

100 W 37th Street
Tucson, AZ 85713



Tuition-free Public Charter School

www.laspuertas.org

520-546-9296

Enrollment Form for:
2023-2024 school year

SAIS ID: _____ Grade: _____ ENROLLMENT: NEW CONTINUING

Student Information

Last Name: _____ First Name: _____ Middle Name: _____
(Apellido) (Primer nombre) (Segundo nombre)

Current Age(Edad): _____ Date of Birth: fecha de nacimiento(MM/DD/YYYY) _____ Gender(género): Female Male

Last School Attended: _____ Last Date of Attendance: _____
(última escuela que asistió) (último día de asistencia)

Information below is for reporting demographic data of our student population when applicable. Completion is not condition of enrollment (La información a continuación es para informar datos demográficos de nuestra población estudiantil cuando corresponda. La finalización no es una condición para la inscripción.)

Is Ethnicity Hispanic or Latino? Race: American Indian/Alaskan Native Native Hawaiian or Pacific Islander
 Yes No Asian Black or African American White

The questions below are only asked for continuation of services and completion is not a condition of enrollment (Las preguntas a continuación solo se hacen para la continuación de los servicios y la finalización no es una condición para la inscripción)

Special Classes, Accommodations or Services(Check all that apply): English Language Development Gifted/Accelerated Program
 Special Education 504 plan Current IEP Speech Therapy Other _____

What is the primary language used in the home regardless of the language spoken by the student?
¿Cuál es el idioma principal que se usa en el hogar, independientemente del idioma que habla el estudiante? _____

What is the language most often spoken by the student? ¿Cuál es el idioma que habla el alumno con más frecuencia? _____

What is the language that the student first acquired? ¿Cuál es el idioma que adquirió el estudiante por primera vez? _____

Parent / Guardian Information Información del padre/tutor

Primary Contact

Last Name(Apellido): _____ First Name (nombre): _____ Relationship(relación): _____

Mailing Address(Domicilio): _____ Apt/Lot Number: _____

City: _____ State: _____ Zip Code: _____ Occupation(Ocupación): _____

Home Phone(teléfono): _____ Cell Phone(celular): _____ Work Phone(trabajo): _____

Email Address: _____ MILITARY: Active Reserve Start Date: _____

Lives with contact? Yes No Has Legal Custody: Yes No Ok to Pick up? Yes No

OK to receive confidential school information in the mail (report cards, behavior information, etc...)? Yes No

Secondary Contact

Last Name(Apellido): _____ First Name (nombre): _____ Relationship(relación): _____

Mailing Address(Domicilio): _____ Apt/Lot Number: _____

City: _____ State: _____ Zip Code: _____ Occupation(Ocupación): _____

Home Phone(teléfono): _____ Cell Phone(celular): _____ Work Phone(trabajo): _____

Email Address: _____ MILITARY: Active Reserve Start Date: _____

Lives with contact? Yes No Has Legal Custody: Yes No Ok to Pick up? Yes No

OK to receive confidential school information in the mail (report cards, behavior information, etc...)? Yes No

I hereby give my permission for my son/daughter's picture to be used anytime by Las Puertas Community School/StrengthBuilding Partners for the purpose(s) of recruiting and/or public relations.

Por la presente doy mi permiso para que la foto de mi hijo / hija sea utilizada en cualquier momento por Las Puertas Community School / StrengthBuilding Partners con el (los) propósito (s) de reclutamiento y / o relaciones públicas Yes No _____(initial).

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(AFIRMO QUE LA INFORMACIÓN ANTERIOR ES VERDADERA Y CORRECTA A LO MEJOR DE MI CONOCIMIENTO)

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

SMS Entry Date: _____ Staff Intl _____ Student ID# _____ Grade: _____ Enrollment Date _____



LAS PUERTAS COMMUNITY SCHOOL
100 W 37th Street
Tucson, AZ 85713

Emergency Contact/Medical

Students Name _____ Grade _____

Transportation information and permissions:

The following people have permission to transport my child to/from school and/or in case of emergency. (aside from primary/secondary contact) Student **will not be released to anyone other than those listed, unless prior arrangements have been made and school officials have been notified.**

Información y permisos de transporte:

Las siguientes personas tienen permiso para transportar a mi hijo a / desde la escuela y / o en caso de emergencia. (aparte del contacto primario / secundario) El estudiante **no será entregado a nadie que no sean los enumerados, a menos que se hayan hecho arreglos previos y se haya notificado a los funcionarios de la escuela.**

- 1) _____ Relationship _____ Phone _____
- 2) _____ Relationship _____ Phone _____
- 3) _____ Relationship _____ Phone _____
- 4) _____ Relationship _____ Phone _____
- 5) _____ Relationship _____ Phone _____

Doctor & Phone _____

Counselor & Phone _____

Probation Information (if applicable) _____

Special Medication _____

Considerations _____

Allergies(Alergias) _____

Parent/Guardian Signature (frima) _____

Date (fecha) _____



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)
- ___ 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: _____

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 and/or 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 registration (issued in the last 60 days)
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or landline phone bill (issued in the last 60 days)
- ___ W-2 wage statement (most recent tax year)
- ___ Payroll stub (issued in the last 60 days)
- ___ 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)

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



STUDENT RESIDENCY QUESTIONNAIRE

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq. Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____ Do

you have additional children attending school in our district? Yes No

Do you have children of the preschool age? Yes No

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement? Yes No

(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.



STUDENT RESIDENCY QUESTIONNAIRE

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes No

Please place an "X" in each box that best describes where the student sleeps at night.

- In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
What date did you begin staying here? _____
- In a shelter/transitional housing program (name of agency): _____
What date did you begin staying here? _____
- In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
Provide the main cross streets of this unsheltered location: _____
- In a hotel/motel (name of hotel/motel & address) _____
What date did you begin staying here? _____
- With an adult that is not a parent or court appointed legal guardian
- Alone, not in the care of a parent or court appointed legal guardian
- None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

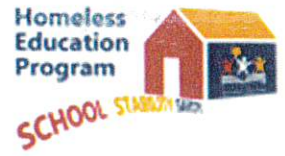
Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered Doubled-up Unsheltered/FEMA/Substandard Hotel/Motel

Unaccompanied youth: Yes No Transportation to school of origin needed: Yes No

Date received
by Homeless
Liaison



RIGHTS OF HOMELESS STUDENTS

StrengthBuilding Partners shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

McKinney-Vento Definition of Homeless **The term “homeless children and youth”—**
A. means individuals who lack a fixed, regular, and adequate nighttime residence
[42 U.S.C. § 11434a(2)]

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above?



RIGHTS OF HOMELESS STUDENTS

To remove educational barriers for children and youths experiencing homelessness, the McKinney Vento Act mandates the following: **Immediate Enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. § 11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed [42 U.S.C. § 11432(g)(3)(A), 42 U.S.C. § 11432(g)(3)(B) and 42 U.S.C. § 11432(g)(3)(I) (i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. § 11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. § 11432(g) (4)] & (6)(iii)].

Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. § 11432(g)(1)(H) (iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. § 11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. § 11432(g) (3)(E)].

Appointment of a Local Homeless Liaison: The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. § 11432(g)(1)(J)(ii) and 2 U.S.C. § 11432(g)(6) (A)].

For more information, refer to [Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths](#), or contact:

<p>LEA Homeless Liaison LEA Name LEA Homeless Liaison Office Address LEA Homeless Liaison Phone Number LEA Homeless Liaison Email address</p>	<p>State Homeless Education Program Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 homeless@azed.gov</p>
--	--