

**Painted Desert Demonstration Project
Dba THE STAR SCHOOL
145 Leupp Road, Flagstaff, AZ 86004
Tel: (928) 415-4157 ***Fax: (928) 225-2179**

What is the STAR School?

The STAR School is a new Arizona State Charter School that opened in August 2001. Charter schools allow parents to choose the school which best meets the needs of their children. The STAR School is funded by the state and by other grants, with no tuition costs. In 2001, we built our first building on a 40 acre property; additional classrooms were built in 2003 and 2006.

Who operates the STAR School?

The state charter was granted to the Painted Desert Demonstration Project Governing board. Current board members are: Dr. Mark Sorensen, Thomas Walker Jr., Rick St. Germaine, and Evelyn McCabe. We have committed to having a multicultural staff, with first-rate teachers who love kids and are passionate about learning. The STAR School provides employment for parents and other community members.

Who can attend the STAR School?

For 2017-2018, we will serve grades K-8 and are authorized to expand up to a maximum of 80 students. In September 2006, we added the STAR Early Learning Center, now called Alchini Bighan a Montessori preschool for children ages 3 to 4 and can accommodate 18 students. As long as there is room, we will operate on an open enrollment basis. If there are more students that we have space for, we will have a waiting list and a lottery. If you want to enroll your child, we recommend that you sign up as soon as possible.

Where is the STAR School located?

The STAR School is located on the north side of Leupp Road, across from the watering station near milepost 440. The STAR School is located about 3 miles from the Navajo Reservation and 11 miles from Townsend-Winona Road. We pick up students in the Leupp and Flagstaff area.

What are some of the features of the STAR School?

- A friendly, creative atmosphere where every person is respected and many cultures are celebrated.
- Flexible and effective learning methods, including cooperative learning groups, individualized study plans, hands-on projects, communication skills and other possibilities based on the interest of parents and students.
- True parent partnerships: Kids learn more when their families are involved.
- We expect students to do their best and we will do what it takes for them to reach their goals.
- High quality lunches at no cost to all students.
- All students are encouraged to participate in sports like cross country, volleyball, basketball, and softball.
- Technology resources including high speed internet access and laptop computers are available.

Parents' Right to Know:

Parents have a right to see documents indicating student test results and whether the teacher is highly qualified. See Beverly Paddock to review teachers' qualifications, if you are interested.

How can I find out more about the STAR School?

You are welcome to drop by any time. Beverly Paddock, Registrar, will be available during regular business hours (8:00 a.m. – 4:30 p.m.). Also the STAR School board members and teachers will be happy to talk with you when they are available. For more information, contact the STAR School @ 928-415-4157.

IDENTIFICATION DOCUMENTS FOR ENROLLMENT:

The State of Arizona requires schools to have a positive proof of identification on file for each student. Parents or guardians of the student enrolling for the first time may satisfy this requirement by providing one of the following to the school within 30 days of enrollment:

- Certified copy of the student's birth certificate
- Baptismal certificate
- Original school registration records and an affidavit explaining the inability to provide a copy of birth certificate.
- Letter from an authorized representative of an agency certifying that the student has been legally placed in the custody of the agent.
- Other medical, civil, or religious records

If proof of identification is not provided to the school within 30 days, the school will write to the parents or guardians and request that they have to provide the missing document within 10 days of the notification. We appreciate your help in providing proof of identification as soon as possible.

If you are enrolling students placed under the custody of public or private agency or under court-ordered guardianship, please provide the documentation necessary for school officials to verify legal custody of the student.

OTHER DOCUMENTS NEEDED FOR ENROLLMENT:

The following documents are required in addition to the above:

- Certificate of Indian Blood, if applicable
- Updated Immunization Record

RESPONSIBILITY AND PROCEDURES FOR REPORTING ABSENCES:

We request those parents, guardians or other party enrolling students to report to the school in advance any time the student will be absent. If a student is absent from school without notice, the school will attempt to notify the person who has custody of the student via telephone. Please provide at the time of enrollment, name of individual with a telephone where parents and/or guardians may be reached during school hours. Please notify the school immediately if the telephone number has been changed.

Although the school will make a reasonable effort to notify the parents or guardians, the school and its employees are not liable if they are unable to contact parents or guardians to inform them of student's absence. We appreciate your help in maintaining good communications.

Pupil Registration Form

(For Office Use Only)		Transcript:
Social Security No: _____	Ethnic Code: _____	Date Requested: _____
Entry Symbol: _____	Registration Date: _____	Date Received: _____
Entry Date: _____	Grade: _____	Teacher: _____

Full Legal Name of Pupil _____

Last
First
Middle

() Male () Female Birth date: _____ Place of Birth: _____ Age: _____

Verification of Birth date: () Birth Certificate () Affidavit

Street Address: _____ Telephone No: _____

Mailing Address: _____

If mobile home park or apartment, give name: _____

Email Address: _____

Name of Person(s) with whom child resides	Employer	Occupation	Employer's Place
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Father: _____

Mother: _____

Stepparent: _____

Legal Guardian: _____

If legal guardian, please list agency: _____

Person living with: Please check () Mother/Father () Mother () Father

() Grandparent(s) () Mother/Stepfather () Father/Stepmother () Relative

If parent cannot be reached, name a relative or friend **WITH A PHONE** who will be responsible for your child if he/she is hurt or becomes ill at school.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Doctor _____ Phone _____ Hospital Preference _____ Phone _____

Last school attended _____

Address of school _____

Street City State Zip

PLEASE LIST BELOW ALL OTHER CHILDREN IN THIS HOME

Name	Age	School	Name	Age	School

Circle one of the following: White Black Hispanic American Indian (tribal affiliation) _____

1. What is the primary language use in the home regardless of the language spoken? _____

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Parent or Legal Guardian signature: _____ **Date** _____



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REQUEST FOR STUDENT RECORDS

School: _____ Date: _____

Phone: _____

Last Name	First Name	Date of Birth	Previous Grade

The above student(s) have enrolled at the STAR School. Please send IEP/504 Plan, immunization, scholastic, psychological reports, test records, and other pertinent information to the address below:

The STAR School
145 Leupp Road
Flagstaff, AZ 86004
Attn: Registrar

Permission for the release of the records granted by:

Parent/Guardian Signature

Date

Registrar Signature

Date

The STAR School
145 Leupp Road
Flagstaff, AZ 86004
Telephone: (928) 415-4157

PARENTAL CONSENT FOR ACTIVITY TRIPS AND EMERGENCY CARE

Student: _____ **School:** The STAR School

Be it known that I/We, the undersigned parent(s) or guardian(s) of the student above named, do hereby authorize him/her to participate in field trips, student activity and athletic trips. I/We also give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while at school or school related activities.

It is hereby understood that the consent and authorization hereby given and granted on continuing and are intended by me/us to extend throughout the current school year.

DATED this _____ day of _____ 20 ____
at _____, Arizona.

Parent/ Guardian Signature

Parent/ Guardian Signature

The STAR School
145 Leupp Road
Flagstaff, AZ 86004
Telephone: (928) 415-4157

AUTHORIZATION STATEMENT

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observances of rules, injuries are still a possibility, on rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/We acknowledge that I/We have read and understand this warning.

Dated the _____ day of _____, 20 ____ at _____, Arizona.

Parent/Guardian Signature(s): _____

Player Signature: _____

**PARENT'S CONSENT FOR
ADMINISTERING MEDICINE TO STUDENTS
(Request for giving medicine at school.)**

Students Name: _____

Grade: _____ **Teacher:** _____

Medication (Name and dosage): _____

Time to be given: _____ am _____ pm

Date from: _____ **To:** _____

Diagnosis/reason for giving medication: _____

Allergies: _____

Food Allergies: _____

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient's name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosage, compound contents, and proportions clearly marked.

I hereby request and give my consent for the School nurse or person designated by the Director to see that my child, _____ receives the medication listed above in age appropriate doses.

The parent/guardian is responsible for providing all medication in its original container and for no more thirty (30) day supply at a time and said parent or guardian shall pick-up the remaining medication at the end of the semester or it will be discarded.

Parent or Guardian Signature

Date

Compact for Literacy

We, The STAR School community, establish this Compact for Literacy in order to foster the improvement of reading and other content areas and to support the success of our students, so all my read well and independently. We believe this can be done with planned partnership of parents, families, students, teachers, principals, and community members.

For the purpose of the Compact, 'Literacy' is defined as follows:

A student uses reading, writing, listening, and speaking skills fluently to understand and process information for any desired purpose.

Parent's and Family's Responsibilities

We will:

- Make sure that our child attends school regularly, is on time return and returns loaned school materials, and is prepared to learn, with homework or projects completed.
- Do activities at home that continue our child's learning at home.
- Read with or have our child read to us starting with 10 minutes and working up to 30 minutes each day.
- Get a library card for our child or check out books from the STAR School and encourage our child to bring reading materials into the home.
- Attend parent-teacher-student conferences and communicate frequently with our child's teacher, through notes and conversation, about how our child's progress.

Parent's signature(s): _____

Student's Responsibilities

I will:

- Come to school on time and be ready to learn.
- Pay attention to my teachers, family, and group members and ask questions when I need help.
- Ask my family to read to me or with me or allow me to read to them starting with 10 minutes and working up to 30 minutes each day, five days a week.
- Complete my homework or projects on time in a thorough and legible way.
- Welcome help from my family on my homework, projects, and papers.
- Return signed homework and papers to school.
- Understand that all students have needs and feelings I must respect.

Student's signature: _____

Teacher's Responsibilities

I will:

- Facilitate quality learning experiences that engage and stimulate the thinking of every student.
- Provide quality teaching and model student leadership to my students and their families.
- Communicate frequently with families and tutors about my student's progress in literacy and show them how they can help.
- Coordinate with other programs and family obligations to make sure nightly assignments do not exceed time limits.
- Recognize that students are accountable for their own learning.
- Participate in meaningful professional development in how to teach literacy, foster communication with families, and how to work with students.
- Hold at least two parent-teacher-student conferences a year and show each student how to assist in showing their parent what they've learned.

Teacher's Signature: _____

Director's Responsibilities

I will:

- Work with faculty, staff, and parents to set high standards in reading and literacy by providing a challenging curriculum.
- Report publicly on school wide reading scores in standardized and performance-based tests and help teachers and parents to understand how the STAR School obtain high standards lead toward improvement of scores.
- Obtain resources to ensure that high quality teaching is provided to students.
- Provide workshops for teachers and parents on ways to strengthen reading at school and at home.
- Provide reading materials and training so that parents can help their children learn to read.
- Establish training workshops for tutors and families to work with children on home activities.
- Provide special incentives to teachers who meet with families and tutors in extended-learning programs.
- Welcome and involve all families, especially those with low literacy skills or limited English proficiency or those who have not been involved in the school before.

Director's Signature: _____

STUDENT SERVICE SURVEY (Optional)

Please complete the following questionnaire to the best of your knowledge about your child.

Has your child received any kind of special education services in a previous school?

1. Special Education
Resource Teacher YES NO
Special Day Class YES NO
2. Speech and Language Therapy YES NO
3. Physical Therapy YES NO
4. Any special accommodations under Section 504 of the Americans with Disabilities Act YES NO
5. Any special accommodations, such as a behavior plan, or medicines given at school? YES NO
6. Does your child have an IEP (Individual Education Plan) or a 504 accommodation plan?
 IEP
 504
 NONE
7. Does your child have any food allergies, or other allergies, such as bee sting, that we need to be aware of?
8. Does your child have any chronic illnesses that interfere with school Attendance, such as asthma or ear infections? Yes No
9. If you have given any positive answers to any of the above questions, Please explain.
10. Is your child allowed to have sugar treats? YES NO

Child Find

Are there other children in your household, ages 1 - 21, who may have a disability in any of these areas?

- Pre-school delays
- Moderate or severe speech/language
- Learning disability
- Emotional disability
- Speech or language impairment
- Mental retardation
- Hearing impairment
- Visual impairment
- Autism
- Traumatic brain injury
- Orthopedic impairment
- Other health impairment
- Multiple disabilities

STAR School Student Needs

Transportation:

1. Where is your home located? _____
2. How important is bus transportation to you? _____

3. Would it possible for you to give your child a ride to and from school? () YES () NO
4. Are you willing to participate in a carpool with other parents if a bus is not able to come to your home? () YES () NO _____

Language and Culture (For Navajo Speakers):

5. How fluent is your child in Navajo? _____
6. If not, how important is it that your child learns about Navajo language and culture in school? _____

Computers

7. How much experience does your child have with computers? _____

8. Do you have an interest in learning more about computers? () YES () NO _____

Before and after school programs:

9. Are you interested in any of these programs if they were available? () YES () NO
10. If available, what hours do you need care? _____

Other information:

Does your child have any special education needs that you would like the school to know about?

Other student needs or comments? _____

Interest Survey

Students Interests:

- Computers () YES () NO
 - Arts and Crafts () YES () NO
 - Plays, drama () YES () NO
 - Music () YES () NO
 - Dance () YES () NO
 - Science Projects () YES () NO
 - Plants & Animals () YES () NO
 - Reading Club () YES () NO
 - Spelling Bee Team () YES () NO
 - Writing/Poetry () YES () NO
 - Math Club () YES () NO
 - Sports/Marital Arts () YES () NO
 - Other: _____
-

Family Interests: Are your family members interested in participating in workshops that are open to the community? Circle the items of interest. Also, please note if you would like to help with teaching or coaching.

- Sustainable living skills: Solar and wind power, rural water systems
- Permaculture gardening
- Building with straw bales, tires and other alternative building materials
- Computer skills (word processing, computer art, e-mail, creating a website)
- Arts and crafts lessons and group art activities _____
- Sports (which one?) _____
- Family Fun Nights _____
- Song and Dance _____
- Cooking and Nutrition _____
- Family Communication skills _____
- Team challenges/new games _____
- Parent tutoring and ways to help your child succeed in school _____
- Starting a home business _____
- Other ideas _____

Would anyone in your family like to participate in, or teach sports activities?

- Basketball _____
- Volleyball _____
- Cross Country/Running _____
- Marital Arts _____
- Gymnastics _____
- Wrestling _____
- New Games _____
- Other _____

Date: _____

Dear Parents/Guardians:

The State of Arizona has implemented the new varicella immunization requirement starting at the beginning of the 2006-2007 school year. Children attending child care, preschool, kindergarten, first grade and seventh grade in public, private and charter schools are now required to show proof of immunization or a history of varicella (chickenpox infection). Two grades will be added each year until 2010 when all grades will be included in the requirement.

According to the new Arizona Department of Health Services Administrative Rule approved by the Governor's Regulatory Review Council a parent's recall that the child has had chickenpox satisfies the requirement.

Chickenpox, a common childhood disease, causes a rash, itching fever and tiredness. It can lead to severe skin infection, scars, pneumonia, brain damage or even death. The chickenpox virus is spread very easily from person to person through the air and by contact with fluid from chickenpox blisters.

To prevent chickenpox, children should get one dose of varicella vaccine between 12 and 18 months of age, or at any age if they never had chickenpox. Two doses are required for people who do not get the vaccine until they are 13 years old or more. Children who need the vaccine should see their medical provider or attend a clinic at the county health department.

Please complete the attached form to document the varicella immunization or disease and return it to the school.

You may call Coconino County Health Department Clinic at (928) 522-7920 or toll-free at (877) 522-7800 for more information or to schedule an appointment.

Sincerely,

Marie Monroe
Administrative Assistant

Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name: _____ Date of Birth: _____

School Name: _____ Grade: _____

Has your child ever had chickenpox (please circle one answer)? YES NO Don't Recall
(go to #1) (go to #2) (go to #1)

1. Please answer the following questions (please circle on answer):

- | | | | |
|---|----------------------------------|----|--------------|
| a) Was your child in "face-to-face" contact with other children who had chickenpox? | YES | NO | Don't Recall |
| b) Did your child have a rash on his/her body? | YES | NO | Don't Recall |
| c) Did the rash "itch"? | YES | NO | Don't Recall |
| d) Were there blisters present? | YES | NO | Don't Recall |
| e) When did your child have chickenpox? | _____ / _____
Month Year | | |

2. If your child has not had chickenpox, has he/she Had the chickenpox (varicella shot) (please circle one answer)? YES NO Don't Recall

If you circled YES, please take your child's immunization record to the school nurse or person designated by the Director so the date of the shot can be recorded in your child's health record.

If you circled NO or Don't Recall, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse or person designated by the Director so the date of the shot can be recorded in your child's health record.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ DATE: _____

Address: _____

Telephone Number (where you can be reached during the day): _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side



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.