

Keeping Standards High
Helping Students Reach Them



Tri-City College Prep High School
5522 Side Road
Prescott, AZ 86301
Phone: (928) 777-0403
Fax: (928) 777-0402
Web Address: www.tricityprep.org

For Office Use
Received:
Date: _____
Time: _____
Office Initials: _____

Enrollment Packet

STUDENT GENERAL INFORMATION

Student Name _____
Last First M.I. Date of Birth

Student's Preferred Name _____

Tri-city College Prep High School (TCP) operates under a non-discriminatory policy, both for hiring of staff members and for acceptance of students to the school. TCP does not discriminate on the basis of ethnicity, race, color, national origin, gender, gender identification, disability, proficiency in the English language, or immigration status. The information below is for mandated State and Federal statistical reporting. TCP does not discriminate with respect to admissions, enrollment or employment. (Please check all that apply)

Ethnic Background: White ___ Black ___ Hispanic/Latino ___ American Indian/Alaska Native ___
Asian-Pacific Islander ___ Other _____

Has this student ever:

Been tested for learning disabilities, speech, physical or emotional disabilities? Yes No

Required tutoring or other remedial instruction? Yes No

Been enrolled in a Gifted Program? Yes No

Needed Section 504 accommodations? Yes for _____ accommodation No

Qualified for Special Education Services? Yes No

Have a current IEP? YES at _____ school No

Please clarify any "Yes" answers: _____

Tri-city College Prep High School does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities, including admission and enrollment. Tri-city College Prep High School abides by the procedures mandated by Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA) and will provide eligible students with disabilities a free appropriate public education (FAPE), including following Section 504 plans and Individualized Education Programs (IEPS).

Has applicant been expelled by a school, or in the process of being expelled? Yes No

Please explain a "Yes" answer: _____

If "Yes" answer, did student get permission from TCP's governing board to attend Tri-city College Prep High School? Yes No Date of Board Meeting _____

Academic strengths and/or weaknesses? _____

Please note any special family circumstances you think would be helpful for us to understand in working with your child (adoption, family member illness, parenting arrangements, etc.):

Others Authorized to pick up student:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Parent/Legal Guardian Signature: _____ Date _____

Parent/Legal Guardian Signature: _____ Date _____

Tri-city College Prep High School

STUDENT HEALTH HISTORY

Students Name _____

Please indicate whether your child has ever had or now has any of the following conditions:

	Yes	No	Date		Yes	No	Date
Allergy (list below)				Joint Pain			
Anemia				Kidney Trouble			
Ankle injury				Knee Injury/Surgery			
Arthritis				Loss of Consciousness			
Asthma				Menstrual Cramps			
Back Pain				Migraine Headaches			
Concussion				Mononucleosis			
Diabetes				Neck injury			
Eczema				Rheumatic Fever			
Elbow Injury				Scoliosis			
Emotional Problems				Spine Injury			
Epilepsy (seizures)				Sinus Trouble			
Fainting				Sore Throat (chronic)			
Fractures				Sprains/Dislocations			
Hearing Trouble				Tuberculosis			
Heart Condition (explain below)				Valley Fever			
Hepatitis				Visions Issues			
Hernia (rupture)				Wrist Injury			
High Blood Pressure				Other			

Explanation of above: _____

Any problems other than listed? _____

Allergy _____ What type of reaction? _____

Allergy _____ What type of reaction? _____

Any serious injury/accident? _____

Any physical restrictions? _____

Doctor's Request(s): _____

Any surgery? _____

Is applicant taking medication? Yes No If so, what? _____

TCP is a drug free zone. The drug free zone includes any and all off campus school activities and after school programs.

In the event we are unable to reach parents or a person listed as an emergency contact and a doctor's care is deemed necessary, the student will be taken to the emergency room at Yavapai Regional Medical Center or to the family doctor for emergency care. Fees incurred will not be the responsibility of the school.

Parent/Legal Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Tri-city College Prep High School

STUDENT / PARENT SIGNATURE PAGE

Student Name _____

The **Student Handbook** describes important information about TCP. I understand that I should consult the Principal regarding any questions not answered in the handbook.

You may download a copy of the student handbook from the school website (www.tricityprep.org).

Since the information and policies described are subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices and I understand that revised information may supersede, modify or eliminate existing policies.

I understand that it is my responsibility to read and comply with the policies contained in the student handbook and any revisions made to it. I have read and understand the policies. Please initial the areas below and return this page to the office. Thank you.

Student / Parent(Both Must Initial)

- | | | |
|-------|-------|--|
| _____ | _____ | Administering Medicines to Students |
| _____ | _____ | Approved School Attire |
| _____ | _____ | Attendance Policy |
| _____ | _____ | Student Safety – Weapons Including Pocket Knives |
| _____ | _____ | Right to Search |
| _____ | _____ | Drug Free Zone |
| _____ | _____ | Computer/Internet Policy/Agreement |
| _____ | _____ | Cell Phone Restrictions |
| _____ | _____ | Plagiarism Policy |
| _____ | _____ | All Other Policies in Handbook |

Student Image/Information Release

You **may** **may not** use any pictures/Information of my student for Press Release/Public Relations

You **may** **may not** use any pictures/information of my student for the Yearbook.

You **may** **may not** release information on my student for Military

You **may** **may not** release information of my student for School Directory

You **may** **may not** release information of my student for Scholarships

I understand that students may be highlighted in efforts to promote Tri-city College Prep High School (TCP) activities and achievements through newspapers, radio, TV, the web, displays, brochures and other types of media. If I have given permission to use my student's image or information, I understand that neither TCP nor its representatives will reproduce said images, info for any commercial value or receive monetary gain. I am also fully aware that I will not receive monetary compensation for my child's participation. I further release and relieve TCP, its Board of Directors, employees and other representatives from any liabilities, known or unknown, arising out of the use of this material.

Signature Parent/Legal Guardian _____ Date _____

Signature Parent/Legal Guardian _____ Date _____

Signature Student _____ Date _____

Tri-city College Prep High School

ENROLLMENT CHECKLIST

In order to comply with State and Federal regulations and programs, the TCP Board of Education is requiring documentation as applicable.

Name: _____ Grade Entering: _____

- ◇ Enrollment packet filled out in its entirety
- ◇ Home Language Survey (PHLOTE)
- ◇ E-Rate Household Survey
- ◇ Student/Parent Signature Page signed & initialed by both student and guardian agreeing to follow the student handbook guidelines & school policies
- ◇ Immunization/Vaccinations or Exemption form up-to-date
- ◇ Proof of Age (i.e. Birth Certificate, Passport, Baptismal Certificate, etc.)
- ◇ Proof of guardianship (i.e. court documents, custody papers, etc.)
- ◇ Proof of Arizona residency (ie. Driver's license, tax bill, utility bill) **including** McKinney-Vento Eligibility Questionnaire
- ◇ Emergency Medical Consent Form (top and bottom)
- ◇ Disclosure of Special Education
- ◇ Disclosure of 504 Plan
- ◇ Withdrawal form from previous district or charter high school
- ◇ Transcripts from previous high school(s). Student will enter TCP as a freshman if not supplied

Failure to complete items on the above checklist may result in the student's enrollment being rejected, delayed, or sent to the end of the waiting list.



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** _____
2. **What is the language most often spoken by the student?** _____
3. **What is the language that the student first acquired?** _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



**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 U.S. passport
- ___ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ___ 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

OFFICE USE ONLY:

Document Expiration Date: _____

Date: _____ Initial: _____

Date: _____ Initial: _____

Date: _____ Initial: _____

Date: _____ Initial: _____

Date: _____ Initial: _____

Date: _____ Initial: _____



Tri-City College Prep High School
5522 Side Road
Prescott, AZ 86301
Phone: (928) 777-0403
Fax: (928) 777-0402
Web Address: www.tricityprep.org

McKinney-Vento Eligibility Questionnaire

Student Name _____

Last

First

Middle

Date of Birth _____

Month/Day/Year

Grade

Student ID

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help to determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes ____ No ____
2. If temporary, is this living arrangement due to loss of housing or economic hardship? Yes ____ No ____

If you answered YES to question 1 and 2, please complete the remainder of the form.

If you answered NO to either question 1 or 2, you may stop here.

Where is the student presently living? (Check one)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- In a place not ordinarily used for sleeping (car, park, etc.)

Name of Parent(s)/Legal Guardian(s) _____

How may we contact you?

Address _____ Zip _____ Phone _____

Email _____

How long have you been at current address/location? _____

Is the nighttime residence different? Yes ____ No ____ If "Yes", please provide the address:

Address/City/State/Zip

Would you like to be contacted regarding eligibility for transportation under McKinney-Vento? Yes ____ No ____

By signing, I attest this information is true and accurate.

Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian _____ Date _____

_____ Date _____

(School Personnel Who Enrolled This Student—Please Print Name)

Keeping Standards High
Helping Students Reach Them



