



## Enrollment 2012-2013

Dear Parent or Guardian,

Thank you for your interest in Leading Edge Academy! We look forward to partnering with you in the education of your child. Enrolling your child is an easy three step process.

1. Complete the online *Enrollment Form* available on the school website, [www.leadingedgeacademy.com](http://www.leadingedgeacademy.com), or pick up an Enrollment Packet from any Leading Edge Academy school office.
2. Assemble the following items:
  - *Completed* Enrollment Packet Forms (if you did not fill out the online form).
  - An *original* Birth Certificate (to be copied by the school Registrar.)
  - Current Immunization Records.
  - Withdrawal Form from previous school (Only required for mid-year transfers from other Arizona Public/Charter Schools)
  - Any recent transcripts or report cards from your current/previous school. We request records directly from current/previous schools but they are not always sent to us in a timely manner.
3. Schedule an Enrollment Interview. Simply contact the school office and speak with the Registrar. During the interview, you will sign the submitted online form and complete any other necessary paperwork, your initial records will be collected and you can tour the campus. Also, you and your student will meet with the principal to discuss your education goals to determine if the learning environment at Leading Edge Academy will best benefit your student.

Leading Edge Academy @ Gilbert (K-6) Gilbert Early College High School (7-12) 415 N. Gilbert Rd. #102 Gilbert, AZ 85234 480.545.8011 (Voice) 480.558.7038 (Fax)	Leading Edge Academy @ East Mesa (K-6) 10115 E. University Dr Mesa, AZ 85207 480.984.5645 (Voice) 480.627.3634 (Fax)	Leading Edge Academy @ Maricopa (K-12) 18700 N. Porter Rd Maricopa, AZ 85138 520.568.7800 (Voice) 480.558.7038 (Fax)	Leading Edge Academy @ Heritage (K-6) 919 E. Guadalupe Rd. Gilbert, AZ 85234 480.545.6646 (Voice) 480.558.7038 (Fax)
Leading Edge Academy @ Mountain View (K-5) 4815 W. Hunt Highway Queen Creek, AZ 85142 480.655.6787 (Voice) 480.655.6788 (Fax)	Leading Edge Academy @ San Tan (6-12) 7377 W. Hunt Highway Queen Creek, AZ 85142 480.882.1631 (Voice) 480.655.6788 (Fax)	Leading Edge Prep @ Vista (7-8) 919 E. Guadalupe Rd. Gilbert, AZ 85234 480.984.6311 (Voice) 480.558.7038 (Fax)	

**Please choose a campus:**

- Leading Edge Academy Gilbert** (K-6) 415 N Gilbert Road #102 Gilbert, AZ 85234 phone: 480-545-8011
- Gilbert Early College, a Leading Edge High School** (7-12) 415 N Gilbert Road #102 Gilbert, AZ 85234 phone: 480-545-8011
- Leading Edge Academy Queen Creek** (K-5 MountainView) 4815 W. Hunt Hwy Queen Creek, AZ 85142 phone: 480-655-6787
- Leading Edge Academy Queen Creek** (6-12 San Tan ) 7377 W. Hunt Hwy Queen creek, AZ 85142 phone: 480-882-1631
- Leading Edge Academy at East Mesa** (K-6) 11015 E. University Dr. Mesa, AZ 85207 phone: 480-984-5645
- Leading Edge Academy Maricopa** (K-12) 18700 N Porter Road Maricopa, AZ 85138 phone: 520-568-7800
- Leading Edge Online Academy** (6-12) 633 E. Ray Road, Ste. 132, Gilbert, AZ 85296 phone: 480-257-5362

**STUDENT INFORMATION**

Student's <b>LEGAL</b> Last Name		Student's <b>LEGAL</b> First Name		Student's <b>LEGAL</b> Middle Name		Jr., Sr., III, etc.	Gender M or F
Last Name Student Goes By <i>(If different from above)</i>		First Name Student Goes By <i>(If different from above)</i>		Age	SAIS Number <i>(if known)</i>		Grade Student Entering
Date of Birth (Month, Day, Year)	City of Birth		State of Birth	Country of Birth		Student Home Phone #	
Student Cell Phone #	Student Email Address		How did you hear about Leading Edge Academy?				

**PREVIOUS SCHOOL INFORMATION [New Enrollments Only]**

<input type="checkbox"/> Returning Student <input type="checkbox"/> New Student		Name of Previous/Current School Attended	Previous/Current School Address (City, State, Zip)		
Sibling Enrolled at Leading Edge? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name:	Previous/Current School Phone [   ] -		Withdrawal Date From Previous School	First Date at Leading Edge	

**STUDENT BACKGROUND**

If separated/divorced, who has legal custody?       Mother       Father       Joint Custody

Does the non-custodial parent have restricted visitation rights?       Yes       No  
*(If yes, a copy of the legal papers must be provided.)*

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? \_\_\_\_\_

Are there confidential, psychological, or special education reports from student's former school?  
 Yes     No    If yes, Contact person \_\_\_\_\_ Contact phone \_\_\_\_\_

Designate any special services your child has received?  
 Special Education/Handicapped       Remedial Reading       Remedial Math  
 Speech/Language       Title I       Gifted       Other \_\_\_\_\_

Has your child ever been, or is in the process of being, suspended or expelled from another school?  
 Yes     No    Please Specify \_\_\_\_\_

Has your child ever been held back in any grade?  
 Yes     No    If Yes: which grade \_\_\_\_\_ Reason? \_\_\_\_\_

*Evaluation of student's previous records is required before enrollment. By signing below consent is given to Leading Edge Academy to receive school records from previous and current schools. We reserve the right to assess student and place in appropriate grade/class. Any falsified information may result in action, including withdrawal of your child.*

**X** \_\_\_\_\_  
Parent with Legal Custody or Court Ordered Guardian Signature

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

We are required to provide yearly ethnic information to the Office of Civil Rights and State Attendance Records.

**Please Check One:**

White ( not Hispanic Origin )  
 Black ( not Hispanic Origin )  
 Hispanic  
 Native American/Alaskan Indian Tribe(s)  
 Asian/Pacific Islander

<b>OFFICE USE ONLY</b>	
Rcvd. Date: _____	By: _____
Time: _____	By: _____
Principal: _____	Date: _____
Entered: _____	

**STUDENT INFORMATION**

Student's Last Name	First Name	Grade Level
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**FAMILY/GUARDIAN INFORMATION**

Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone [ ] - [ ]	Work Phone [ ] - [ ]		Home Phone [ ] - [ ]	Work Phone [ ] - [ ]	
Cell Phone [ ] - [ ]	Email Address		Cell Phone [ ] - [ ]	Email Address	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:			Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		
Student Lives with Yes <input type="checkbox"/> No <input type="checkbox"/> Call in Emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>			Student Lives with Yes <input type="checkbox"/> No <input type="checkbox"/> Call in Emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**EMERGENCY CONTACT INFORMATION**

Please list at least two people who could assume temporary responsibility in case of illness or injury. Contacts will be called in the order listed beginning with parents listed above. Students will only be released to persons listed below unless otherwise authorized by parent or guardian.

Name	Home Phone ( ) - ( )	Cell Phone ( ) - ( )	Work Phone ( ) - ( )
Relationship			
Name	Home Phone ( ) - ( )	Cell Phone ( ) - ( )	Work Phone ( ) - ( )
Relationship			

The following persons may **NOT** remove my child from school:

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

**STUDENT HEALTH INFORMATION**

Physician Name: \_\_\_\_\_ Phone ( ) - ( ) Fax ( ) - ( )  
*(optional)*

Hospital Preference: \_\_\_\_\_ Phone ( ) - ( )  
*(optional)*

Specify Health concerns and food allergies:

Has your child been certified as having a chronic health problem?  
 Yes  No Please Specify \_\_\_\_\_

Is your child on daily medications?  
 Yes (Please specify)  No

Recent surgery, accident or illness within last 12 months?  
 Yes (Please specify)  No

Health concerns?  Heart  Diabetes  Asthma  Hearing  Vision  Other

Additional Comments and Special Instructions:

I, the undersigned parent/guardian give my consent for the above named child to be released to the persons I have designated and /or to be taken by Emergency Personnel to the nearest medical facility in case of emergency. I understand that Leading Edge Academy does not provide accident medical/dental coverage for students due to injuries/illnesses occurring at school. In case of injury or sudden illness, I, the undersigned parent/guardian, give authority to any hospital or medical personnel to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that any incurred expenses of this service are my responsibility.

I \_\_\_\_\_ PERMIT; I \_\_\_\_\_ DO NOT PERMIT acetaminophen to be given to my child at the health assistant's discretion.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (please print): \_\_\_\_\_

**OFFICE USE ONLY**

Rcvd. Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_ Entered: \_\_\_\_\_

Gilbert  
Grades K-6

 Gilbert Early College  
Grades 7-12

 MountainView  
Grades K-5 (Queen Creek)

 San Tan  
Grades 6-12 (Queen Creek)

 East Mesa  
Grades K-6

 Online Academy  
Grades 6-12

 Maricopa  
Grades K-12

<b>STUDENT INFORMATION</b>		
Student's Last Name	First Name	Grade Level

### ACKNOWLEDGEMENT AND CONSENTS

The Student Handbook and the Student Code of Conduct have been made available to me and my Student (these documents are available online at [www.leadingedgeacademy.com](http://www.leadingedgeacademy.com) on the "about us" page). I understand that the handbook contains information that my student and I need during the school year and that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code of Conduct.

I understand that the Family Educational Rights and Privacy Act (FERPA) and state law allow for directory information on my student be released by the school to those who request it, unless I object in writing to the release of this directory information. I also understand that to be in compliance with the No Child Left Behind Act of 2001, the school may release directory information (name, address and telephone number) of my student to military recruiters and institutions of higher learning. I may direct this information not be released without my written notification. I understand that this objection must be filed with the principal within ten days of the first day of instruction. Complete FERPA statement is in Handbook.

I understand that resume and related information for all teachers who provide instruction is available at each campus office.

I understand that other information or updates, if required to be disclosed, will be posted on the school website.

- Acknowledge that Handbook & Conduct Code have been made available to me
 Yes
 No
- Acknowledge that FERPA Information has been made available to me
 Yes
 No
- Acknowledge I've been informed that Teacher Resumes are available at Campus office
 Yes
 No

The school may release a student directory. Various other forms of media may be published by Leading Edge Academy during the school year. These publications may include (but are not limited to) a yearbook, newsletters, brochures, websites, Parent Access System, video, programs, and class projects. Please indicate below your authorization for your child's information and photograph to be used in these publications.

- Consent to students image, name and other related directory information to be published in the student directory, student yearbook, and other school materials.
 Yes
 No
- Consent to students attendance, grades, health, and classroom/school information being available on the internet based Parent Access Support System (PASS). PASS is accessible through a secure server by parents or guardians using a unique student ID and secret PIN number.
 Yes
 No

#### Field Trip Consent

- Consent for my student to attend occasional, local off-site educational opportunities and field trips, such as the library, parks, community college (for upper grades), and other local venues. Transportation will usually be provided by school vehicle and/or parent volunteers. When applicable, notice will be sent home in advance via the student or email. Individual Activity Field Trip permission forms will normally be used for Field Trips requiring money and/or those further and longer in nature.
 Yes
 No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If over age 18)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Federal law Leading Edge Academy does not discriminate on the basis of race, color, national origin, sex, or disability.

**Leading Edge Academy is a tuition free public Charter School.**

# Leading Edge Academy Student Pick Up List

12-13

Campus: \_\_\_\_\_

## STUDENT INFORMATION

Student's Last Name	First Name	Grade Level
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## RELEASE INFORMATION

The following persons may **NOT** remove my child from school:  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

## THE FOLLOWING PERSONS MAY PICK UP MY CHILD FROM SCHOOL:

Name	Relationship	Phone
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Name	Relationship	Phone
------	--------------	-------

Name	Relationship	Phone
------	--------------	-------

Name	Relationship	Phone
------	--------------	-------

Name	Relationship	Phone
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I, the undersigned parent/guardian give my consent for the above named child to be released to the persons I have designated.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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.