



Enrollment Packet Checklist

- Registration & Enrollment forms
 - Birth Certificate
 - Immunizations
 - Proof of Address
 - Copy of ID
- Verify ALL forms are signed and dated
 - McKinney Vento Form
 - Withdrawal Form
- Personalized Learning Students?
 - IEP 504 previous Special Ed Services
 - Home language
 - medication administered at school

Student Name: _____

Parent Name: _____

Referred by: _____



Riverbend Prep. Student Enrollment & Registration Folder

2024-2025

Riverbend Prep. is thrilled that you have entrusted your child's education to our team. Thank you for the opportunity to develop your student into the next generation of policymakers, barrier breakers, caretakers, and innovators. Our team is dedicated to providing the services your scholar needs to one day change the world. This enrollment packet contains everything you need to enroll your student at Riverbend and receive all of the services we have to offer.

To enroll your student, please complete all the required information below. In order for Riverbend to provide the best possible service to our scholars, we also ask that all parents/guardians complete the non-required documents as well. The non-required forms are critical to ensuring that all students receive the services they need and that the school continues to receive funding for those services.

If you have any questions, please do not hesitate to contact our Office Manager at (602)-285-3003 or frontoffice@riverbendprep.org. They are responsible for ensuring our community has access to the resources they need to succeed. Please contact her to discuss any of the below services you may require:

- Resources for families experiencing homelessness
- Foodbank information
- State supplemented health, dental, and vision resources
- English language learning resources
- Resources for students with disabilities or individualized learning Plans (IEP)
- Mental health resources for students and parents/guardians
- Free financial advice/resources
- Free job/career resources

Thank you again for the opportunity to support your child as they prepare to enter society and drive our world towards a more equitable future.

Updated 1/24/2024



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.



Student Registration Forms

The following information is not required to enroll your student at Riverbend Prep. However, providing this information will ultimately benefit your student. We ask that all parents/guardians complete the following information to ensure the best possible educational experience at Riverbend Prep.

General Student Information

Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Nickname (optional): _____

Date of Birth: _____ (MM/DD/YYYY) Gender: Male Female (circle one)

City and Country of Birth: _____

Primary Phone Number: _____

Primary Email Address: _____

Anticipated Grade Level (circle one):

Kindergarten	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
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Were you referred by a Riverbend Ambassador? Please indicate their name here:

Student Education Information

What school district do you reside in: _____

What county do you reside in: _____

What is the name of the most recent school the student attended and what grade did they attend:

What is the address of the school above: _____

What was the last date the student attended the above school: _____

What is the type of school above? (circle one)

Public Charter	Public District	Private	Homeschool	Online	Daycare	NotApplicable
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Has your student been expelled from a previous school? (circle one) Yes No

Student Residency Information

Where the student currently lives

Street Address: _____

Updated 1/24/2024



Is Emergency Contact? (circle one) Yes No

Additional Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent/Guardian Custody Information

The child lives with (circle one only):

Both Biological Parents	One Biological Parent Only	Legal Guardian
Both Biological Parents Alternating		

Name of Legal Parent/Guardian with Custody (1): _____

Telephone Guardian 1: _____ Email Guardian 1: _____

Name of Legal Parent/Guardian with Custody (2): _____

Telephone Guardian 2: _____ Email Guardian 2: _____

Please circle one if applicable:

A non-custodial parent does not reside locally	A non-custodial parent is legally prohibited from contact (submit legal documentation required)
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Technology

Circle the technology your child has access to at home:

Laptop/computer	Tablet	Internet	Printer
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Authorization for Emergency Medical Treatment

By signing my name below, I hereby authorize Riverbend Prep. to secure emergency medical treatment for the above-named child while under their supervision.

Name of Child's Healthcare Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ After Hours/Emergency Phone: _____

Preferred Hospital for Emergency Treatment: _____

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Arrival and Dismissal

Students In Family:

First Name	Last Name	Grade Level

Please check the transportation you will utilize for each of the three-time periods:

Morning (All Days)		Afternoon (Full Days)		Afternoon (Half Days)	
Parent/Guardian Driver or Carpool		Parent/Guardian Driver or Carpool		Parent/Guardian Driver or Carpool	
School Bus		School Bus		School Bus	
Parent/Guardian Walking		Parent/Guardian Walking		Parent/Guardian Walking	
City Bus		City Bus		City Bus	
Day Care Van		Day Care Van		Day Care Van	
Extended Day Program		Extended Day Program		Extended Day Program	
Other:		Other:		Other:	

**Please note: school bus transportation is not guaranteed. Contact the Community Liaison to secure school bus transportation.*

Release Approval - My children may be released to the following individuals:

Name	Relationship	Phone

Ethnicity & Race

This information provides valuable data about the community that we serve. This section is optional and is not required for enrollment

Ethnicity	Selection
American or Alaska Native	
Optional ----- What is your tribal affiliation:	
Asian	
Optional ----- What country/region in Asia:	
Black or African American	
Optional ----- Country/ethnic group affiliation:	
Native Hawaiian or Other Pacific Islander	
Optional ----- Country/ethnic group affiliation:	

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the student who gets to see themselves on Facebook or on the website and helps the school showcase what makes us awesome!

In order for the school to produce materials for both internal and external uses, we need your permission to use photos and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following.

Please check only ONE (1):

- Public Display** - My child may be photographed/ videotaped, and the photographs/ video may be publicly displayed and/or published. (Social media, web media, news media, marketing, etc.)
- School Use Only** - If you give your consent to your child's photo appearing in a yearbook and/or being posted within the school building, but do not want his/her picture published to the public, please mark "School Use Only". (Bulletin boards. class wall with photos, awards, yearbook/memory book, etc.)
- No Media** - If for any reason you object to your child being photographed while he/she is participating in school activities, please mark "No Media". This option excludes all items from options "School Use Only" and "Public Display"

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

Guardian Signature

Date

Guardian Name (print)

Release of Student Records

If your student transferred from another school, this form gives Riverbend permission to request their educational data. This information is critical for our staff to establish academic plans and ensure your student receives the services they need.

**See the form included in the enrollment & registration folder*

Special Education History

This information is critical in ensuring your student can receive the service they need to succeed. Without this information, our team will not be able to develop a strong plan on how to address your child's individual needs.

**See the form included in the enrollment & registration folder*

Free and Reduced Lunch Eligibility

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Permission to Release School Records

I, _____ (parent/guardian name) as the legal parent/guardian of _____ (student name) hereby request my student’s records be sent to Riverbend Prep. Please deliver the below information to the Riverbend Prep. Registrar via electronic mail to: **frontoffice@riverbendprep.org**

- Withdrawal form
- Academic records
- Health Records
- Individual Education Plan or 504 Plan
- AZELLA Scores/ELL program information
- Discipline information

The student’s records will be kept on file at Riverbend Prep. These records will be subject to the confidentiality rules of the State of Arizona.

Per A.R.S.15-828 Paragraph F. Please send all of the student’s records within 10 (10) days from receipt of this form. Under the provisions of section 99.30 of the Family Educational Rights and Privacy Act (FERPA), this document authorizes the release of all school and health records of the student listed below. A.R.S 15-828 Paragraph F states that no school shall withhold records due to financial debts. Federal law 99.31 states that no parent’s signature is required for educational records to be sent to another educational agency.

Student Information:

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____

District/State of Previous School: _____

Name of Previous School: _____

School Phone Number: _____ Last Grade Attended: _____

Guardian Signature: _____ Date _____



Immunization History

To protect all children against serious vaccine preventable diseases, Arizona school immunization laws require students to receive immunizations before entry to child care and school. The laws and rules governing school immunization requirements are Arizona Revised Statutes §15-871- 874; and Arizona Administrative Code, R9-6-701–708. To comply with this requirement, please submit your child's immunization records to **frontoffice@riverbendprep.org**

Documentary proof is not required for a pupil to be admitted to school if one of the following occurs:

1. The parent or guardian of the pupil submits a signed statement to the school administrator stating that the parent or guardian has received information about immunizations provided by the department of health services and understands the risks and benefits of immunizations and the potential risks of non immunization and that due to personal beliefs, the parent or guardian does not consent to the immunization of the pupil.
2. The school administrator receives written certification that is signed by the parent or guardian and by a physician or a registered nurse practitioner, that states that one or more of the required immunizations may be detrimental to the pupil's health and that indicates the specific nature and probable duration of the medical condition or circumstance that precludes immunization. An exemption is only valid during the duration of the circumstance or condition that precludes immunization.

Please note: Pupils who lack documentary proof of immunization shall not attend school during outbreak periods of communicable immunization-preventable diseases as determined by the department of health services or local health department. The department of health services or local health department shall transmit notice of this determination to the school administrator responsible for the exclusion of the pupils.

Guardian Signature

Date

Guardian Name (print)

Updated 1/24/2024



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 05-2023)

RIVERBEND PREPARATORY ACADEMY

5625 S. 51st AVE, Laveen, AZ 85339 – 602-285-3003 – fax 602-285-5560

Student Residency Questionnaire

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

Name of Student: _____
Last First Middle

Date of Birth: ____/____/____ Age: ____ Male or Female
Month/Day/Year As of 8/5/13 (Circle one)

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Are you a youth currently living on your own or with a friend, neighbor, or relative? Yes No

*If you answered YES to any of the above questions, please complete the remainder of this form.
If you answered NO to all of the above questions, you may STOP HERE.*

Presently, where is the student living? (Check one of the below:)

- In a shelter
- With more than one family in a house or apartment (other family owns or rents the house or apartment)
- With friends or family members (other than parent/guardian)
- In a place not designated for ordinary sleeping accommodations (i.e. car, park, or campsite)
- In another location that is not appropriate for people (e.g. an abandoned building)
- In a motel/hotel
- Out of home placement including foster care
- In an arrangement that is not fixed, regular, and adequate and is not described by the other choices.

The student lives with: (Check one of the below:)

- 1 parent 2 parents
- 1 parent and another adult a relative, friend(s) or other adult(s)
- alone with no adults an adult that is not the parent or the legal guardian

I, (full name) _____ declare as follows:

I am the parent or legal guardian of the above student who is of school age and is seeking enrollment in Riverbend Preparatory Academy. Since (date) _____, our family has not had a permanent residence.

Full name of person completing the form: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Alternate Contact Person: _____ Relationship: _____

Phone: _____

For Office Use Only

I certify that the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____ McKinney-Vento Liaison Signature: _____

Last updated 3/13/2023

ADE Rights of Homeless Students

The LEA/Charter District 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”— 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.