

Use for Grades 1st—8th  
Prioritize your choice using 1,2, & 3

\_\_\_TOPS AM \_\_\_TOPS PM \_\_\_TRADITIONAL

Use for KG Only—Prioritize your choice using 1 thru 2

\_\_\_KG TOPS AM (7:40-12:10) \_\_\_KG TOPS PM (11:10-3:40)

**EDUPRIZE SCHOOLS APPLICATION**  
**4567 W. ROBERTS ROAD, QUEEN CREEK, AZ 85142**  
**480-888-1610-Phone /480-888-1655-FAX**

EDUPRIZE does not discriminate regarding color, race, religion, national and ethnic origin, special needs, or language proficiency of students regarding policies, admission and school administered programs.

For Office Use Only

Grade Entering: \_\_\_\_\_

Year Entering: \_\_\_\_\_

Date Received: \_\_\_\_\_

Siblings on file: (Please Circle)

K 1 2 3 4 5 6 7 8

**STUDENT BIOGRAPHICAL FORM**

Student's Name: \_\_\_\_\_, \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name

Gender:  M  F Ethnicity: (Please circle one only)  Asian  Black  Hispanic  Indian  White

Sibling's names and ages: \_\_\_\_\_

Mother's Name: \_\_\_\_\_, \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_  
Last Name First Name

Mother's Maiden Name: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Father's Name: \_\_\_\_\_, \_\_\_\_\_ Cell/Work Ph: \_\_\_\_\_  
Last Name First Name

Home Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

1. Are you living in temporary housing?  Yes  No 2. If so is this due to hardship?  Yes  No

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.

What is the primary language of the student? \_\_\_\_\_

This information will be used to determine whether your child will be assessed for English Language Proficiency.

School Currently Attending

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates Enrolled: \_\_\_\_\_ - \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade \_\_\_\_\_

Hospital/Insurance/Medication Information

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

Phone Number: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Current Medication being taken: \_\_\_\_\_

Are there confidential, psychological, or special education reports from student's former school?  Yes  No

If yes, contact person \_\_\_\_\_ Contact phone number \_\_\_\_\_

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

Has your child been certified as having a chronic health problem?  Yes  No

Please Specify \_\_\_\_\_

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

Reason \_\_\_\_\_

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

Please Specify \_\_\_\_\_

Evaluation of student's previous records is required before enrollment. By signing below consent is given to EDUPRIZE SCHOOLS 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.

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

## EDUPRIZE SCHOOLS-Parent-Student Compact

### School Responsibilities:

#### **EDUPRIZE will:**

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic standards.
- Hold quarterly parent teacher conferences during which this compact and each child's Student Tailored Prescription will be discussed as it relates to their individual child.
- Provide parents with frequent reports on their children's progress. Weekly report cards will be sent home for grades 1-6 with scores for class work and behavior. Kindergarten reports will be sent home on quarterly basis.
- Provide parents reasonable access to staff via e-mail, newsletters and phone.
- Provide parents with opportunities to volunteer in the classroom and participate in classroom activities. Parents will be able to help students, grade papers, prepare bulletin boards, chaperone field trips, complete projects at home and assist teachers in specific curriculum activities as needed by their child's teacher. Parents may volunteer during regular school hours, by appointment with the instructor or after hours at home.
- Provide Title 1 parents with information about the program; involve parents in planning, review, and improvement of Title 1 programs.
- Hold at least one annual meeting for Title 1 parents to inform them about the schools parental involvement policy, their rights under Title 1, and how they can be involved in planning, review, and improvement of Title 1 programs at the school.

### Parent Responsibilities

#### **We, as parents, will support our children's learning in the following ways:**

- Ensure that my child will be on time and in school every day.
- Supervise nightly homework ensuring homework is completed and respond to all school communications received by my child, through the mail, or e-mail.
- Attend Parent/Teacher Conferences.
- Support teachers and administration in the best interest of my child.
- Share in the educational success of my child.
- Volunteering in child's class room (1-2 hours per week or help on school projects at home).
- Participating, as appropriate, in decisions relating to my child's education.
- Promoting positive use of my child's extracurricular time.
- Serving, to the extent possible, on policy advisory groups, such as serving on committees for the Parent Teacher Network or being an active member in the School Advisory Council.
- Allow my child to be tested according to State requirements, as well as progress monitoring test as instituted by the school.

### Student Responsibilities

#### **I, as a student, will share the responsibility to improve my academic achievement and achieve the state's high standards. Specifically I will:**

- ❖ Do my homework every day and ask for help when I need it.
- ❖ Read the minimum amount prescribed by my grade level.
- ❖ Give my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.
- ❖ Do my very best in class, on every homework assignment and in every test situation.

\_\_\_\_\_  
School

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**EDUPRIZE School**  
**New Student**  
**Special Education Questionnaire**

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

1. Does your child receive Special Education Services?  **Yes** or  **No**

*If No please sign at the bottom and return.*

*If Yes please complete the rest of the questions.*

2. What is the category of the Individual Education Plan (IEP)?

SLD                       OHI             SLI             ED

Autism     Hearing     Vision     Other: \_\_\_\_\_

3. What does the Individual Education Plan specify?

Reading     Writing     Math         Behavior

Speech     Occupational Therapy  Other: \_\_\_\_\_

4. Please provide us with any other information you feel is important:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please attach a copy of the Individual Education Plan to this form, sign below and return.

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

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

Parent/Guardian

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