



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

Registration Enrollment Packet

STUDENT GENERAL INFORMATION

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

Student's Preferred Name _____

Tri-city College Prep (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 _____ Decline to answer ___

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? Yes No Decline to answer

Has this student ever:

- Been tested for learning disabilities, speech, physical or emotional disabilities? Yes No Decline to answer
- Required tutoring or other remedial instruction? Yes No Decline to answer
- Been enrolled in a Gifted Program? Yes No Decline to answer
- Needed Section 504 accommodations? Yes for _____ accommodation No Decline to answer
- Qualified for Special Education Services? Yes No Decline to answer
- Have a current IEP? YES at _____ school No Decline to answer

Please clarify any "Yes" answers: _____

Tri-city College Prep 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 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. _____

Name _____

Cell Phone _____

Cell Phone _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Address _____

Address _____

City & Zip _____

City & Zip _____

Email _____

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

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

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.):

Parent/Legal Guardian Signature: _____ Date _____

Parent/Legal Guardian Signature: _____ Date _____

Tri-City College Prep

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 |
| _____ | _____ | Student Contact & Photo Release |
| _____ | _____ | All Other Policies in Handbook |

Signature Parent/Legal Guardian _____ **Date** _____

Signature Parent/Legal Guardian _____ **Date** _____

Signature Student _____ **Date** _____

Tri-City College Prep

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: _____

- ◇ Registration 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)
- ◇ Withdrawal form from previous district or charter high/middle school
- ◇ *Disclosure of Special Education
- ◇ *Disclosure of 504 Plan
- ◇ *Transcripts are requested for any transferring student who needs credit for courses already taken for streamlining attendance and correct course placement.

Failure to complete items on the above checklist may result in your child's registration enrollment package not being accepted as complete, restricting attendance and/or creating delays in continuation of services.

*Not required but preferred—does not effect enrollment status.

**In accordance with ARS 15-828(A), parents/guardians have 30 days to submit proof of age documents once a student is enrolled.



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 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: _____

The E-rate program is a Federal program which provides schools and libraries across the country with substantial discounts on their technology services. These discounts reduce the costs of our telephone service, Internet access, and the internal connections we use to build and maintain the computer networks that link our classrooms. The size of the discounts which we receive is based the income level of our student’s families.

We need your help qualifying for the largest discount allowable by providing us with some very general information. **This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any purpose other than E-rate.**

Thank You!

E-Rate Family Survey – 2022/2023

Please complete and return the survey below. It is important that you return this form to us even if your income does not meet any of these criteria in order for the survey to be considered a valid measure.

Street Address _____

City _____ State _____ Zip _____

I. Please attempt to answer the questions listed below. Skip any questions you don't know the answer to.

Circle the number of people in your family on the chart below, including all children:

Family Size (circle one)	Annual Income	Monthly Income	Weekly Income
1	\$ 25,142	\$ 2,096	\$ 484
2	\$ 33,874	\$ 2,823	\$ 652
3	\$ 42,606	\$ 3,551	\$ 820
4	\$ 51,338	\$ 4,279	\$ 988
5	\$ 60,070	\$ 5,006	\$ 1,156
6	\$ 68,802	\$ 5,734	\$ 1,324
7	\$ 77,534	\$ 6,462	\$ 1,492
8	\$ 86,266	\$ 7,189	\$ 1,659
For each additional family member add	+ \$ 8,732	+ \$ 728	+ \$ 168

Is your family's income equal to or less than any of the amounts listed next to the number you circled? Yes _____ No _____

Are your children eligible for the NSLP (National School Lunch Program) which provides free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes _____ No _____

Is your family eligible for food stamps? Yes _____ No _____

Is your family eligible for medical assistance under Medicaid? Yes _____ No _____

Does your family receive 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 _____

II. To validate this survey, please list the names of all school children living in your home, including which school they attend.

Name of Child	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tri-City College Prep
5522 Side Rd. Prescott, AZ 86301 928.777.0403
EMERGENCY MEDICAL CONSENT FORM

<u>DATE</u>	<u>STUDENT'S NAME</u>	<u>DATE OF BIRTH</u>	<u>2022-23 Grade</u>
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.* _____

EMERGENCY CONTACT Who can care for your child if you are not available? **MEDICAL HISTORY**

Name _____ Phone _____	Allergies _____
Relationship _____	_____
Name _____ Phone _____	Medical problems _____
Relationship _____	_____

Permission to administer the following: Current Medications _____

Tylenol Y N Ibuprofen Y N Benadryl Y N Tums Y N _____

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