



Tri-City College Prep High/Middle 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/Middle 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.

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/Middle 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/Middle 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).

Academic strengths and/or weaknesses?

Mother's Information (or Legal Guardian)

Father's Information (or Legal Guardian)

Name: Ms. or Mrs. Cell Phone Home Phone Work Phone Address City & Zip Email

Others Authorized to pick up student (other than parent/guardian):

Name Phone Number Name Phone Number

Parent/Legal Guardian Signature: Date Parent/Legal Guardian Signature: Date

# Tri-city College Prep High/Middle 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/Middle School Family/Custody Information

**Child is living with :**

Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

**Marital Status of Parents:**

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Legal Custody:**

Joint \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_

**Are there any legal restrictions?**

Yes \_\_\_\_ No \_\_\_\_ Do you have a court order? Yes \_\_\_\_ No \_\_\_\_

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.):

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Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Tri-city College Prep High/Middle 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 (middle school uniforms)
_____	_____	Attendance Policy
_____	_____	Student Safety – Weapons Including Pocket Knives
_____	_____	Right to Search
_____	_____	Drug Free Zone
_____	_____	Computer/Internet Policy/Agreement
_____	_____	Cell Phone Restrictions
_____	_____	Plagiarism Policy (middle school cheating 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 (high school)

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

You  **may**  **may not** release information of my student for Scholarships (high school)

I understand that students may be highlighted in efforts to promote Tri-city College Prep High/Middle 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/Middle 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 (half sheet)
- ◇ Disclosure of Special Education
- ◇ Disclosure of 504 Plan
- ◇ Withdrawal form from previous district or charter high/middle school
- ◇ Transcripts from previous high school(s). Student will enter TCP as a freshman if not supplied (high school only)

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 \_\_\_\_\_

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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: \_\_\_\_\_

Keeping Standards High  
Helping Students Reach Them



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## 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, please sign and date at the bottom.

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)

Send McKinney Vento Questionnaires to the Federal Programs Office

Phone: 602.523.899 Fax: 602.257.2837





# Tri-city College Prep High/Middle School

## E-Rate Household Survey

Your Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

After circling your household size, choose one of the following columns and circle your estimated income.

Household Size (Circle One)	Yearly Income	Monthly Income	Weekly Income
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
Each add'l family members add:	+\$7,696	+\$642	+\$148

Federal Eligibility Income  
Chart for School Year  
2016-2017

To be used until  
new chart becomes  
available

- Is your income equal to or less than any of the amounts listed next to the number you circled?    Yes \_\_\_\_\_ No \_\_\_\_\_
- Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP)-food stamps?    Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your family qualify for medical assistance under Medicaid?    Yes \_\_\_\_\_ No \_\_\_\_\_
- Is your family receiving Supplementary Security Income (SSI)?    Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your family receive housing assistance (Section 8)?    Yes \_\_\_\_\_ No \_\_\_\_\_
- Does your family receive home energy assistance (LIHEAP)?    Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all students in your household that attend school. (Enter the grade they started in Fall, 2018. Write on the back to list more than 5 students.

Name	Grade	School Attending in Fall 2018

Certification: I certify that the above information is, to the best of my knowledge, true and complete.

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

Intentionally Left Blank

# Tri-city College Prep High/Middle School

5522 Side Rd. Prescott, AZ 86301 928.777.0403

## EMERGENCY MEDICAL CONSENT FORM

DATE _____	STUDENT'S NAME _____	DATE OF BIRTH _____	2019-20 Grade _____
Mother _____		Father _____	
Address _____		Address _____	
City/State/Zip _____		City/State/Zip _____	
Cell Phone _____		Cell Phone _____	
Home Phone _____		Home Phone _____	
Work Phone _____		Work Phone _____	
Email _____		Email _____	
Doctor's Name & Phone Number _____		Insurance Co. _____	

<u>EMERGENCY CONTACT</u> Who can care for your child if you are not available?		<u>MEDICAL HISTORY</u>
Name _____	Phone _____	Allergies _____
Relationship _____		
Name _____	Phone _____	Medical problems _____
Relationship _____		

**Permission to administer the following:**  
Tylenol Y N    Ibuprofen Y N    Benadryl Y N    Tums Y N    \_\_\_\_\_  
Current Medications \_\_\_\_\_

The undersigned parent/guardian, having legal custody or control of minor, GRANTS PERMISSION for any emergency treatment and hospital services that may be rendered to said minor under the general specific direction of Dr. \_\_\_\_\_, phone \_\_\_\_\_ or any hospital emergency department physician.

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

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