

Country Gardens Charter School

6313 W. Southern Ave.
Laveen, AZ 85339

2019 -2020

Phone: (623) 900-2230
Fax: (623) 900-7668

Enrollment Application

Application Date: _____ Grade: _____ SAIS ID# _____

Has this child ever attended CGCS before? : Yes___ No___ Does child reside in a foster home? Yes___ No___

Name of Student: _____ Female ___ Male ___

Date of Birth: ___/___/___ Age (as of today's date): _____

Country of Birth: _____ State of Birth: _____

What is the primary language used in the home regardless of the language spoken by the student? _____

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

What is the language that the student first acquired? _____

Medical Alerts/ Allergies: _____

Race. Please choose one or more:

Ethnicity. Please only choose **ONE** of the following:

Black or African American___ Hispanic/Latino___ White___ Asian___ **Is this student Hispanic/Latino?**

American Indian or Alaskan Native___ Hawaiian Native or other Pacific Islander___ ___ No, not Hispanic/Latino

___ Yes, Hispanic/Latino

Mailing Address			Apt #	
City	State	Zip Code	Home Phone	Parent/Guardian Email
Mother/Madre		Address/Domicillio		Cell Phone/Telefono
Father/Padre		Address/Domicillio		Cell Phone/Telefono
Legal Guardian		Address/Domicillio		Cell Phone/Telefono

Parent(s)/Guardian(s) Active Military ___ Yes ___ No ___ Unknown

Siblings Planning on Attending: _____

Student lives with: Both Parents___ Mother___ Father___ Guardian___

Last School Attended _____ City _____ State _____ Grade Completed _____

Has your child ever been Expelled Yes___ No___ If yes, when _____ What district? _____

Does your child have a current Individual Education Program? Yes___ No___ Does your child have a current 504 Plan? Yes___ No___

Legal Documents? Yes___ No___ If yes, please provide copy. Will your child need bus service? Yes___ No___

I affirm that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature	<u>School Use Only</u>	Relationship
Entry Date: _____		Entry Code: _____
Withdrawal Date: _____		Withdrawal Code: _____

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Special Education Questionnaire

In order to provide continuity in the education environment, it is important that Country Gardens Charter School be informed of any education services received by your child.

***Note:** Even if your child is not involved in any special education program, please fill out their information and check the appropriate box.

Does the student require or ever been identified for and placed in a Special Education Program?

- Yes
- No

Please check all that apply:

- Learning Disabilities/SLD
- Emotional Disabilities/ED
- Speech Therapy
- Gifted
- OT
- Vision Impaired
- Hearing Impaired
- Autism
- Traumatic Brain Injury
- Speech
- Reading Resource (Not Title 1 or Reading Assistance)
- Math Resource (Not Title 1 or Math Assistance)
- Other _____

If any apply, does the child have a current IEP? Yes ___ No ___ (If yes, please bring for review)

Special Programs

- Bilingual resource room or classroom
- Reading Assistance (Chapter One, Title One or Tutoring)
- Migrant Child Education Program
- Indian Education
- Other: _____

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McKinney-Vento Eligibility Questionnaire

Name of School: Country Gardens Charter School

Name of Student: _____
Last First Middle

Male ___ Female ___

Birth Date: ___/___/___ Age: _____ Social Security (optional) #: _____
(or student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

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. If you answered YES to the above questions, please complete the remainder of this form.
4. If you answered NO, you may stop here.

Where is the student presently living (Check the one that applies.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (ex. car, park, campsite)

Name of Parent/Legal Guardian: _____

Address: _____ Zip: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Liaison: Mrs. Gerber

Fax: (623) 900-7668

McKinney-Vento Liaison Signature

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Rights of Homeless Students

The school 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. Students will not be stigmatized or segregated on the basis of their status of homeless. The commitment to the educational rights of homeless children, youth and unaccompanied youth, applies to all services and programs, and activities provided are made available to homeless students.

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 a shelter, temporary shared housing, or transitional living program
- In a motel/hotel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building
- In a temporary or transitional foster care placement

According to the McKinney-Vento Homeless Act, eligible students have rights to:

- Immediate enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school.

School selection: McKinney-Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (school of origin)
- The school in which he/she was last enrolled (school of origin)
- The school in attendance area in which the student currently resides (school of residency)

Remain enrolled in his/her selected school for the duration of the homelessness, or until academic year upon which they are permanently housed.

Participate in programs for which they are eligible, and which the CGCS has available on campus, including Title I and other federal and state programs.

Transportation services: A McKinney-Vento eligible students attending his/her school of origin has a right to transportation to and from the school of origin.

Dispute resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child, youth, you may file a complaint with the school district. The school district must respond and attempt to resolve it quickly. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The homeless liaison will assist you in making decisions, providing notice of any appeal process and filling out dispute forms.

For more information, refer to <https://www.ade.az.gov/asd/homeless/> or contact either,

Homeless Liaison
Country Gardens Charter School
6313 West Southern Avenue
Laveen, Arizona 85339
(623) 900-2230

Arizona Department of Education
Frank Migali, Homeless Education Coordinator
1535 West Jefferson Street
Phoenix, Arizona 85007
(602)542-4963

Parent/Guardian Signature _____ Date _____

Revised 2/6/2018

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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.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

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Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? _____
3. ¿Cuál fue el primer idioma que aprendió el estudiante? _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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.

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PERMISSION FOR RELEASE OF STUDENT RECORDS

_____, _____
(Student Name) (Date of Birth)
Student Said Number: _____, Student ID: _____

Who enrolled in grade: _____ at Country Gardens Charter School on: _____

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well.

Please include the following information:

- AIMS/Stanford 10/AIMS Student Report Information/State Testing/AZ Merit
- Birth Certificate
- Official Transcript (High School)
- Certificate of Promotion (for 1st and 9th grade students)
- Test Scores
- Official Withdrawal Form
- Grades to date of withdrawal
- Course Description/Catalog of Courses
- Immunization Records/ Health Records
- Attendance/Discipline Records
- AZELLA** Scores
- Special Education Records, including IEP, Psychological Reports, etc.**

Parent/Guardian must complete:

List the name, address and phone numbers of the last three schools the student attended with the most current school first.

1. _____
School Name City State Zip Phone

2. _____
School Name City State Zip Phone

3. _____
School Name City State Zip Phone

I give permission to (the above mentioned schools) to release the above stated records to:

Attn: School Registrar
Country Gardens Charter School
6313 W Southern Ave, Laveen, AZ 85339
P: (623) 900-2230 FAX: (623) 900-7668

Signature of Parent/Guardian: _____ Date: _____

*State law 815-828 Paragraph F- NO SCHOOL SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS.

*New Federal Law 99.31- No parent or signature required for educational records to be sent to another educational agency.

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Medical Treatment Authorization

In the event of a medical emergency, we will attempt to contact the primary guardian first, and then the secondary guardian, both listed on the enrollment form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school. Please complete the following emergency medical and insurance information.

- Yes.** I give permission for my child to receive emergency medical treatment by an authorized pre-hospital Personnel and members of the hospital staff, as may in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendering during this period.

Hospital Preference: _____ Medical Insurance: _____

Carrier: _____ Policy #: _____

Family Physician: _____ Phone #: _____

Please use this space to explain any special procedures or requests: _____

- No.** I do not give permission for my child to receive emergency medical treatment.

Emergency Contact Names and Numbers (other than those listed above) and a second emergency Contact and number in case the Primary and Secondary guardians are unavailable.

1. _____

2. _____

Please list any existing medical problems: _____

Please list any known allergies: _____

The office staff has some over the counter medication that can be given to students with common ailments. They cannot and will not distribute any more than the recommended dosage listed on packages.

- Yes.** I give permission for my child to receive over the counter pain reliever from the school office staff (i.e. non-aspirin pain reliever, aspirin, anti-acids, cold and flu relief).
- No.** I do not give permission for my child to receive over the counter pain reliever.
I understand that if my student needs medication, prescription or anything other than the recommended dosage for over the counter medication, the following stipulations must be met:
 - Whether a prescription drug or an over-the-counter drug, the medication must come in the original container or any prescription drug.
 - The parent must provide signed and written directions to the school regarding medication to be administered.
 - All medications shall be kept in the school office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Parent/Guardian Signature: _____ Date: _____

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Emergency Contact Information

Attention Parents/Guardians: Only the individuals listed below will be allowed to pick up your child from school. Under no circumstances will your child be released to anyone not listed on this form. If you forget to list someone, they will not be allowed to take your child from Country Gardens. We will not take a written note or phone approval. This is for the safety of our students.

The following individuals may pick up my child (ren) from school:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

The following individuals will not be allowed to pick up my child (ren) under any circumstances. If this information changes, I will notify the school in writing. I understand that **NO** phone approval will be accepted.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Please list any additional phone numbers that we may use to contact someone in case of an emergency, after being unable to contact the Parents/Guardians.

Name; _____ Phone: _____

Name; _____ Phone: _____

Name; _____ Phone: _____

Name; _____ Phone: _____

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Country Gardens Cell Phone/Electronics Restriction

Country Gardens is a NO CELL PHONE/NO ELECTRONICS ZONE AND WE STRICTLY ENFORCE IT!!!

NO CHILD YOUNGER THAN 4TH GRADE WILL BE ALLOWED TO BRING A CELL PHONE TO SCHOOL AT ANY TIME, UNDER ANY CIRCUMSTANCES. ONLY 4TH GRADE-12TH GRADE STUDENTS WHO RIDE THE BUS WILL BE ALLOWED TO BRING A CELL PHONE TO SCHOOL. Before entering the school bus, while at the bus stop, in the morning, the cell phone must be turned off and put away. As soon as the student exits the bus, the cell phone must be turned in to the Cell Phone Collection Area and signed in. At the end of the school day, the student will need to pick it up at the collection area and sign it out. It must be then put away until they exit the school bus. ANY STUDENT TAKING OUT THEIR CELL PHONE FOR ANY REASON, WILL HAVE IT CONFISCATED, A SUSPENSION WILL BE GIVEN AND THE PHONE WILL BE KEPT LOCKED IN THE OFFICE SAFE FOR ONE MONTH, NO EXCEPTIONS!!!

Any and all other electronic devices (ipads, tablets, laptops, game devices, ipods, watches, GPS devices, etc.) are prohibited by all students at all times, unless they are issued to the student by the school for school use!

Parents/Guardians, you are signing below, accepting this policy and you fully understand this is **NON-NEGOTIABLE**. If the phone your child brings to school is needed for the family-DON'T LET THEM BRING IT!

Also, please note that if your child does in fact break this rule and receives the consequences listed above, CGCS expects that you, the Parents/Guardians will positively support these consequences. This will ensure that your child begins to grasp the understanding that a society's rules and laws are important and there are consequences when they are ignored. CGCS believes strongly that to be prepared to live in our society and become productive citizens, we must instill a high level of integrity in our students on a daily basis. We greatly appreciate your collaboration with our staff, to help our students be good citizens!

I understand this Cell Phone/Electronics Policy and accept it in its entirety.

Parent/Guardian Signature _____

Date _____

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K-4 Animal Science / Horsemanship Permission Slip

On occasion students in grades K-4 will have the opportunity to ride the horses and/or carriages at Country Gardens Charter School. On these occasions, the student will be led or driven around by a responsible person, while supervised by the program instructors. Students will be instructed in safety and will be required to follow safety rules while near the animals. Those students displaying inappropriate behavior will be asked to leave or return to their regular class, and may be prohibited from further participation.

For safety reasons, we **REQUIRE** that students wear long pants while participating in the horsemanship program. Students not wearing long pants will not be permitted to participate and this will be reflected in their grade. **SCHOOL DRESS CODE IS STRICTLY ENFORCED.** We also **RECOMMEND** that students wear shoes with at least one inch heels for safety; for example, cowboy or hiking boots.

WARNING: Under Arizona State Law, a signed release acknowledges that the person is aware of the inherent risks associated with equine activities; is willing and able to accept full responsibilities for his/her own safety and welfare; and release the equine owner or agent from liability, unless the equine owner is grossly negligent or commits willful, wanton or intentional acts or omissions.

In order for your student to participate in these special opportunities, a signed release must be on file with the front office. Please sign and complete the following information.

I give my child _____, permission to participate in the horsemanship program at Country Gardens Charter School. We understand the information contained in this release, and the student agrees to abide by all of the program's rules and regulations.

Student Signature _____ Grade _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

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5-12 Grades Horsemanship Permission Slip

This program is one of the benefits for students attending Country Gardens Charter School and is primarily offered to students in grades 5-12. The program is composed of two different levels, beginning and advanced. Students will be instructed in safety and will be required to follow safety rules while near the animals. Those students displaying inappropriate behavior will be asked to return to their regular class, and may be prohibited from further program participation.

The beginning students will be instructed in basic riding techniques as well as proper care and handling of horses. Students will ride the horses and/or carriages on campus.

The advanced students will learn advanced riding skills, and may participate in many other events which may include: supervised trail rides off campus, parades, overnight camping trips, and work with draft animals through pulling and driving teams.

Students in grades 5-8 will have the opportunity to participate in this program on a weekly basis (weather permitting) for approximately 30-45 minutes. There will be some written work for this class; all work and participation will count towards the student's regular science grade. There may be some after school opportunities available for more advanced students.

Students in grades 9-12 will participate in the program for approximately 4-6 hours per week (weather permitting) and will earn a letter grade attached to one credit per year counting toward high school graduation requirements (physical education and/or science). High school students will be required to complete written work, homework, and participate in a minimum number of after school events each semester.

For safety reasons, we **REQUIRE** that students wear long pants while participating in the horsemanship program. Students not wearing long pants will not be permitted to participate and this will be reflected in their grade. **SCHOOL DRESS CODE IS STRICTLY ENFORCED.** We also **RECOMMEND** that students wear shoes with at least one inch heels for safety, for example, cowboy or hiking boots.

WARNING: Under Arizona State Law, a signed release acknowledges that the person is aware of the inherent risks associated with equine activities; is willing and able to accept full responsibilities for his/her own safety and welfare; and release the equine owner or agent from liability, unless the equine owner is grossly negligent or commits willful, wanton or intentional acts or omissions.

In order for your student to participate in these special opportunities, a signed release must be on file with the front office. Please sign and complete the following information.

I give my child _____, permission to participate in the horsemanship program at Country Gardens Charter School. We understand the information contained in this release, and the student agrees to abide by all of the program's rules and regulations.

Student Signature _____ Grade _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

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K-12 Grades Botany, Zoology Lab and Feeding Permission Slip

These programs are some of the benefits for students attending Country Gardens Charter School and are offered to all students in grades K-12. Students will be instructed in safety and will be required to follow safety rules while near the animals or while using program equipment. Those students displaying inappropriate behavior will be asked to return to their regular class, and may be prohibited from further program participation.

Students will have the opportunity to participate in these programs on a weekly basis (weather permitting) for approximately 30-45 minutes each.

Botany will include some class and written work, and may include some work in the school greenhouse(s) and/or class gardens; all work and participation will count towards the student's regular science grade. Students will be supervised by the Botany Instructor and/or Teaching Assistants.

Zoology lab will include some class and written work, and may include some work in the zoology lab and/or on outdoor animal habitats; all work and participation will count towards the student's regular science grade. Students may be handling some of the lab animals, and will be supervised by the Zoology Lab Instructor and/or Teaching Assistants.

Animal Feeding will include written work, and some work in the farm animal habitats, including cleaning and maintenance of the animal pens and corrals; all work and participation will count towards the student's regular science grade. Students may be handling some of the farm animals, and will be supervised by the Feeding Program Instructor and/or Teaching Assistants.

WARNING: Students may be handling live animals in supervised settings. Even with safety precautions in place, live animals are unpredictable, and injury to the student may occur. This signed release acknowledges that the person is aware of the inherent risks associated with these activities; is willing and able to accept full responsibilities for his/her own safety and welfare; and releases the owner or agent from liability, unless the owner or agent is grossly negligent or commits willful, wanton or intentional acts or omissions.

In order for your student to participate in these special opportunities, a signed release must be on file with the front office. Please sign and complete the following information:

I give my student, _____, permission to participate in the botany, zoology lab and feeding programs at Country Gardens Charter School. We understand the information contained in this release, and the student agrees to abide by all the programs' rules and regulations.

Student Signature _____ Grade _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

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Out of School Suspension Alternative Option (ARS 15-843)

Parents/Guardians will be offered the option to sign up for this discipline option, and it is completely voluntary. At the discretion of the Superintendent, **a parent/guardian may choose to come to school and deliver a swat/spanking to their child in lieu of out of school suspension.** This will be in a controlled environment in the Principal's office and **with two other staff witnesses.** A standard SWAT paddle will be used, the swat will be delivered to the buttocks only, clothes will always remain on the child and not more than 2 swats will be administered at any one session. The discipline will still count towards the Comprehensive Suspension policy in place at Country Gardens, yet will allow parents and the school to communicate to their child in a different manner than the usual out of school suspension.

I understand the Suspension alternative Option (Corporal Punishment) and wish to sign up for this option. I understand that I am not bound in any way to this option and have the right to change my mind at any time. If I decide to withdraw my option, I will do so in writing to the school office. I understand that this option is only giving me/us, the (parents/guardians), the OPTION of choosing to deliver corporal punishment to our child on the school campus. **None of the staff at Country Gardens School will be involved in this option except to witness the action of the parents and document the data.**

Parent/Guardian Signature _____ Date _____

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Arizona Department of Education Arizona Residency Documentation Form

Student's Name _____

School Country Gardens Charter School

School District or Charter Holder Country Gardens Charter School

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
- 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- 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

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State of Arizona Affidavit of Shared Residence

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me 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 or motor vehicle registration
- 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 or other identification issued by a recognized Indian tribe.
- 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 Maricopa

The foregoing was acknowledged before me this ____ day of _____, 20____

Notary Public _____

My Commission Expires: _____

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Departamento de Educación de Arizona Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela Country Gardens Charter School

Distrito Escolar o Escuela Chárter Country Gardens Charter School

Padre/Tutor Legal _____

Como el padre del estudiante o representate legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- Escritura inmobiliaria o documentos de hipoteca Recibo de pago de impuestos sobre la propiedad
- Contrato de renta de casa/residencia
- Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- Factura de tarjeta de crédito o de banco
- Copia de la forma W-2 sobre declaración de ingresos
- Talón del cheque de paga
- Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.

- Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Firma del padre/tutor legal

Fecha

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Estado de Arizona Declaración Jurada de Residencia Compartida

Juro o afirmo soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, se describe de las siguiente manera:

Las personas que viven con migo:

Ubicación de me residencia:

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad.

- Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- Escritura inmobiliaria o documentos de hipoteca Recibo de pago de impuestos sobre la propiedad
- Contrato de renta de casa/residencia
- Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- Factura de tarjeta de crédito o de banco
- Copia de la forma W-2 sobre declaración de ingresos
- Talón del cheque de paga
- Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
- Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Nombre impreso del declarante: _____

Firma del declarante: _____

Acknowledgement

Estado de Arizona
Condado de Maricopa

Lo anterior fue reconocido ante me este ____ día de _____, 20____,

Notario Publico _____

Mi comisión se vence: _____

Country Gardens Charter School

6313 W. Southern Ave.
Laveen, AZ 85339

2019 -2020

Phone: (623) 900-2230
Fax: (623) 900-7668

Transportation Department

Bus Rider Information Form

All students, returning and new, **MUST** fill out and return this form. New routes will be available at the beginning of the new school year. Parents will be contacted 2 days before the start of school year, with the time and location of stop. By phone or information will be provided in the front office. After school year starts, enrolling student will be notified within 48 hours.

Student Name: _____ Grade: _____ Age: _____

Home Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Current Bus Stop Location: _____

Bus Stop Request/Location

Please list the bus stop of your preference or the major cross streets nearest you in order to incorporate it into our bus route and/or create a stop. Please be very specific for example: *63rd avenue and Southern, on the south end of the street, in front of Country Gardens Charter School.* Please remember our boundaries. Only one bus stop per am & pm will be allowed. Constant changing of stops causes confusion for both the driver and students and will only be initiated for address changes. **There is no door to door service.** Stops are made in the communities/locations where students are living. **Please be at the bus stop 10 minutes prior to posted time.** Drivers will not leave area until posted time.

Requested Bus Stop Location:

1st Choice _____

2nd Choice _____

Major Cross Streets by bus stop:

Will the student be riding the bus every day?

Yes _____ No _____ AM only _____ PM only _____ Both _____

Revised 2/6/2018