



Brighton School Enrollment Form

Today's Date:		School Year: 2021-2022		Grade Level:	
STUDENT INFORMATION					
Student's Last Name:		First:	Middle:	Birthplace (City, State):	
Is this student's legal name?	If not, what is student legal name?		Has your child ever been enrolled in Special Education classes	Birth date:	Age: Sex:
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F
Student Address, City, Zip:					
Cell phone no:		Home phone no.:		Work phone no.:	
Is there a current IEP for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Note: This information is required by the U.S Department of Education. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Race.: (Check one or more, regardless of ethnicity) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	
Has this student received any special education services?		Previous School:		Grade/Teacher Name:	
Has your child ever had a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List any other family members attending Brighton:					
GUARDIAN INFORMATION					
[Please give your copy of proof of Arizona residency (driver's license, utility bill etc.), child birth certificate, and immunizations to the secretary.]					
Guardian Name:			Guardian Name:		
Relationship to student:			Relationship to student:		
Does the child live with you? Are there any custody related court documents regarding your child? (If yes, please provide court documents to school office) <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the child live with you? Are there any custody related court documents regarding your child? (If yes, please provide court documents to school office) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (if different than student):			Address (if different than student):		
Cell phone no: Home phone no:			Cell phone no: Home phone no:		
Employer? Employer phone no:			Employer? Employer phone no:		
Email address:			Email address:		
EMERGENCY CONTACTS					
Name:		Relationship to child:		Phone no.:	
Name:		Relationship to child:		Phone no.:	
My child may leave campus with these individuals (adults only):					
<i>Every homeless student shall have access to the same free and appropriate educational opportunities as student who are not homeless. For more information, please refer to http://www.ade.gov/asd/homeless or contact Kathy Couch at 623-247-6456.</i>					
I have read the student handbook and agree to abide by the school rules. I also understand the handbook does not contain every school rule, and I may request a copy of the other rules.					
Brighton School does not discriminate based on race, ethnicity, sex, national origin, disability, or religion.					
Student Signature: _____			Date: _____		
Guardian Signature: _____			Date: _____		

OFFICE USE ONLY First Day of Attendance _____ Withdrawal Date _____ First Day of Non-attendance _____



Brighton Records Request Form

Request for Student Records

Date of Request: _____

FAX Number _____

Originating School or Institution

Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

Birth Date: _____ AZ State ID # (SSID#): _____

Grade Level: _____ Last date of attendance (approx): _____

Signature of Parent/Guardian (if available) _____

The following records are hereby requested:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (EL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Language Learning Plan (if applicable) | <input type="checkbox"/> 45 Day Screening report |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan (if applicable) | <input type="checkbox"/> Other _____ |

Signature of Requesting School Representative:

Signature	Title	Date
PLEASE FAX or MAIL TO: Brighton School 8632 W. Northern Ave Glendale, AZ 85305 Telephone 623.271.9518 Fax 623.328.8958		
		Requested Date(s) _____, _____, _____
		Received Date: _____

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.



Brighton Year-Round Field Trip Permission Form

2021-2022 Field Trip Permission Slip

Dear Guardian and Student,

This is a permission slip for any and all field trips planned by Brighton School during the 2021-2022 school year. Your child will be reminded of the date, time, and cost of the field trips before each field trip. We will do our best to notify you of any changes. By signing below, you agree to allow Brighton School to transport your child to these field trips either by school bus, city bus, or walking (if within walking distance).

Please sign and return this slip

I give permission for my child, _____, in grade _____ to attend the field trips during the 2021-2022 school year.

In case of emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: _____.

(Parent/Guardian Name)

(Phone Number)

(Parent/ Guardian Signature)

(Date)



Brighton Speech Screenings

Speech and Language Kindergarten Screenings

Dear Kindergarten Guardian / Parent,

A Speech/Language screening will be conducted on all kindergarten students within the first 45 days of school. The screening will assess skills in the speech and language domain such as articulation, fluency, receptive and/or expressive language. The screening will help determine the need for support services, interventions and/or additional testing.

If support and/or testing is warranted, you will be contacted. An informal screening report will be sent home with the student. By signing and returning this form, you give consent for a speech and language screening.

Student Name: _____

Parent Name (printed): _____

Parent Signature: _____

Date: _____

Thank you for your assistance in the matter.

Sincerely yours,

Special Education Department



Brighton School Medical Form

Medication Permission and Log Form

Student's Last Name	First Name	Grade	Birthdate
List Allergies	Student's Weight	Student's Age	Student's Sex

Student Health Conditions

- Heart Asthma Diabetes Allergies Hearing (hearing aid) Vision (glasses)

Please describe: _____

The Brighton School Staff has my permission to give my child the following over the counter medications

- Tylenol Advil First Aid Ointment

Date	Time	Reason	Medication	Dose	Initials

I understand Brighton School does not provide accident or medical/dental coverage for students for injuries/illnesses occurring at school. I understand if my child needs other than over the counter medications, I must make arrangements with the school office. I understand it is my responsibility to notify the school in writing of any changes to the above information. I understand it is my responsibility to notify the school if my child needs to leave school during the day for appointments or for other circumstances.

I affirm all Registration and Emergency Information on this form is accurate and I have read and understand the information provided to me regarding student health conditions, opt out options, and attendance.

(Parent/Guardian Name)

(Phone Number)

(Parent/ Guardian Signature)

(Date)



Brighton School Cell Phone Policy

2021-2022 Cell Phone Policy

CELL PHONE POLICY

Students may use their cell phones during class time for instructional purposes with the teacher’s permission, during lunch, and after school. Phones must be silent and out of sight at any other time. School authorities may confiscate cell phones at any time for failure to follow school policy.

CELL PHONE USER AGREEMENT

Brighton School uses instructional technology as one way of supporting our mission to teach the skills, knowledge and behaviors students will need to be responsible citizens. In an effort to be proactive with today’s growing social and interactive technology trends, it is our hope that this cell phone policy will increase awareness and training while putting into practice social and professional etiquette relating to electronic devices.

CYBER SAFETY

We will review cyber-safety rules with students frequently throughout the course of the school year and will offer reminders and reinforcement about safe cell phone behaviors. In addition to the rules outlined in these guidelines, students will be expected to comply with all class and school rules while using personal devices. The use of a cell phone is not a right but a privilege. When abused, privileges will be withdrawn.

GUIDELINES

Violating the established policy will result in the following:

- First offense -the phone is taken away until the end of the day.
- Second – Fourth offenses -the phone must be picked up by a parent or guardian after 3:15 p.m.
- Any further infractions will result in the student not having a cell phone on school grounds during the school day. Furthermore, students who do not adhere to these guidelines will be subjected to other disciplinary actions.

Parents will be required to sign a form which indicates they understand the school policy and the consequences for further phone violations before staff will release confiscated phones. Parents are strongly encouraged to stress the importance of student compliance with the cell phone policy, as the policy. Students and parents should not expect exceptions to be made regarding the confiscation periods of cell phones or electronic devices.

Signature of Parent

Signature of Student

For Office Use

<i>Date</i>	<i>Reason</i>	<i>Staff who confiscated phone</i>	<i>Parent signature</i>



Brighton School Photo Form

2021-2022 Photo Release Form

Student's Name: _____
Age: _____
Parent Name: _____
Phone Number: _____

Brighton School likes to celebrate the achievements of our students and staff. Throughout the year, school staff and its community partners may take photographs of students and school activities. These photographs may appear in various school and community materials, including the school's website (www.westlandcharterschool.com), Class Dojo (school public online platform), newsletters, yearbooks, brochures, the Report Card, district calendar, other school related digital formats, etc. We, at times, may also publicize student work.

I grant Brighton School, and its community partners, to use and/or reproduce photographs of my child for the internal or external promotional and informational activities of Brighton School. I also agree to allow my child to be interviewed and/or photographed by partners of Brighton School in relation to any and all activities in which he/she is involved.

Parent/Guardian's Name (Please Print)

Date:

Parent/Guardian's Signature



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 01-2020)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas



Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. **¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

2. **¿Qué idioma habla el estudiante la mayoría del tiempo?**

3. **¿Qué idioma habló o entendió el estudiante primero?**

Nombre del estudiante _____	Distrito Núm. de identificación _____
Fecha de nacimiento _____	SSID _____
Firma del padre o tutor _____	Fecha _____
Distrito o Charter _____	
Escuela _____	

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 01-2020)