

F.H.C.S. Public Montessori Schools

Enrollment 2012-2013

Attached please find an enrollment form for the 2012-2013 school year.

The Fountain Hills Charter School, "a tuition free Montessori school" enrolls students for the next school year in the following order and within the following dates:

- **March 1st – 19th - Current Students**
All enrollments received after March 19th is subject to lottery.
- **March 1st – 19th – Sibling Enrollment**
A sibling may enroll at this time if their sibling was enrolled for the 2011-2012 **and** has reenrolled for 2012-2013 school year.
- **March 20th – April 6th – Open enrollment for new students.**
Birth certificate and current immunization logs must accompany enrollment forms in order to be eligible for placement. Notification of your child's enrollment status will be made on April 18th.

Open enrollment will be filled by lottery based on space available. Students are accepted without regard to ethnicity, national origin, creed, or disability. Parents of children who are not placed during this time will be notified and will have the option to remain in a lottery should a space become available.

FHCS has a commitment to all our students. Much thought and collaboration goes into classroom placements. It is important to understand our schools multiage philosophy and its benefits to both the older and younger students in each classroom when enrolling both new and current students. All classrooms are filled and balanced according to age levels, ability levels, learning styles and gender.

Open House

We will be hosting an open house on Tuesday, March 27th. You may stop by anytime between 5:30pm and 7:30pm to see our learning environments and visit with teachers, administrators and parents.

As always, you may schedule an appointment for a tour with our principal at your convenience.

Fees

Activity Fee – A \$75 non-refundable fee per student is due upon registration and will be used to sustain programs such as music, art and science laboratory. The fee will not be processed if there is not a space for your child. If a space becomes available, your fee will not be processed until you have accepted the space.

Additional enrollment forms for siblings may be picked up in the office or found on our website at www.fhcspto.org. Please call the administrative office for questions or to schedule a tour of the facility at (480) 837-0046.

**Fountain Hills Charter School
Public Montessori Schools**

Administrative Office: L.E.A. District 101
16751 E. Glenbrook Blvd., Fountain Hills, AZ 85268
Phone: (480) 837-0046 Fax: (480) 837-0024
Email: admin@fhcspto.org Web: www.fhcspto.org.com

2012 – 2013 Enrollment Form

Please Print

Student's Legal First Name	Student's Legal Last Name	Name Used (if different)	Sex	Grade 2012-2013
Social Security	Birth Place	Birth Date	Last School District Attended	
Mother's Full Name	Home Phone ()	Cell Phone ()	E-mail address	
Mother's Physical Address	City		State	Zip
Mother's Mailing Address (if different)	City		State	Zip
Father's Full Name	Home Phone ()	Cell Phone ()	E-mail address	
Father's Physical Address <input type="checkbox"/> (Check if same as mother's)	City		State	Zip
Father's Mailing Address (if different) <input type="checkbox"/> (Check if same as mother's)	City		State	Zip
Are parents divorced or separated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide custody papers.				

Full Name	Last	First	Student Lives With	Has Legal Custody	Place of Employment	Business Phone
Father						
Mother						
Stepfather						
Stepmother						
Legal Guardian						
Foster						
Emergency Contact Person (other than parent): _____ Address: _____					Relationship to child:	Phone #:

Race/Ethnic Background:

American Indian/Alaska Native Black Caucasian (White) Hispanic Pacific Islander/Asian

Mark if applicable:

Gifted Program Special Placement in _____ Needs help in _____
 Learning Disabled Chronic Illness Physically Handicapped
 Multiple Handicapped Hearing Handicapped Moderately Mentally Retarded
 Visually Handicapped Speech Handicapped Mildly Mentally Retarded
 Emotionally Disabled Other

Medical History: Give Dates/Information

Measles _____ Mumps _____
 Allergy _____ Hearing Loss _____ Convulsive Disorder _____
 Asthma _____ Diabetes _____ Recent Ear Infection _____
 Chicken Pox _____ Scoliosis _____ Heart Condition _____
 Glasses _____ Operations _____ T.B. or Contact _____
 Physical Handicap _____ P.E. Restrictions _____ Daily Medication _____

Family Physician: _____ Address: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Records Requested: _____ Date Records Received: _____

Birth Certificate Other Immunization Complete
 Medical Alert Legal Alert Custody Papers on file

Grade	Code	Date	School

F.H.C.S. Public Montessori Schools
Phone: (480) 837-0046
Fax: (480) 837-0024

Special Needs Survey

Parent/Guardians:

Please indicate if your child has previously been placed in any of the following programs:

- Special Education
- Resource Classes
- Speech or Language Therapy
- Occupational Therapy
- Remedial Reading
- 504 plan
- In-school counseling
- Title 1
- Chapter 1
- Behavior Intervention Plan
- Other (specify) _____

If your child does have special needs, please be aware that we will do a temporary placement until official documentation is obtained from your child's prior school.

Student name/grade and Parent signature/date are required for all students, even if these programs do not apply to your child.

I have read and understand the placement procedure of the F.H.C.S. Public Montessori Schools.

Student's name: _____

Student's grade: _____

Parent's signature: _____

Date: _____



State of Arizona
Department of Education
Office of English Language Acquisition Services

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 _____

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.