Enrollment Packet

2024-2025

449 E Southern Ave
Phoenix, AZ 85040

Phone: 602.243.8531
Fax: 602.243.8516
www.Advance-U.com

Hours of Operation:
Monday through Friday
6:30 am – 5:00 pm

School Hours:
K-3 8:30 am – 3:00 pm | F 12:30 pm
PK 8:00 am – 3:00 pm | F 12:30 pm

Leona GROUP
LEONASCHOOLS.COM

SAIS ID #: _____

revised 11/2021

LEONA SCHOOLS REGISTRATION FORM 202___ - 202 ___ School Year

STUDENT INFORMATION

Student's Last Name	Student's First Name	Student's Middle Name	Age:	Grade:	Gender:

Ethnicity: (Optional:Please circle ONLY ONE)	Race: (Please circle ONE or MORE of the following) OPTIONAL	Student's email address:
Hispanic or Latino NOT Hispanic or Latino	American Indian/Alaska Native Black or African American Asian Hawaiian/Other Pacific Islander White	

Date of Birth (Month / Day / Year)	Birth City	Birth State	Student's Cell Phone:
/ /			( )

PREVIOUS SCHOOL INFORMATION

Name of Previous School Attended	Withdrawal Date	Previous School Location (City, State, if known)

PARENT/LEGAL GUARDIAN/ ADULT STUDENT (over 18) INFORMATION

Primary Contact: Name (Last, First)	____OK to pick-up ____Legal Custody ____Lives with ____Receives Mailings	Secondary Contact: Name (Last, First)	____OK to pick-up ____Legal Custody ____Lives with ____Receives Mailings
Home Address		Home Address	
City / State / Zip Code		City / State / Zip Code	
Mailing Address (if different from above)		Mailing Address (if different from above)	
City / State / Zip Code		City / State / Zip Code	
Home Phone (__Primary #) / Work Phone (__Primary #)		Home Phone (__Primary #) / Work Phone (__Primary #)	
Cell Phone (_____ Primary #) / Relationship to Student		Cell Phone (_____Primary #) / Relationship to Student	
Email Address:		**Email Address:**	

IN CASE OF EMERGENCY NAMES OF PERSONS **OTHER THAN PARENT** WHO CAN ASSUME TEMPORARY RESPONSIBILITY

Emergency Contact 1 Name (Last, First) - Person That Can Pick Up Student		Emergency Contact 2 Name (Last, First) - Person That Can Pick Up Student	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	Relationship to Student	Cell Phone	Relationship to Student

Special Services information is requested solely for the continuity of services.

If parents separated/divorced, who has legal custody? _____

Does the non-custodial parent have restricted visitation rights? ___ Yes ___No

(If yes, a copy of the legal papers must be provided.)

Does your child currently receive extra services? OPTIONAL

(please circle) YES NO

Special Education/IEP 504 ELL or LEP

Has your child ever been expelled from another educational institution? ___Yes___No

Is your child currently in the process of being expelled from a school? ___ Yes ___ No

Has your child ever been a Leona Group student before? ____ Yes ____ No

State requested data

Military Status: ❑ Yes ❑ No Branch _____

Start Date: _____ End Date: _____

Does the student currently reside in a Foster Home? ❑ Yes ❑ No

Highest Level of Education of parents for Scholarship Opportunities

Some High School High School Grad Some College College Grad

PLEASE LIST SIBLINGS

First and Last Name		Age	School
1.			
2.			
3.			

PROVIDED ON THIS FORM IS ACCURATE AND TRUE. (FALSCIFICATION OF INFORMATION IS A CLASS 6 FELONY - A.R.S 13-2-107) THE STUDENT WILL BE WITHDRAWN FOR FALSE INFORMATION.

X _____ _____

PARENT / GUARDIAN / ADULT STUDENT SIGNATURE **DATE**

THIS SECTION IS FOR OFFICE USE ONLY

___ Proof of Birth Documentation Entry Date: _____/_____/ 20____ Entered into SMS: _____/_____/ 20____ Interviewer Initials:

___ Proof of Residency Entry Code: _____ Entered into SMS by: _____ _____

**********For Re-Enrollment Only**********

*As I **re-enroll** my student for the **current** year: _____ I acknowledge the information above has not changed and is still current.

(student name)

Parent/Guardian Signature: _____ Date: _____

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)

Medical/Emergency Form

Student Name: _____

In the event of a medical emergency, we will attempt to contact the primary guardian first and then the secondary guardian, as listed on the Registration Form. In some circumstances, it may be necessary to seek medical treatment before guardians can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school. Please complete the following emergency medical and insurance information.			
● Yes, I give permission for my child to receive emergency medical treatment by authorized personnel, as deemed necessary in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.			
Hospital Preference			
Medical Insurance Carrier		Policy #	
Family Physician Name		Phone #	
Dental Insurance Carrier		Policy #	
Family Dentist Name		Phone #	
Please use this space to explain any special procedures or requests			
● ☐ No, I do not give permission for my child to receive emergency medical treatment.			
Please use this space to explain any special procedures or requests			
Alternate Emergency Contact: This person will be contacted **only if the primary and secondary guardians are unavailable:**			
Emergency Contact Phone Number:			
Please list any existing medical problems:			
Please list any known allergies:			
The office staff may have some over-the-counter medication/first aid that can be given to students for common ailments. They cannot and will not distribute any more than the recommended dosages listed on the packages. ● Yes, I give permission for my child to receive over the counter pain reliever from the school office staff (i.e. Neosporin, hydrocortisone cream, petroleum jelly, cough/throat lozenges, band aids, acetaminophen and ibuprofen). ● No, I do not give permission for my child to receive over the counter medication/first aid.			
I understand that if my student needs medication, prescription or over-the-counter, I will provide: *EITHER* prescription medication in the original container with the pharmaceutical label clearly showing child's and prescribing doctor's names, *OR* over-the-counter medication in an unopened package, *AND*, written directions to the school regarding how and when medication is to be administered and signed by the parent by the parent. **All medications shall be kept in the school office**. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.			
Parent /Guardian Signature		Date	

PERMISSION FORM

Please check the boxes of the items you would like to allow your student to participate in and sign below:

☐ Permission to Participate in Off-Campus Activities

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.
Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

☐ Permission is granted to arrange for private transportation with an adult driver if chosen by school officials.

☐ Permission is granted if school vehicles are used for transportation.

☐ Public transportation

☐ Permission is granted to give student information to military recruiters

☐ Permission to Release News Information

There are many activities and accomplishments that take place in our school that are positive, newsworthy, and of interest to the community. School administration, Leona Group representatives, and program partners will, from time to time, use still photography or videography for the purpose of highlighting student achievements or chronicling classroom/school activities. These images may be used in informational newsletters, school brochures, class pictures, yearbooks, school social media, websites, email blasts, and other printed materials. It is possible that these images may also be submitted to the news media for possible publication.

I give my permission to the school, Leona Group, and designated school program partners to (i) provide School Related Media Information, which may reference or depict my child to the general news media, and (ii) utilize for display or in promotional materials such as School Related Media Information in a variety of mediums.

☐ Permission to Use Artwork

There may be times during the school year when the school, The Leona Group, news media or others wish to use the following information created or photograph of your child at the school to use in print, video, Internet or other communications

I give my permission to the school to use artwork created by my child for promotional purposes in a variety of mediums.

_____
Student Signature

_____ _____
Parent/Guardian Signature Date

Leona GROUP

Internet Use Policy

PRIOR TO RECEIVING AUTHORIZATION TO USE THE INTERNET, STUDENTS AND THEIR PARENTS/GUARDIANS MUST SIGN THE FOLLOWING PERMISSION AND CONTRACT DOCUMENT:

To be completed by all Parents/Guardians:

I give my permission for my son/daughter to participate in the use of the Internet, a worldwide telecommunications network. I realize that s/he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold the school or Leona Group accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Use Policy.

Student's Name: (PLEASE PRINT) _____

Parent or Guardian's Name: (PLEASE PRINT) _____

Parent or Guardian's Signature: _____

Date: _____

To be completed by all Students:

I will abide by the Internet Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is important for Leona Group to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

_____ _____
Student Name Grade

_____ _____
Student Signature Date

Leona GROUP

Physical Activities Acknowledgement Assumption of Risk & Release

Participant's Name _____

Your child (the "Participant") would like to participate in Athletics (the "League") as a player. The League requires each participant's parent or guardian (and if the Participant is 18 years of age, the participant) to sign this Acknowledgement and Assumption of Risk and Release. By signing this document you:

(1) Acknowledge that injury may result from the Participant's participation in the physical activity;

(2) Represent to the League, Leona Group Arizona, L.L.C., and their affiliates, schools, officers, employees, and members (the "Leona Group") that the Participant has no injury, illness or other medical condition that would prevent him/her from participating in physical activities or that would make it dangerous, harmful, or inadvisable for him/her to do so;

(3) Assume the risk of and release and hold Leona Group harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in physical activity; and

(4) Agree that neither Leona Group, nor the facility at which any game, practice or other activity is held, nor any other person involved in organizing or conducting the activity (including coaches, referees, and schools) shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns:

_____ _____

Signature of Parent or Guardian Date

_____ _____

Signature of Participant (if 18 years of age or older) Date

Leona GROUP

Student Residency Status

McKinney-Vento Eligibility Questionnaire

Student Name: _____ **Date**: _____

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act. Information on this form is confidential and is not used for any other purposes or shared with any other companies or governmental agencies.

1. Is your current address a temporary living arrangement? Yes____ No____
2. Is your current living arrangement due to loss of housing or economic hardship? Yes____ No____
3. Are you a high school student who is currently living on your own? Yes____ No____

IF YOU ANSWERED "NO" TO **ALL** QUESTIONS, PLEASE SIGN BELOW. THANK YOU.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to **any** of the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home:

Name(s):	Name(s):
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Where is the student living? (Please check one box)
☐Doubled up with relatives or friend ☐In a shelter ☐Moving from place to place ☐In a motel
☐In a place not considered traditional housing (campground, car, public place, etc.)

_____ _____
Signature of Parent or Guardian Date

_____ _____
Signature of Student (if 18 years of age or older) Date

Leona GROUP

Parent/School Compact

The following Parent/School Compact, developed through the combined efforts of the parents, students, and staff of Leona Group, outlines the goals, expectations, and shared responsibilities for the success of all our students.

School Environment

The School Will:

- The School will provide a safe, secure environment a closed campus with adequate security (local law enforcement).
- The School will employ a staff that is well trained and certified in maintaining a safe, educational environment.

The Parents Will:

- The parents will contact the school with any concerns over attendance, behavior or academic completion.
- The Parents will contact their individual student, during regular class hours, through the school office only.

The Student Will:

- Students will accept the responsibility of maintaining a safe, secure learning environment by accepting this code of conduct.
- Students will not use, sell, or participate in any illegal use of drugs, tobacco, or alcohol.
- Students will avoid and refrain from all gang related activities, including: hand signs, clothing, jewelry, graffiti, or any other actions or behavior.
- Students will not gamble in any way shape or form - playing cards, dice, or any other related gambling material.
- Students will not carry weapons or any look-alikes or replicas of weapons.
- Students will not use phones, pagers, iPods,MP3 players, cameras, handheld game devices, or any similar electronics in any class unless the teacher has given permission to use for academic purposes (i.e. research, calculator function).
- Students will not fight or participate in any confrontational behavior at any time with anybody.
- Students will attend classes on time and be permitted to leave campus with parent/guardian permission only.

Behavior and Participation

The School Will:

- The School will maintain a safe climate, with a positive atmosphere suitable for learning for all students.
- The School will provide students with a foundation for continuous learning.

The Parents Will:

- The Parents will reinforce mutual respect for all teachers, staff and other students.
- The Parents will reinforce appropriate dress for a learning environment (including clothing and jewelry).
- The Parents will monitor their student's attendance ensuring full attendance - 100%.
- The Parents will reinforce positive student behavior and participation involving any and all activities, possessions and actions.
- The Parents will support students in their learning and completion of all classes, all assignments and all class activities.
- The Parents will assist their students in seeking and receiving any additional help in order to achieve.
- The Parents will have access to all curricular materials and their student's class work in order to monitor his or her progress.
- The Parents will keep abreast of child's grades and keep an open line of communication.

The Students Will:

- Students will show respect to all teachers, all staff and all students at all times: No racism, foul language, obscene gestures, harassment, poor attitude or inappropriate behavior (see school environment above).
- Students will use appropriate language at all times: No obscenities, threats, harassment, or any other verbal abuses.
- Students will show positive behavior at all times: Attendance, participation, respect, positive attitude, gestures and posture.

Leona GROUP

Parent/School Compact

- Students will dress appropriately for a learning environment at all times, reflecting professional maturity and modesty.

Academics and Curriculum

The School Will:

- The School will provide a challenging curriculum that is aligned to the Arizona Academic Standards.
- The School will promote student achievement and success addressing all learning styles and accommodations.
- The School will employ highly trained professionals (teachers, administrators, and staff) who promote the highest quality in education.

The Student Will:

- Students will put in 100% effort in all class activities and all assignments at all times in order to meet the requirements for graduation.
- Students will ask for help on any assignments they do not understand in order to achieve to their best ability.
- Students will attend any extra help or additional classes suggested by their teacher in order to achieve to their best ability.
- Students will complete all classes and all assignments appropriately to the best of their ability.

Goals and Achievement

The School Will:

- Provide every opportunity for students to achieve academic success.

The Parents Will:

- The Parents will provide every opportunity for their student to achieve academic success.

The Students Will:

- Students will take responsibility: to learn and achieve in every class and every course of study, to monitor their own grades and credits, and positively work toward graduation.

By signing this document the **student** and **parent** are acknowledging that they have received or will receive a copy of The Leona School Student Handbook upon enrollment.

Student:_____ Date:_____

Parent:_____ Date:_____

Administrator:_____ Date:_____

Title I Parent Involvement Policy

A strong partnership between the school and home is essential if a quality education program is to be provided to all students. **The Leona School** is dedicated to the philosophy that parent involvement is integral to the success of each student. For this reason, parents are actively recruited as partners for success. The parent involvement policy is developed during Title I meetings and through correspondence with parents. The policy is included in **The Leona School** enrollment packet and all incoming parents and students are expected to review and sign the policy. In order to make the policy easy to understand it is written as simple as possible.

Throughout the school year, **The Leona School** holds multiple open houses and parent meetings to accomplish many things. These meetings introduce parents to **The Leona School** and its staff, informs them of developments or changes in our NCLB Consolidated plan, our School-wide Title I program, and also informs them of opportunities to get involved by serving on committees or volunteering their time. Finally, parent's opinions and ideas are solicited in an effort to make **The Leona School** a highly performing school of choice. Parents are welcomed to be involved in planning, reviewing and improving the Parent Involvement Policy, the School/Parent Compact, and the School-wide Plan. All parents of **The Leona School** students are welcomed and have a right to be involved in all **The Leona School** planning and programs.

The Leona School believes that one of the keys for student success is parent involvement in school. For this reason, parents are expected to attend, at a minimum, one yearly meeting in the winter that highlights and evaluates our Title I program and disseminates information regarding state testing and graduations. Additionally, parents are expected to read and sign the Parent/School compact upon their students' enrollment, and support it throughout their students' time at school. **The Leona School** takes its role in supporting parent involvement seriously. For that reason, **The Leona School** is determined to provide information in an easy to understand format, have flexible meeting times with opportunities for additional meetings if requested and provide timely information regarding scheduled meetings.

In addition to the above assurances, **The Leona School** assures that the following information will be disseminated at the annual Title I meeting:

- Information about **The Leona School** School-wide Title I program, Title I program requirements and Title I program eligibility.
- Title I funds may be used to pay reasonable and necessary expenses that enable parents to participate in school related meetings or training sessions.
- **The Leona School** will provide parents with a description and explanation of the curriculum used, the forms of academic assessment used to measure student progress and proficiency levels, and achievement levels students are expected to meet. These can be explained by teachers in a conference or by the administrators.
- If needed, **The Leona School** will provide assistance in understanding the state's academic content standards, the state achievement standards and the local assessments.
- They can monitor their child's progress and improve their achievement.
- Academic Advisors, ESL teachers, principals and special education teachers will be available where required.

Parent/Guardian:_____ Date:_____

Leona GROUP

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)
_____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
_____ 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.

State of Arizona
Affidavit of Shared Residence

Student Name:_____

Parent/Legal Guardian Name:_____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

_____ 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)
_____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this __ day of_____, 20___,
By _____

My Commission Expires:

_____ _____
Notary Public

Request for Release of Student Records

Please forward the transcript(s) of/Por favor ceder los registros de:

_____
(Student Name) (Nombre Del Estudiante)

DOB/Fecha de nacimiento: _____ / _____ / _____

Who enrolled in grade/Quien se matriculo en el grado: _____

At **Leona Group** on/ En **Leona Group** el: _____

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well.

El Padre o guardián que ha firmado, ha sido informado de esta transferencia y otorga el permiso para que la información mencionada sea mandada. Si el estudiante es un estudiante de educación especial, por favor de mandar tales registros.

Please send the following information:	Por favor de mandar lo siguiente:
• AzMerit Student Testing Information	• Reportes informativos de el examen AzMerit
• Birth Certificate	• Acta De Nacimiento
• Official Transcript - Please mail	• Boleta oficial de calificaciones
• Letter of Promotion	• Carta de Promoción
• Test Scores (AZELLA Scores - oral, reading, writing)	• Puntuación en los exámenes AZELLA
• Official Withdrawal Form	• Forma oficial de retiro
• Grades to Date of Withdrawal	• Calificaciones hasta la fecha de retiro
• Course Description / Catalog of Courses	• Descripción de cursos / Catálogo de cursos
• Immunization Records / Health Records	• Cartilla de vacunas / registro de salud
• Hearing and Vision Screening Results	• Resultados de el examen de visión y del oído
• Discipline and Attendance Records	• Registros de asistencia y disciplina
• Explanation of Grading / Credit System (Please indicate symbols designating Accelerated classes)	• Explicación del sistema de calificaciones y créditos (Por favor, indique los símbolos que caracterizan clases aceleradas.

Please sign and complete the information below: / Por favor firmar y completar la información de abajo:
Name and address of last school attended/Nombre y dirección de la última escuela asistida:

_____ _____
School Name/Nombre de la escuela Telephone Number/Numero de telefono / **Fax Number**

_____ _____
Address/ Dirección City/Ciudad, State/Estado, Zip/Codigo postal

_____ _____
Signature of Parent/Guardian Date

Leona GROUP

Records Request for Special Services ~ Exceptional Student Services

Please forward the following records for _____
(Student Name)

DOB _____ / _____ / _____ to the Leona School, Exceptional Student Services Department.

This student enrolled at_____ in the _____ grade on _____
Student ID No._____

_____
(Last school attended)

List the three schools the student last attended, with the most current school listed first. I give permission to:

_____ _____ _____
(Name of schools last attended)

_____ _____ _____
(Address)

_____ _____ _____
(City, State, Zip Code)

To release the records checked below to Leona Group Student Services.

- Psycho-educational Evaluations
- Individual Education Plans
- Eligibility Form
- Multidisciplinary Evaluation Team Minutes
- Vision/Hearing Screening Results
- Speech Evaluations
- Behavioral Plans
- Discipline Records
- Nurses Report
- Psychiatric Therapy Evaluations
- Occupational Therapy Evaluations
- Physical Therapy Evaluations
- 504 Accommodations Plan
- Probation Officer's Reports
- Guardianship Papers

Please send all above to: brittany.mclemore@leonagroup.com - 480-378-3793 or use e-IEP Pro Transfer

_____ _____
Signature of Parent/Guardian Date

_____ _____
Home Address Telephone

Leona GROUP

Parent Signature Consent

By signing below, I, *Al firmar a continuación, yo,* _____**, parent/guardian of**, *padre/tutor de* _____**, student at Advance U Preschool & Elementary School,** *estudiante de la Escuela Primaria y Preescolar de Advance U,* **give the Advance U staff permission to sign my child in/out of school upon arrival and/or dismissal,** *dar permiso al personal de Advance U para registrar la entrada y salida de mi hijo a la escuela a su llegada y/o salida.*

Parent Signature, *Firma del Padre*_____ **Date**, *Fecha*_____

AU Student and Parent Handbook SY2024-2025

Student Handbook Acknowledgment Form

Please read the following information carefully.

Parents and students must sign this form.

I understand and consent to the responsibilities outlined in this Leona Group managed school Student Handbook. I understand and agree that my child/self will be held accountable for his or her behavior and consequences as outlined in this document. They will be held accountable at school, school-sponsored and school related activities, including school-sponsored travel. I understand that any student who violates the code of conduct is subject to disciplinary action as outlined in this Student Handbook and which may include personal conference to expulsion and criminal prosecution. I further understand and consent to my parental responsibilities as outlined in this handbook. Failure to sign this form does not remove my child's responsibility to abide by the stated policies.

We acknowledge that we received a copy of the Student Handbook and that we have read, understood, discussed, and agree to comply with all rules and policies.

_____

Print Parent/Guardian/Adult Student Name Date

_____

Parent/Guardian/Adult Student Signature Date