

2023-2024
STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Student Address: _____ City: _____ Zip Code: _____

Gender: ☐ Male ☐ Female Ethnicity (select one): ☐ White ☐ Black ☐ Hispanic ☐ American Indian ☐ Asian
Date of Birth: _____ Grade: ☐ PS ☐ KG ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06

Home Phone: _____ State of Birth: _____ Country of Birth: ☐ USA Other: _____

School last attended _____ Address: _____ Phone: _____

Has student ever received any of the following?

Special Education Services ☐ Yes ☐ No Gifted Services ☐ Yes ☐ No
504 Plan Services ☐ Yes ☐ No ELL Services ☐ Yes ☐ No

Any information pertaining to a question if a student has a disability or is on an IEP or 504 Plan is requested solely for purposes of ensuring continuity

PARENT/GUARDIAN INFORMATION

Mother's Information

First Name: _____ Last Name: _____ Home Phone: _____
Address: _____ City: _____ State: _____ Zip: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
E-mail Address: _____

Father's Information

First Name: _____ Last Name: _____ Home Phone: _____
Address: _____ City: _____ State: _____ Zip: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
E-mail Address: _____

Other Information

Legal Guardian

Step-Parent

Other: _____

First Name: _____ Last Name: _____ Home Phone: _____
Address: _____ City: _____ State: _____ Zip: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
E-mail Address: _____

Custody of Student: ☐ Joint ☐ Mother ☐ Father ☐ State ☐ Temporary ☐ Other

Student Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Foster ☐ Other

SCHOOL USE ONLY

☐ Custody Papers

☐ Other

EMERGENCY INFORMATION

Persons to contact, other than parent, if child becomes ill or injured:

Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____
Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____

I certify, by my signature, that I am either the parent or guardian of the above student and that the above information is true, accurate and up to date. Also, I hereby grant the school staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the staff will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.

Parent/Guardian signature: _____ Date: _____

SCHOOL USE ONLY

Entry date: _____ Entry Code: _____ Grade: _____ Teacher: _____ Birth Cert. ☐ Yes ☐ No Imm. ☐ Yes ☐ No

SAIS ID#: _____ Previous School CTDS#: _____ Previous School Student ID: _____



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)



**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
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ 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 other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

CONCORDIA CHARTER SCHOOL MILITARY STUDENT IDENTIFIER FORM

Parents,

Please answer the following questions and return to the front office.

Students Name: _____

- Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard?
(Circle one) **YES, NO, OR DECLINE TO ANSWER**
- Is the student a dependent of a fulltime member of the National Guard, or Reserve Force of the United States military Army, Navy, Air Force, Marine Corps?
(Circle one) **YES, NO, OR DECLINE TO ANSWER**
- Is the student a dependent of a member of the National Guard or Reserve Force of the United States military Army, Navy, Air Force, Marine Corps?
(Circle one) **YES, NO, OR DECLINE TO ANSWER**

FORMA PARA IDENTIFICAR FAMILIAS EN LA MILITAR

Padres,

Por favor responder a estas tres preguntas y regrese a la oficina lo más pronto posible. Gracias.

Nombre del Estudiante: _____

- El estudiante es dependiente de un miembro del Servicio Militar los Estados Unidos en el Ejército de Servicio Activo, la Marina, la Fuerza Aérea, el Cuerpo de Marinos o la Guardia Costera? (Circule uno) **SI, NO, o REHUSO A CONTESTAR**
- El estudiante es dependiente de un miembro de tiempo completo de la Guardia Nacional o Fuerza de Reserva del Ejército Militar de los Estados Unidos, Marina, Fuerza Aérea, Cuerpo de Marina? (Circule uno) **SI, NO, o REHUSO A CONTESTAR**
- Es el estudiante dependiente de un miembro de la Guardia Nacional o de la Fuerza de Reserva del Ejército Militar de los Estados Unidos, Marina, Fuerza Aérea, Cuerpo de Marina? (Circule uno) **SI, NO, o REHUSO A CONTESTAR**

CONCORDIA CHARTER SCHOOL
Kindergarten – 6th Grade



STUDENT RECORDS REQUEST
SOLICITUD DE ARCHIVOS DEL ESTUDIANTE

Previous School Attended/Previa Escuela _____

Address/Dirección: _____

Phone Number/Telefono: _____ Fax: _____

As stated in ARS §15.828 " Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within five school days after receipt of the request unless the record has been flagged pursuant to ARS §15.829."

The following student has been enrolled in our school. Please send the following records as requested.

Student Name/Nombre del Estudiante: _____

DOB/Fecha de Nacimiento: _____ Date Enrolled/Fecha de Inscripción: _____

DATE REQUEST	ITEM	SENT BY	RECEIVED	STILL NEEDED
	Official Transcript			
	Official Withdrawal Form			
	All Health Records			
	Achievement Test Results			
	AIMS Test Results			
	AIMS Study Guide			
	SPED Records			

I authorized Concordia Charter School to request records.

Yo doy mi autorización a la Escuela Concordia Charter en recibir los archivos de mi estudiante.

Signature/Firma: _____

Date/Fecha: _____

Please fax, mail or email records to:
Concordia Charter School
142 N Date
Mesa, AZ 85202
Phone: 480-461-0555
Fax: 480-461-0556
Email: apayan@concordiacharter.org

STUDENT ALLERGY ALERT

SY 2024

Student Name: _____ Date: _____

____ No, my child does NOT have any allergies

____ Yes, my child has an allergy/allergies Child has EpiPen prescription? YES or NO

Please list items to which your student has an allergy that impacts regular life functions. This is NOT to be used for food PREFERENCES. Documentation completed by a medical provider will be requested for meal accommodations.

Allergic to...	Typical reaction...	Medical Statement?

Food service information:

EDUCATIONAL BACKGROUND

Please list all schools your child has attended, including preschool.

SCHOOL & LOCATION PLEASE INCLUDE CITY AND STATE	SCHOOL & LOCATION PLEASE INCLUDE CITY AND STATE
Pre-K	6 th
Kindergarten	7 th
1 st	8 th
2 nd	9 th
3 rd	10 th
4 th	11 th
5 th	12 th

Any grades repeated? _____ Skipped? _____ Grade _____

How has attendance been in the past? _____

Does your child have any learning problems? _____

Has your child received special education services in the past? _____

Does your child like school? _____

Has your child ever been subjected to abuse? _____

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

Please provide additional comments on the back of this page.

Thank you for your help in completing this form. Remember that all information will be treated confidentially; however, some of the information may be used anonymously for statistical data only for purposes of obtaining grants or state and federal educational monies. If you have any questions about this form please contact Concordia Charter School.

Please sign: Person completing form _____

Relationship to child _____

Date _____

MARKETING INFORMATION

Thank you for choosing Concordia Charter School, how did you hear about us: Please check all that apply.

Heard about Concordia from a friend	Heard about Concordia from a current student
Parent/guardian heard about Concordia	Prior school staff (teacher/counselor) referred me
Saw school sign	Saw school brochure
Saw "Enroll Now!!!" sign	Saw ad in paper
Saw ad in grocery store	Saw ad on TV
Web search for "alternative schools"	Web search for "charter schools"
Drove by	Walked in

Name of person who referred you: _____

Person's phone number: _____

Thank you for your help in completing this form. All information will be treated confidentially; however, some of the information may be used as statistical data only for purposes of obtaining grants or state and federal educational monies. If you have any questions about this form, please contact Concordia Charter School at 480-461-0555

Please sign: Person completing form _____

Relationship to student _____

Date _____

Student/Member Application Contract for Electronic Information Services

As a member, I understand that my use of the Electronic Information Services (EIS), including the internet and network, is a privilege. Inappropriate use will result in cancellation of these privileges and may result in disciplinary action. Law enforcement officials will be notified if illegal activities take place.

I understand that I cannot expect that communications or information sent, retrieved or stored via EIS will be private. Concordia Charter School has the right to review all files and communications and monitor system use at any time without notice or permission. Concordia Charter School may terminate access, and/or review and delete files at any time.

I understand that when I use Electronic Information Services, I must strictly adhere to all user requirements set forth in the Concordia Charter School Computer Use Guidelines. I understand that any violations of the policy or regulation will result in revocation of my user access and will result in disciplinary action.

Student Name: _____ Grade _____ School _____
Student's Signature: _____ Date: _____

Parent or guardian must cosign

As the parent or guardian of this member, I have read the Concordia Charter School Computer Use Guidelines. I understand that Electronic Information Services, including the Internet and network, are intended for educational purposes only. These services are made available to my child at no out-of-pocket cost to me.

I understand that although Concordia Charter School has taken reasonable precautions to protect against my child's access to inappropriate materials, it is impossible for Concordia Charter School to restrict access to all controversial or offensive materials. Accordingly, I will not hold Concordia Charter School responsible for materials acquired by my child's use of the school's Electronic Information Services. I also agree to report to the Director of Concordia Charter School any misuse of the information services.

I agree that my child will abide by the Computer Use Guidelines on appropriate use of Electronic Information Services. I accept full responsibility for supervision if, and when, my child's use of the information services is not in a school setting. I hereby give my permission to have my child use Electronic Information Services and certify that my child has agreed to abide by the terms and conditions of this agreement.

Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Date: _____

Parent or guardian may deny access

As the parent or guardian of this student, I DO NOT want my child to be provided Internet access by Concordia Charter School. Instead, my child will use other resources available at the school or participate in an alternative activity.

Student Name: _____ Parent/Guardian's Name _____
Parent/Guardian's Signature: _____
Date: _____

Concordia Charter School Absence Reporting Policy

Pursuant to A.R.S. §15-901(A)(2), "...excused absences shall be identified by the Department of Education...". The Department of Education defines an excused absence as being an absence due to illness, doctor appointment, bereavement, family emergencies and out-of school suspensions not to exceed 10% of the instructional days scheduled for the school year.

Pursuant to A.R.S. §15-806, "the governing board of each school district shall adopt a policy governing the excuse of students for religious purposes. Concordia Charter School permits a student to be excused from school attendance for religious purposes, including participation in religious exercises or religious instruction. For participation in a religious activity to be considered an excused absence a written consent from the person who has legal custody of the student and the religious instruction or exercises must take place at a suitable place away from school property. Pursuant to Op. Atty. Gen. No. R76-292, the total number of days of excused absences for religious purposes shall be reasonable and not abused.

Pursuant to A.R.S. §15-803(A)(2), in order for any of the above absences to be excused, a child who is under 16 years of age must be accompanied by a parent, guardian, or authorized person. In order for absences relating to illness, doctor appointment, bereavement, family emergencies, or district approved family vacation to be counted as excused absences, the school must be notified of the absence prior to the absence or when the absence occurs by the parent or legal guardian who has custody of the student. The school will document on paper or paperless format the date and reason for the absence. The documented record shall be maintained for not more than four (4) years. If an absence occurs relating to any other term or condition that is not specifically designated herein, the absence shall be counted as unexcused. Students absent for ten (10) consecutive school days, except for excused absences identified herein, shall be withdrawn from the school, pursuant to A.R.S. §15-901 (A)(2).

Pursuant to A.R.S. 15-807: In case of absence from school, the parent/guardian is required to notify the school attendance personnel in advance of or at the time of absence.

If there is a change in telephone numbers during the school year, the parent/guardian is to promptly notify the school office.

In case a student is absent from school and the parent/guardian has not notified the school, school attendance personnel will make a reasonable effort to notify the parent/guardian within two hours after the first class in which the pupil is absent.

All absences are to be verified by a call to the school office from a parent or guardian before 9:30 am on the day of the absence. This includes all absences due to medical and dental appointments and for all absences. Students who are dismissed from the school early for any reason must sign out in the office. The answering machine will be available before and after school hours for anyone who would like to leave a message. Please leave your name, student name, grade, date and reason for absence.

Signature of Parent/Guardian

Date

Concordia Charter School
Annual Notification to Parents Regarding
Confidentiality of Student Education Records

The Governing board established written policies regarding the collection, storage, retrieval, use and transfer of student educational information collected and maintained pertinent to the education of all students. These policies and procedures also require that parents/guardians are informed annually of these rights in a reasonable manner. These policies and procedures are in compliance with:

A. The Family Education Rights and Privacy Act; Title 20, United States Code Sections 1232g and 1232h; and the Federal regulations (45 CFR. Part 99) issued pursuant to such act

B. The Education of All Handicapped Children Act; Title 20, United States code, Sections 1412 (2)(D) and 1417(c); and the Federal regulations (45 CFR 121 a.560-575) issued pursuant to such Act; and

C. Arizona Revised Statutes, Title 15, Section 151 as amended, 1978

Student education records are collected and maintained to help in the instruction, guidance, and educational progress of the student; to provide information to parents and staff; to provide a basis for the evaluation and improvement of school programs; and for legitimate educational research. The student records maintained by the district may include but are not necessarily limited to identifying data; reports of psychological testing; health data; teacher or counselor observations; and verified reports of psychological testing; health data; teacher or counselor observations; and verified reports of serious or recurrent behavior patterns.

These records are maintained in the school office under the supervision of the School Administrator and are available only to the teachers and staff working with the student. If your son/daughter should transfer to another school, these records will be sent to the new school upon their request. Otherwise, records are not released to most agencies or persons without prior written consent of the parent.

You have the right to inspect and review any and all records related to your child, including a listing of persons who have reviewed or have received copies of the information. Parents wishing to review their children's records should contact the School Administrator for an appointment. Upon request, school personnel will be available to parents when it is not practicable for you to inspect and review the records at the office. Charges of the copies of records will be actual cost of copying.

If you believe information in the record file is inaccurate or misleading, you have the right to request that a correction be made and to add comments of your own. If any time an agreement between the school and parent cannot be reached, you may contact the School Administrator and request a due process hearing. Copies of the Mesa Arts Academy Student Education Records Confidentiality Policies and Procedures may be reviewed in the Administrator's office. Federal law also permits a parent to file a complaint with the United State Office of Education in Washington, D.C.

Student Name _____

Parent/Guardian Name *please print* _____

please print _____

I have read the above and understand it's contents.

Parent Signature _____

Date _____

Concordia Charter School
EMERGENCY MEDICAL AUTHORIZATION

Student's Name _____

Address _____

School _____

Phone(____) _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT/GUARDIAN

Mother's Name _____

Father's Name _____

Other's Name _____

Name of Relative/

Childcare provider _____

Address _____

Daytime Phone(____) _____

Daytime Phone(____) _____

Daytime Phone(____) _____

Relationship _____

Daytime Phone(____) _____

PART I or PART II (Must be Completed)

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____

Dentist _____

Medical Specialist _____

Local Hospital _____

Daytime Phone(____) _____

Daytime Phone(____) _____

Daytime Phone(____) _____

Daytime Phone(____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:
(1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
(2) The transfer of the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Guardian _____

Date _____

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian _____

Date _____

Concordia Charter School - Mesa
Kindergarten - 6th Grade

Phone: 480-461-0555 Fax: 480-461-0556

Medication Administration Form

Sometimes students need to take or have medication administered during school hours. Please authorize the school nurse (or person designated by the Principal) to administer the following over-the-counter medications. If your student is on prescription medication please indicate on the form below, the name of the prescription, the dosage and what the medication is taken for.

If a student becomes ill during school hours, the school staff will notify parent/guardian of the change in health and may also ask for phone authorization to provide the following over-the-counter-medication/s.

Please complete the form below:

Student name: _____ Grade: _____ DOB: _____

Is your student allergic to any medications or foods? ☐ Yes ☐ No

If Yes please explain and describe reaction: _____

Yes	No	Medication	Dosage	Frequency
		Aspirin		Every four (4) hours if necessary
		Advil/Motrin (Ibuprofen)		Every four (4) hours if necessary
		Tylenol (Acetaminophen)		Every four (4) hours if necessary
		Other: (e Antacids, Antihistamines, Pepto Bismol, etc.)		
		Other:		
		Prescription Medications		

By signing below I authorize the school nurse or designee to give the medications(s) checked above to my child when needed.

Parent signature: _____ Date: _____

CONCORDIA CHARTER SCHOOL - MESA
A Friend of Core Knowledge
142 North Date Street
Mesa, Arizona 85201



Authorization for Pick-up Form

Child's Name: _____

Please list below all individuals who are authorized to pick-up your child/children. The individuals will also be called in the event of an emergency and the parent(s) cannot be reached. A photo I.D. will be required for these individuals to pick-up your child.

Parents/Guardians

Mother's Name: _____ Home Phone: () _____
Father's Name: _____ Work/Cell Phone: () _____
Address: _____ Home Phone: () _____
Work/Cell Phone: () _____

Name: _____ Relationship: _____
Address: _____ Phone: () _____

Name: _____ Relationship: _____
Address: _____ Phone: () _____

Name: _____ Relationship: _____
Address: _____ Phone: () _____

Name: _____ Relationship: _____
Address: _____ Phone: () _____

I do hereby authorize Concordia Charter School to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Concordia Charter School from any and all responsibility for problems that may develop when such persons take my child from the premises.

Signature of Parent/Guardian

Date



CHILD FIND PROGRAM

Child Find is a continuous process of public awareness activities, screening and evaluation designed to *locate, identify, and refer as early as possible* all young children with disabilities and their families who are in need of Early Intervention or Preschool Special Education services of the Individuals with Disabilities Education Act (IDEA).

WHAT IS A QUALIFYING DISABILITY?

FROM BIRTH TO AGE 3 — an established condition known to cause a developmental delay.

FROM AGE 3 TO AGE 5 — a documented deficit in one or more of the following developmental areas: communication, vision, hearing, motor skills, social emotional/behavioral functioning, self-help skills and/or cognitive skills

FROM AGE 5 THROUGH 21 — Identification of one or more of the following conditions: autism, hearing impairment including deafness, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury and/or visual impairment including blindness.

WHAT DO I DO IF I HAVE CONCERNS

PLEASE share your concerns with any school staff members and the school will provide the appropriate assessment and make the appropriate referral. Your option is to go to the student's home school district with your concerns.