



Educational Opportunity Center CHARTER HIGH SCHOOL

A Public High School Chartered by the State of Arizona

ENROLLMENT FORM

Student Name : _____ SSN: _____

Male Female Age: _____ Birth Date: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____ Home Phone: _____

Mother's Name: _____ Mother's Cell/Work #: _____

Father's Name: _____ Father's Cell/Work #: _____

If Applicable Guardian's Name: _____

Guardian's Work #: _____ Relationship to student: _____

If Different from Above Actual Address of Residence:

Previous School _____ Last grade completed _____

Are you on probation? Yes No If yes, name & number of P.O. _____

Please check appropriate box:

Hispanic
 White
 Black

Native American
 Asian/ Pacific Islander
 Guardian

Have you ever been in:

ESL
 Gifted
 Chapter One
 Resource
 EMH
 Other: _____

I live with: (Check appropriate box.)

Father & Mother
 Father
 Mother

Stepfather
 Stepmother
 Guardian

Father & Stepmother
 Mother & Stepfather
 Spouse

Self
 Juvenile Facility
 Other: _____

Are you taking any medication? Yes No If yes, please list them _____

Are you a parent? Yes No Are you expecting a child? Yes No If yes, Due Date: _____

Do you need daycare? Yes No If yes, name & age of child _____

Has your family moved in the last three years because of agricultural employment? Yes No

Do you have a continuous place to live? Yes No Do you need transportation? Yes No

Have you been placed in a public residential facility by the courts due to abandonment? Yes No

Home Language Survey to determine PHLOTE:

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? _____

District question to assist with language proficiencies:

Understand _____ Speak _____ Read _____ Write _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

3810 W. 16th Street • Yuma, AZ 85364 • Telephone 928-329-0990 • Fax 928-329-9377

School Use Only:

Orientation Date: _____ Reading Grade Level _____ Math Level _____



Educational Opportunity Center – Charter High School

Enrollment & Emergency Information

Student Name: _____ Age: _____
DOB: _____ Phone: _____ Cell: _____

Contact Information:

Mother's Name: _____ Best Phone #: _____

Place of Work: _____ Phone: _____

Work Street Address: _____

Street City State Zip

Father's Name: _____ Best Phone #: _____

Place of Work: _____ Phone: _____

Work Street Address: _____

Street City State Zip

Guardian's Name: _____ Best Phone #: _____

Place of Work: _____ Phone: _____

Work Street Address: _____

Street City State Zip

Alternate Emergency Contact: _____ Relation: _____

Phone: _____ Cell: _____

Probation Officer Name: _____ Phone: _____

Health Information:

1. List any medications: _____

2. List any medical conditions: _____

Describe treatment: _____

(Medical documentation of condition must be provided to validate treatment)

3. Allergies: _____

4. Do you need day care? Yes No

For Students Under the age of 18 (Por el estudiantes es menor de 18 anos)

Antacids/Aspirin/Ibuprofen/Acetaminophen (Tylenol, etc) permission granted; to be given at the school's discretion.

Antacids/Aspirin/Ibuprofen/Acetaminophina (Tylenol, etc) con permiso ortogado; se le dara seguín la discrecion de la escuela

Signature of Parent/Guardian
Firma de Padre/Madre/Tutor

Date: _____



State of Arizona

Department of Education

Office of English Language Acquisition Services

Tom Horne

Superintendent of
Public Instruction

These questions are in compliance with R7-2-306 from the Board Rules.

PHLOTE -Primary Home Language Other Than English Home Language Survey

Responses to these statements will be used to determine whether your child 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 I.D. _____

Date of Birth _____ SAIS I.D. _____

Parent/Guardian Signature _____ Date _____

District _____ School _____

Districts can add data information and/or additional questions here if desired.

Please provide a copy of the Home Language Survey to the ELL Coordinator on site.
In SAIS, please indicate the student's home or primary language.



EOC Charter High School

Release of School Information Form

TO ADMINISTRATOR OR REGISTRAR:

STUDENT'S NAME: _____ DOB _____

CURRENT GRADE: _____ GRADE APPLYING FOR: _____

The student named has applied for admission to the Educational Opportunity Center Charter High School.

In order for the admissions application to be complete, the following materials are requested:

Student transcripts, Withdraw form, Standardized testing results, State Assessment Results (i.e. AIMS, AZELLA), Medical records and reports, disciplinary reports, Psychological Evaluations, Special Education records and documents, and cumulative records of school and academic progress

Thank you in advance for your assistance in allowing us to make optimal admissions and placement decisions. It is understood that the confidential nature of these records will be maintained as prescribed by the Family Rights and Privacy Act.

(Parents and Student complete this portion)

I authorize the release of school records and information of the above-named student to the Educational Opportunity Center Charter High School. This release is valid for a period of one year from the date of my signature.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Signature is only necessary if student is under 18 years of age.)

Please return this completed form and requested information to:

Educational Opportunity Center Charter High School
% Theresa Dover
3810 W 16 Street
Yuma, Az 85364

Or Fax to:
928-329-9377

(For Submitting School Use Only)

Please identify documents enclosed in package or FAX

- | | |
|---|---|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Disciplinary Records |
| <input type="checkbox"/> Withdraw Form | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Standardized Scores | <input type="checkbox"/> SPED Records |
| <input type="checkbox"/> State Assessments (AIMS and/or Azella) | <input type="checkbox"/> Cumulative records |



EOC Charter High School

Required Enrollment Documents

STUDENT'S NAME: _____ DOB _____

Your file needs the following documentation:

- Withdraw Slip from Last School of Attendance
- Birth Certificate
- Immunization Record
- Social Security Card
- Picture ID
- Transcripts
- Verification of Address (Utility Bill with current street address or notarized letter for verification of address)
- AZELLA scores if Applicable
- AIMS or Other State Test Results if not on Transcripts

You will need to provide us with the above checked item(s) as soon as possible. If you need to receive immunizations or if you need to proof of immunizations, please take of this immediately to avoid being withdrawn from school.

Thank you for you cooperation,

Theresa Dover
EOC Charter High School
Registrar