

Southwest Leadership Academy

Choosing Your Education, Changing Your Future

Southwest Leadership Academy
 4301 W. Fillmore Street
 Phoenix, AZ 85043
 (602)265-2000 or (602)278-0740
 Dr. Greg Fowler, Principal

www.southwestleadershipacademy.com



Date: _____

Applicant Information *(Please print neatly)*

Legal Name _____
Last/Family/Sur (Enter name exactly as it appears on official documents) First/Given Middle (Complete) Jr. etc

Preferred name, (Nickname) _____ **Birth Date** _____ **Male** _____ **Female** _____ **Age** _____
mm/dd/yyyy

Birth Information: _____
City/Town State/Province Country

Current Mailing Address: _____
Number & Street Apartment #

City/Town County/Parish State/Province Country Zip/Postal Code

Family

Student Lives With: Both Parents Mother Father Legal Guardian Relative Ward of the Court Other

If parents live separately, who will receive mailings? Both Parents Mother Father Guardian Relative Other

If both wish to receive mailings please include 2nd mailing address.

2nd Mailing Address: _____ **Apt.** _____ **City** _____ **AZ 85** _____

Parent 1: Mother Father Legal Guardian

Last/Family/Sur First/Given Middle

 Home address **if different** from above

Number & Street Apartment #

City/Town State/Province Country

Telephone:

Home (_____) _____
Area/Country/City Code

Cell (_____) _____
Area/Country/City Code

Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

Parent Signature _____

Parent 2: Mother Father Legal Guardian

Last/Family/Sur First/Given Middle

 Home address **if different** from above

Number & Street Apartment #

City/Town State/Province Country

Telephone:

Home (_____) _____
Area/Country/City Code

Cell (_____) _____
Area/Country/City Code

Work (_____) _____
Area/Country/City Code

E-mail _____

Occupation _____

Employer _____

Student Signature _____

Demographics

Home Language Survey

This question is in compliance with A.R.S. 15-756. **Identification of English Language Learners.** Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

What is the primary language used in the home regardless of the language spoken? _____
Language most often used by the student

What is the language most often spoken by the student? _____
Language most often spoken by the student

What is the language that the student first acquired? _____
Language first acquired by the student

Are you proficient in any other languages? _____

Educational Background (Initial all that apply)

- Yes No My child **has** had special education testing or evaluations
- Yes No My child **has** been enrolled in a special education program at another school.
- Yes No My child is on an IEP
- Yes No My child is on a 504
- Yes No My child is involved in an English as a second language program (ELL)

Referred By:

- Friend Sibling Brochure/Flyer Drive-By
- Student Internet School Yellow Pages
- Other _____

Race and Ethnicity Data Collection

In accordance with federal guidance, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Part 1: Ethnicity

Is this student Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race

What is the student's race? (Regardless of how student answered the first question, choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Parent Signature _____ Student Signature _____

DEMOGRAPHIC QUESTIONNAIRE (Initial all that apply)

Presently, where does the student stay at night?

- Yes No Student's immediate family resides in their own home or apartment (No one outside of the immediate family is present)
- Yes No With Grandparents, Aunt, Uncle or other family member who is not an immediate family member.
- Yes No With more than one family in a house or apartment.
- Yes No In a group home or group shelter
- Yes No In a motel.
- Yes No In a car.
- Yes No At a campsite
- Yes No Other: _____
- Yes No None of the above; explain: _____
- _____

Academic Information

Current Grade for 2015/2016: _____

 Current or Last School Attended District City State Last Date of Attendance Grade

Are you current on credits? Yes No **(Please submit an unofficial transcript along with this enrollment packet.)**

Have you tested for: AIMS Yes No SAT Yes No ACT Yes No

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended, whether related to academic misconduct or behavioral misconduct, which resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?

Yes No If yes, explain: _____

Currently On: Probation Parole

Has the student ever been out of school for: 1-4 week's One semester One year Two years?

If yes, explain: _____

What is your future job or career goals? _____

Medical Information

Please Note: There is not a school nurse on campus.

Does your student have any medical conditions the school should be aware of? Yes No

Are there any physical or mental health conditions or concerns that would place your child at risk? Yes No

Please give a brief explanation: _____

Is your student taking any medication? Yes No

If yes, please list and explain _____

If yes, will these medications be taken during school hours? Yes No

I authorize a school representative to dispense my student's prescription medication according to the instructions. If my student's medication changes, I will notify the school immediately. I understand students are not to keep their own prescription medications. I will notify the school in advance if my student requires an inhaler during school hours.

Parent Signature _____ Student Signature _____

SOUTHWEST LEADERSHIP ACADEMY

STUDENT EMERGENCY INFORMATION AND TRANSPORTATION PERMISSION FORM
2015/2016

Name of Student _____

Date of Birth _____ Male or Female _____ Age _____

Parent/Guardian Name(s) _____

Address _____ Zip _____

Please be sure to enter the correct area code for ALL phone numbers listed including cell phones.

Home Phone (_____) _____	
Mother Name _____	Mother Work Phone (_____) _____ Cell Phone (_____) _____
Father Name _____	Father Work Phone (_____) _____ Cell Phone (_____) _____
Guardian Name _____	Guardian Work Phone (_____) _____ Cell Phone (_____) _____
Emergency Contact _____ (Other than parent/guardian)	Relation to Student _____ Phone (_____) _____

Medical Insurance Carrier _____ Policy Number _____

Name of Insured _____ I.D. Number _____

Physician Name _____ Phone _____ Hospital Preference _____

Does this student have any medical conditions the school should be aware of?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
Does this student need to take any medications at school? (SEE: Policies and Procedures)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Medication(s) _____ Dosage and Time of Day _____
Is the student allergic to any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes: Medication(s) _____	
Is the student allergic to any foods? <input type="checkbox"/> No <input type="checkbox"/> Yes: Foods(s) _____	

I hereby give permission for my student listed above to be transported by Southwest Leadership Academy for the purpose of school related activities.

Parent/Guardian Signature _____ **Date** _____

I also give agents of Southwest Leadership Academy permission to authorize any emergency medical treatment that may become necessary while my student is in school in the event that I cannot be reached. Furthermore, I realize that any expenses related to medical attention given are my responsibility.

Parent/Guardian Signature _____ **Date** _____

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aide as might be required at the time, for his/her health and safety. I understand that the expense of this service will be my responsibility.

Parent/Guardian Signature _____ **Date** _____

Educational Accommodations

Exceptional Student Services

Does your student have any learning or behavioral needs? Yes No

Please give a brief explanation: _____

Does your student receive Special Education Services? Yes No Date of last I.E.P. _____

Resource Yes No Self Contained Yes No Other (Please Explain) _____

In order to provide continuity in the educational environment, it is important that Southwest Leadership Academy be informed of any special education services received by your child.

- My child has never participated in any Special Education Programs.
- My child has been tested or evaluated for Special Education Services.
- My child has participated in the program(s) listed below.
- Special Education Programs:
- Specific Learning Disability (Tutoring or Resource Room)
- Speech and Language Therapy
- Multiple Disabilities
- Orthopedic Impairment (Physical or Occupational Therapy or Adaptive P.E.)
- Hearing Impairment
- Visual Impairment
- Emotional Disability (Resource Room Support)
- Traumatic Brain Injury
- Autism
- Other – Please Explain: _____
- Special School Programs:
- English Language Learning
- Reading Center (Chapter One or Title One)
- Migrant Child Education Program
- Indian Education

Inclusive Education Philosophy

Southwest Leadership Academy embraces the philosophy of full inclusion, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the unique learning abilities of all students. Special education staff supports the regular classroom teacher with this process. There are not two distinctly different types of students, e.g. “special” and “regular”. All students are individuals with their own unique set of physical, intellectual and psychological characteristics that influence their instructional needs. There are not two discrete sets of instructional methods – one set for “special” students and another for “regular” students. Individualized instructional programs are designed for each student.

Basic Beliefs and Expectations

- Inclusion is the underlying philosophy by which all students are educated.
- All students are educated with chronologically age appropriate peers.
- All students are educated full time in the general education classroom.
- All students learn and develop individually and the curriculum is modified or adapted to allow students to progress at their individual rates. Students are not penalized for the inability to progress at grade level.
- General education teachers assume responsibility to teach and meet the cognitive, affective and social needs of all students with special education teachers and staff providing support.
- Teaching strategies that facilitate the education of multi-level abilities in each class are used by all teachers (e.g. cooperative learning, project learning, mastery learning, curriculum compacting, independent projects, flexible groupings, learning centers, and teaching to learning styles such as visual, auditory and manipulative)

Parent Signature _____ Student Signature _____

Our
Parent, Family and Community Involvement Policy

We believe that for all students to have a successful education experience it requires a partnership that includes the student, teachers, staff, parents and the learning community.

Our involvement includes the following:

- Providing the opportunity for all students to receive a high quality education
- Setting high expectations for all students in both academics and conduct
- Providing curriculum and instruction aligned with the Arizona Academic Standards
- Balancing academic accountability with care and concern
- Providing consistent communication with parents, including returning phone calls and emails in a timely manner
- Requesting parent and student input on school improvement, assessment and programming through surveys, emails, meetings and other appropriate means.
- Delivering a safe and respectful environment for students, staff and faculty
- Participating in high quality, ongoing professional development to assist teachers and other staff members in improving their abilities to deliver high quality instruction.
- Offering Educational services to all eligible students and their families.

Parents' involvement in their students' education are as follows:

- Knowing the school's policies and procedures and supporting them, including those related to discipline, attendance and dress code
- Ensuring that students are here before school begins each day and in attendance for the scheduled school days, as required by state law
- Consistently communicating with teachers and staff regarding academic and other issues relating to the student's education
- Supporting the school regarding accountability through standardized testing by making sure that students are in school on time the day of the test and encouraging students to do their best
- Encouraging students to set academic goals each year and develop a strategy for achieving those goals
- Participating with students on planning for their goals after high school and helping in the implementation of strategies to achieve those goals
- Tracking high school graduation requirements, as well as higher education requirements, with the assistance of appropriate school personnel
- Returning calls or emails from the school as soon as possible
- Volunteering to provide additional resources to further all students' education
- Setting high expectations for students

Student's involvement in the educational process is as follows:

- Setting high expectations for themselves and consistently working toward those expectations
- Arriving at school on time each day
- Attending school in accordance with state law
- Knowing the school's policies and procedures and abiding by them consistently
- Acting in a safe and respectful way to self and others
- Doing their best everyday so teachers and others will have an accurate picture of students' academic ability
- Consistently communicating with teachers and staff regarding issues regarding their education
- Setting goals for after high school graduation, which may include the military or attending a community college, university or technical school and working towards them
- Tracking their progress toward high school graduation requirements with the assistance of appropriate school personnel.

I have read the **Parent, Family, and Community Involvement Policy** and agree to comply with the expectations.

Student Signature

Date

Parent Signature

Date