESCOTT, AZ 86314  
PH: 928-775-5115  
FAX: 928-775-6253  
WWW.PARKVIEWMIDDLE.SCHOOL.ORG

CAURUS ACADEMY  
42302 N. VISION WAY, S-110  
ANTHEM, ARIZONA 85086  
PH: 623-551-5083  
FAX: 623-551-5679  
WWW.CAURUSACADEMY.ORG

WESTWIND PREP ACADEMY  
AT ANTHEM  
42302 N. VISION WAY, S-110  
ANTHEM, ARIZONA 85086  
PH: 623-551-5083  
FAX: 623-551-5679

# WESTWIND COMMUNITY SCHOOLS

## Student 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 2<sup>nd</sup> mailing address.**

**2<sup>nd</sup> 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

**Telephone:**

**Home** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Work** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**E-mail** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Employer** \_\_\_\_\_

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_



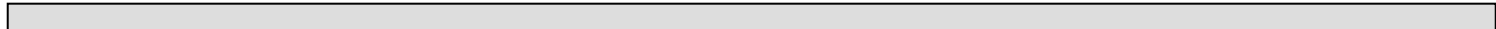
# Permission for Internet Usage

This does not replace the Technology Policy or imply permission to use the school's Internet services. Publication of this data is not required to use Internet services.

I, \_\_\_\_\_, authorize my student, \_\_\_\_\_ to use the World Wide Web for research & classroom assignments/projects.

Signature of Parent/Guardian \_\_\_\_\_ Relation \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_



## Demographics

### Home Language Survey

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?**

Language: \_\_\_\_\_  
Language most often used by the student

### 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)

\_\_\_\_\_

### Referred By:

- Friend  Sibling  Brochure/Flyer  Drive-By
- Student  Internet  School  Yellow Pages
- Other \_\_\_\_\_

### Race and Ethnicity Data Collection

In accordance with federal guidance, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

#### Part 1: Ethnicity

**Is this student Hispanic or Latino? (Choose only one)**

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

#### Part 2: Race

**What is the student's race? (Regardless of how student answered the first question, choose one or more)**

- American Indian or Alaska Native** (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

# 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: \_\_\_\_\_

## Academic Information

Current Grade for 2011/2012: \_\_\_\_\_

_____	_____	_____	_____	_____/_____/_____	_____
Current or Last School Attended	District	City	State	Last Date of Attendance	Grade

Are you current on credits?  Yes  No (Please submit an unofficial transcript along with this enrollment packet.)

Have you tested for: AIMS  Yes  No SAT  Yes  No ACT  Yes  No

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended, whether related to academic misconduct or behavioral misconduct, which resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?

Yes  No

If yes, explain: \_\_\_\_\_

Has the student ever been out of school for:  1-4 week's  One semester  One year  Two years?

If yes, explain: \_\_\_\_\_

What are your favorite subjects at school? \_\_\_\_\_

What are your least favorite subjects at school? \_\_\_\_\_

What is your future job or career goals? \_\_\_\_\_

## 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

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 Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

WESTWIND COMMUNITY SCHOOLS  
2045 W. Northern Avenue  
Phoenix, Arizona 85021  
Phone 602-864-7731 Fax 602-864-7720

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 _____
<b>Is the student allergic to any medication?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: Medication(s) _____	
<b>Is the student allergic to any foods?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: Foods(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 \_\_\_\_\_

## Educational Accommodations

### International Baccalaureate Diploma Program

Has your student been enrolled in an IB program?  Yes  No If yes, which subject areas? \_\_\_\_\_

If no, would you be interested in obtaining information on our IB program?  Yes  No

### Gifted/Honors Programs

Has your student been enrolled in a Gifted/Honors program?  Yes  No If yes, which subject areas? \_\_\_\_\_

If no, would you be interested in obtaining information on our Gifted/Honors program?  Yes  No

### Exceptional Student Services

Does your student have any learning or behavioral needs?  Yes  No

Please give a brief explanation: \_\_\_\_\_

Does your student receive Special Education Services?  Yes  No Date of last I.E.P. \_\_\_\_\_

Resource  Yes  No Self Contained  Yes  No Other (Please Explain) \_\_\_\_\_

Date of last accommodation plan \_\_\_\_\_ Does your student have a current psychological/educational report from a public school or a private licensed educational psychologist?  Yes  No If yes, please submit a copy with this enrollment application

### Inclusive Education Philosophy

Westwind Children Services embraces the philosophy of full inclusion, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the unique learning abilities of all students. Special education staff supports the regular classroom teacher with this process. There are not two distinctly different types of students, e.g. “special” and “regular”. All students are individuals with their own unique set of physical, intellectual and psychological characteristics that influence their instructional needs. There are not two discrete sets of instructional methods – one set for “special” students and another for “regular” students. Individualized instructional programs are designed for each student.

#### Basic Beliefs and Expectations

- Inclusion is the underlying philosophy by which all students are educated.
- All students are educated with chronologically age appropriate peers.
- All students are educated full time in the general education classroom.
- All students learn and develop individually and the curriculum is modified or adapted to allow students to progress at their individual rates. Students are not penalized for the inability to progress at grade level.
- General education teachers assume responsibility to teach and meet the cognitive, affective and social needs of all students with special education teachers and staff providing support.
- Teaching strategies that facilitate the education of multi-level abilities in each class are used by all teachers (e.g. cooperative learning, project learning, mastery learning, curriculum compacting, independent projects, flexible groupings, learning centers, and teaching to learning styles such as visual, auditory and manipulative)

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_



## Parent, Family and Community Involvement Policy

We believe that for all students to have a successful education experience it requires a partnership that includes the student, teachers, staff, parents and the learning community.

Our involvement includes the following:

- Providing the opportunity for all students to receive a high quality education
- Setting high expectations for all students in both academics and conduct
- Providing curriculum and instruction aligned with the Arizona Academic Standards
- Balancing academic accountability with care and concern
- Providing consistent communication with parents, including returning phone calls and emails in a timely manner
- Requesting parent and student input on school improvement, assessment and programming through surveys, emails, meetings and other appropriate means.
- Delivering a safe and respectful environment for students, staff and faculty
- Participating in high quality, ongoing professional development to assist teachers and other staff members in improving their abilities to deliver high quality instruction.
- Offering Educational services to all eligible students and their families.

Parents' involvement in their students' education are as follows:

- Knowing the school's policies and procedures and supporting them, including those related to discipline, attendance and dress code
- Ensuring that students are here before school begins each day and in attendance for the scheduled school days, as required by state law
- Consistently communicating with teachers and staff regarding academic and other issues relating to the student's education
- Supporting the school regarding accountability through standardized testing by making sure that students are in school on time the day of the test and encouraging students to do their best
- Encouraging students to set academic goals each year and develop a strategy for achieving those goals
- Participating with students on planning for their goals after high school and helping in the implementation of strategies to achieve those goals
- Tracking high school graduation requirements, as well as higher education requirements, with the assistance of appropriate school personnel
- Returning calls or emails from the school as soon as possible
- Volunteering to provide additional resources to further all students' education
- Setting high expectations for students

Student's involvement in the educational process is as follows:

- Setting high expectations for themselves and consistently working toward those expectations
- Arriving at school on time each day
- Attending school in accordance with state law
- Knowing the school's policies and procedures and abiding by them consistently
- Acting in a safe and respectful way to self and others
- Doing their best everyday so teachers and others will have an accurate picture of students' academic ability
- Consistently communicating with teachers and staff regarding issues regarding their education
- Setting goals for after high school graduation, which may include the military or attending a community college, university or technical school and working towards them
- Tracking their progress toward high school graduation requirements with the assistance of appropriate school personnel.

I have read the **Parent, Family, and Community Involvement Policy** and agree to comply with the expectations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Representative

\_\_\_\_\_  
Date

# Enrollment Policies

## Enrollment Policies during a Semester (WPA High School Students Only)

Please read the following policies and procedures and sign below to indicate you have read and understand them.

### Student enrolling in Mid-Semester

Students that enroll during the middle of the semester with transfer grades will be transferred in with their grades and start from that point on in the semester. For students that do not enroll with transfer grades the subsequent procedure will follow.

1. If the student comes two weeks or less into the semester, he/she will need to make up the work and continue with the rest of the class.
2. If the student enrolls between 2 and 11 weeks into the semester, he/she will be excused for whatever work he/she has missed, but then has to pass the post test for the course with a 70% in order to receive credit.
3. If the student comes in after the 11 week mark, he/she will audit the class (doing all the work), but he/she will receive no credit.

### **1<sup>st</sup> Semester dates:**

1. Students enrolling before 8/22/11
2. Students enrolling between 8/22/11 and 10/28/11 without transfer grades.
3. Students enrolling after 10/28/11 will audit their classes

### **2<sup>nd</sup> Semester dates:**

1. Students enrolling before 1/18/12
2. Students enrolling between 1/18/12 and 3/21/12 without transfer grades.
3. Students enrolling after 3/21/12 will audit their classes

Parent/Legal Guardian Signature	Date	Student Signature	Date

## 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 admission 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
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**WESTWIND COMMUNITY SCHOOLS**  
**2045 W. Northern Avenue**  
**Phoenix, Arizona 85021**  
**Phone 602-864-7731**  
**Fax 602-864-7720**  
**www.westwindacademy.org**

**RECORDS REQUEST**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

School phone # ( ) \_\_\_\_\_ (ext) \_\_\_\_\_ fax ( ) \_\_\_\_\_

*According to the Education Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students", Section 438, Subsection (B) (1), Parts A & B, page 97; school officials, may receive a student's records without a written consent for such release.*

**While I understand that education records may be sent without written consent, I also request that psychological, special education and other pertinent information be sent.**

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 School Official

\_\_\_\_\_  
 Date

-----  
 Please forward a copy of the **official/un-official** records, including the following:

- Transcript  Official  Un-official
- Withdrawal grades (if appropriate)
- AIMS Test Results
- AZ AZELLA Results
- Other records related to academic achievement and testing
- Birth Certificate
- Health records (including immunization record)
- Record of major discipline referrals
- Attendance record
- Special Education Records if applicable (IEP, met report, Psycho-ed report and eligibility statement)**

<i>For Office Use Only</i>	<i>Comments:</i>
Date Requested: Fax _____ Phone _____	
2 <sup>nd</sup> Request: Fax _____ Phone _____	
3 <sup>rd</sup> Request: Fax _____ Phone _____	
<b>Date Received</b> _____ <i>Un-Official</i> <b>Staff</b> _____ <b>SPED Received</b> _____ <b>Staff</b> _____	
Date Received _____ <i>Official</i> Staff _____	

# Guidelines To Determine Eligible Students

The Arizona Department of Education provides the following FY 2010 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the No Child Left Behind Act of 2001.

Is your family at or below the current income guidelines based on the attached **NCLB Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

Not Eligible

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name (only children ages 5-17 inclusive)

Name of School

Grade

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I hereby certify that all of the above information is true and correct.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.

ADE Revised April 1, 2009

**NCLB Eligibility Guidelines  
July 1, 2009 to June 30, 2010**

	<b>Indicator 1</b>					<b>Indicator 2</b>				
<b>Household Size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice per month</b>	<b>Every 2 weeks</b>	<b>Weekly</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice per month</b>	<b>Every 2 weeks</b>	<b>Weekly</b>
1	\$14,079	\$1,174	\$587	\$542	\$271	\$20,036	\$1,670	\$835	\$771	\$386
2	\$18,941	\$1,579	\$790	\$729	\$365	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3	\$23,803	\$1,984	\$992	\$916	\$458	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4	\$28,665	\$2,389	\$1,195	\$1,103	\$552	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5	\$33,527	\$2,794	\$1,397	\$1,290	\$645	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6	\$38,389	\$3,200	\$1,600	\$1,477	\$739	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$43,251	\$3,605	\$1,803	\$1,664	\$832	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8	\$48,113	\$4,010	\$2,005	\$1,851	\$926	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
For Each Add'l Household Member Add	\$4,862	\$406	\$203	\$187	\$94	\$6,919	\$577	\$289	\$267	\$134

Arizona Department of Education  
NCLB Eligibility Indicator

# ARIZONA SCHOOL IMMUNIZATION RECORD

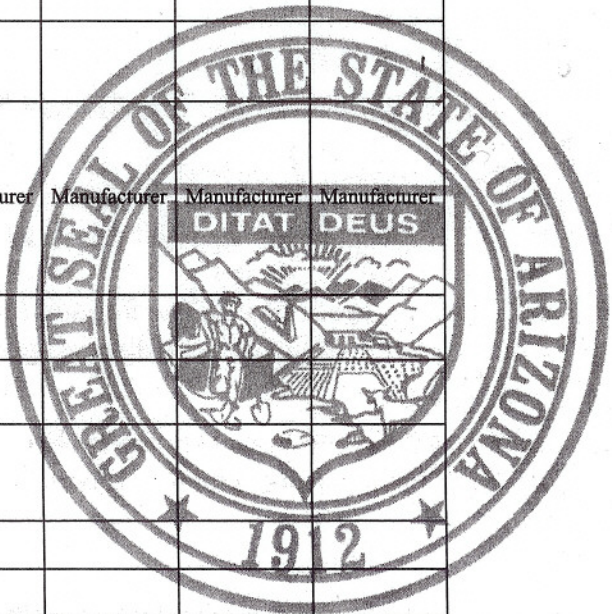
This record is part of the mandatory permanent pupil records as defined in Arizona Revised Statute 15-874 and shall transfer with that record. Local health departments shall have access to this record.

This form must be completed from an immunization record provided by parent or guardian.  
See reverse side for instructions.

## I. IDENTIFICATION INFORMATION

<b>CHILD'S NAME</b> NOMBRE DE NIÑO	<b>BIRTH DATE</b> FECHA DE NACIMIENTO
ENTRY GRADE (circle) Pre-K K 1 2 3 4 5 6 GRADO (marque con circulo) 7 8 9 10 11 12	SEX Male <input type="checkbox"/> Female <input type="checkbox"/> SEXO Niño <input type="checkbox"/> Niña <input type="checkbox"/>

II. IMMUNIZATIONS	1st MO/DAY/YR	2nd MO/DAY/YR	3rd MO/DAY/YR	4th MO/DAY/YR	5th MO/DAY/YR	6th MO/DAY/YR
<b>(DTaP/DTP) Diphtheria, Tetanus &amp; Pertussis</b> Difteria, Tetano y Tos Ferina						
<b>(DT) Diphtheria &amp; Tetanus</b> Difteria y Tetano						
<b>(Td) Tetanus &amp; Diphtheria</b> Tetano y Difteria						
<b>(Tdap) Tetanus, Diphtheria, acellular Pertussis</b> Tetano, Difteria y Tos Ferina						
<b>(IPV/OPV) Polio Vaccine</b> Vacuna Antipoliomielítica						
<b>(MMR) Measles, Mumps &amp; Rubella</b> Sarampión, y Paperas, y Rubéola (Month, Day & year required)						
<b>(Hib) Haemophilus Influenzae b</b> Required for Pre-K program, children age 2 months to age 5 years. <b>Influenzae Haemophilus tipo B</b> Los Niños 2 meses de edad a 5 años de edad necesitan tener la vacuna para poder atender la programa de pre-jardin de infantes.	Manufacturer	Manufacturer	Manufacturer	Manufacturer		
<b>(Hep B) Hepatitis B</b> La Vacuna Hepatitis B						
<b>(Hep A) Hepatitis A</b> La Vacuna Hepatitis A						
<b>Varicella</b> (Chickenpox) Varicella Check box if history of disease. <input type="checkbox"/>						
<b>Meningococcal</b> Meningococicas						
<b>HPV (Human Papilloma Virus)</b> Virus Papilloma Humano						
Other						
<b>TB Skin Test:</b> (optional) List most recent test <b>Prueba de tuberculosis del piel:</b> (opcion) Liste la más reciente prueba						



## FOR SCHOOL USE ONLY:

Enrollment Date: \_\_\_\_\_

Schedule for Completion (Check dose(s) needed)

VACCINE	1ST	2ND	3RD	4TH	5TH	6TH
DTap/DTP/DT/Td/Tdap						
OPV/IPV						
MMR						
Hib						
HPV						
Hep A						
Hep B						
Mening						
VAR						

## III. Documentation

I certify that I reviewed this student's immunization record and it has been transcribed accurately.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Admitting Official \_\_\_\_\_

### Documentation presented:

- Arizona Lifetime Record
- Foreign country (name) \_\_\_\_\_
- Out-of-State record (name) \_\_\_\_\_
- Other (name) \_\_\_\_\_

## IV. Status of Requirements

- A. Immunization complete Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. Currently up-to-date; more doses are due later. Needs follow-up.
- C. Laboratory evidence of immunity to: \_\_\_\_\_

### Exemption for:

- D. Medical Reasons-Permanent  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- E. Medical Reasons-Temporary until  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- F. Personal Beliefs  
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.

# WESTWIND COMMUNITY SCHOOLS

## Parent Questionnaire

The following are some questions to help us get to know you better and help us assist your student be successful here at school. Please feel free to answer all questions honestly, all answers will be kept confidential.

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

Date: \_\_\_\_\_

1. Why do you want your student to attend this school? \_\_\_\_\_

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2. What do you feel your student needs to be successful in school? \_\_\_\_\_

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3. What is the easiest part of school for your student? \_\_\_\_\_

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4. What is the most difficult part of school for your student? \_\_\_\_\_

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5. What do you feel we can do as a school to help your student be more successful this school year? \_\_\_\_\_

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6. What is the easiest way for your student to learn (read it, hear it, see it, do it, etc)? \_\_\_\_\_

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7. Any additional comments: \_\_\_\_\_

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# WESTWIND COMMUNITY SCHOOLS

## Student Questionnaire

Following are some questions to help us get to know you better and help you be successful here at school. Please feel free to answer all questions honestly, all answers will be kept confidential.

Why do you want to attend Westwind Academy?

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What do you want to achieve?

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What do you like about yourself?

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What do you want to be doing 10 years from now both personally and professionally?

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

What is the best thing that has happened to you and how has it affected you?

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Who has been your favorite teacher so far and why are they your favorite?

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How did this teacher help you learn?

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What is the easiest way for you to learn something (read it, hear it, see it, do it, etc.)?

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## Family Educational Rights and Privacy Act (FERPA)

[Family Policy Compliance Office \(FPCO\) Home](#)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.

Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information or technical assistance, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may call 1-800-437-0833.

Or you may contact us at the following address:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-8520

# WESTWIND COMMUNITY SCHOOLS

Thank you for supporting Westwind Preparatory and Westwind Middle School. The state of Arizona will deduct dollar for dollar the amount you contribute from your Arizona State Tax return. Your tax credit is equal to the amount contributed with a maximum of \$200 for single taxpayers or heads of household and \$400 for married taxpayers filing joint returns. Any donations over these amounts will be considered a tax deductible donation to a nonprofit organization.

Please indicate the school and area you prefer your tax credit donation to benefit.

You will receive a copy of this form along with an official receipt in the mail.

Please fill out form, sign and date the bottom, then mail or drop off your donation to:

Westwind Preparatory Academy  
2045 W Northern Ave  
Phoenix, AZ 85021  
602-864-7731

- Westwind Preparatory Academy      EIN 74-2801822  
 Westwind Middle School Academy      EIN 86-1023253

- |                          |                       |                             |
|--------------------------|-----------------------|-----------------------------|
| ___ Music                | ___ Football          | ___ Student Council         |
| ___ Band                 | ___ Soccer            | ___ Educational Field Trips |
| ___ Drama                | ___ Basketball        | ___ Technology Education    |
| ___ Odyssey of the Mind  | ___ Volleyball        | ___ National Honor Society  |
| ___ Dance                | ___ Cheer             | ___ Yearbook                |
| ___ To be used as needed | ___ Softball/Baseball |                             |

## WESTWIND ACADEMY 2011 ARIZONA TAX CREDIT RECEIPT

\*To be filled out by donor

\*TAX PAYER NAME (Please print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*TAX PAYER SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*DONOR SIGNATURE: \_\_\_\_\_ DATE \_\_/\_\_/\_\_

**For Administrative Use Only. Do not write below this line**

MONTH/YEAR RECEIVED: \_\_\_\_\_

RECEIVED FROM: \_\_\_\_\_

I verify that Westwind Academy received  Cash  Check \_\_\_\_\_ in the amount of \$\_\_\_\_\_ from the taxpayer listed above. I verify that the funds will be used towards \_\_\_\_\_ (activity).

AUTHORIZED WESTWIND SIGNATURE: \_\_\_\_\_ DATE \_\_/\_\_/\_\_