

Entered in Schoolmaster: \_\_\_\_\_

**Center for Educational Excellence**

1700 E. Elliot Rd. #9  
Tempe, AZ 85284  
480-632-1940

**Enrollment Form**

Attendance Date: \_\_\_\_\_  
Date of enrollment: \_\_\_\_\_  
Grade entering: \_\_\_\_\_

**Child's name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Birthplace: (City, State) \_\_\_\_\_ Sex: M / F

Ethnic Background: White, Black, Asian/Pacific Islander, Hispanic, American Indian  
(circle one)

**Father/Guardian name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Father/Guardian place of employment: \_\_\_\_\_

Work address: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Father e-mail address: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

**Mother/Guardian name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mother/Guardian place of employment: \_\_\_\_\_

Work address: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Mother e-mail address: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

What is the Primary language of the Student? \_\_\_\_\_

Special programs enrolled in: (Special Education, Gifted, ESL, Other): \_\_\_\_\_

Previous school attended: \_\_\_\_\_

School address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

School phone number: \_\_\_\_\_ Student's SAIS ID number: \_\_\_\_\_

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

I hereby permit the school to release my child to the above persons:

Signature: \_\_\_\_\_

*The following person(s) may not pick up my child from school:*

*Name:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*Special custody considerations:* \_\_\_\_\_

*Yes or No Custody papers on file.*

*Comments:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*How did you hear about us?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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This card will stay with the teacher of \_\_\_\_\_ and will serve as a release for medical treatment in case of emergency.

In order for a child to attend CEE and/or activities that are school related and/or away from the school, parents/guardians must sign this release for each child.

In the event that I, or those listed, cannot be reached in an emergency, you have my consent to seek medical assistance form my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Mother cell phone

\_\_\_\_\_  
Father cell phone

\_\_\_\_\_  
Home number

\_\_\_\_\_  
Name & phone number of emergency contact if parent(s) cannot be reached.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital \_\_\_\_\_

Allergies \_\_\_\_\_

\*It may be necessary for the person in charge to make the decision as to who and where treatment is made.

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\_\_\_\_\_  
Child's name:

### Assumption of Risk & Release of Claims

I allow my child to participate in field trips or extra-curricular activities sponsored by Center for Educational Excellence. We release Center for Educational Excellence and it's employees of any liability/claims or demands, which we may hereafter have as a result of participating in these programs.

I hereby authorize the staff members of CEE to act as my agent to consent to any medical or surgical diagnosis and/or treatment to a hospital if advisable. A duly licensed physician will be used in event of an emergency. I understand that CEE does not carry medical insurance for it's students. I agree to pay all expenses incurred. Every attempt will be made to reach the child's parent(s) and/or doctor for any emergency.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

Please list any allergies or medical conditions, or limitation to your child's full participation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Medical Information

Date \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

## Mother or Guardian

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Signature: \_\_\_\_\_

## Father or Guardian

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Signature: \_\_\_\_\_

If Medical Care is Necessary, call

Doctor:  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital:  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I give the school permission to give my child \_\_\_Tylenol \_\_\_Ibuprofen, if needed.

Parent Signature \_\_\_\_\_

In case of injury or sudden illness, \_\_\_\_\_ will be called. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her safety. It is understood by me that the expense of this service will be accepted by me.

Parent or Guardian \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are there any medical problems that we should be aware of:

\_\_\_\_\_

Is child allergic to any foods or other substances?

\_\_\_\_\_

Is child susceptible to infections and if so, what precautions need to be taken?

\_\_\_\_\_

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problems, hearing impairment, hernia, etc).

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

Has your child had any of the following condition? (If so, please CIRCLE the item(s)).

- |                |                  |                                |                  |
|----------------|------------------|--------------------------------|------------------|
| ALLERGIES      | ASTHMA           | CHICKEN POX                    | DIABETES         |
| EAR ACHES      | ECZEMA           | EPILEPSY/SEIZURES              | HEARING PROBLEMS |
| HEAD INJURY    | MEASLES (10 day) | GERMAN MEASLES                 | HEART DISEASE    |
| KIDNEY DISEASE | MUMPS            | MUSCULAR/<br>SKELETAL DISORDER | PNEUMONIA        |
| RHEUMATIC      | SPEECH PROBLEMS  |                                | STREP THROAT     |
| TUBERCULOSIS   | VISUAL PROBLEMS  | WEARS GLASSES                  | OTHER (explain)  |

Is your child taking any medications? (Specify) \_\_\_\_\_

If so, for what reason? \_\_\_\_\_

Is your child under treatment for any physical disorder? (Specify) \_\_\_\_\_

Has your child ever been hospitalized? (Specify with date) \_\_\_\_\_

Special Medical or Behavioral Consideration (specify) \_\_\_\_\_

To the best of my knowledge, the information that I have provided on this form is accurate and true (falsification of information is a Class 6 felony-A.R.S. 13-2407).

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Center for Educational Excellence Request for Educational Records

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School or Agencies: \_\_\_\_\_  
(Name & Address) \_\_\_\_\_  
\_\_\_\_\_

To facilitate educational planning and instruction, please forward as promptly as possible all educational records including the following:

- a complete transcript of credits, grades, and attendance
- health and immunization record
- results of individual or group testing
- special education records: individualized evaluations, psychological records, and other records pertaining to evaluation, and placement.
- counseling, therapy, or other pertinent records
- other evaluation records

\*If special education/psychological records are kept in a separate file, please forward this to your special education records department.

\*This form gives authorization to exchange any and all information written and verbal.

If the student withdraws before the end of the semester, please include grades earned to date of withdrawal. A statement of your grading system would be appreciated.

Center for Educational Excellence complies with all regulations under the F.E.R.P.A. of 1974: information obtained will be used in a confidential and professional manner.

Please send records to: Center for Educational Excellence  
1700 E. Elliot Rd. #9  
Tempe, AZ 85284

Attention: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Phone:

## CEE Permission Slip

I give my child \_\_\_\_\_ permission to be transported in the CEE school vehicles for school sponsored events and community field trips.

I release CEE from all responsibility and legal action in case of accident or injury.

Parent/Guardian Signature

Date

## Photo/Video Release Form

From time to time, the teachers and staff will take photographs and use videotaping to do class projects. Newspapers and television stations may also visit our school for promotional purposes or to highlight a special event. By signing this form, you are giving your permission for your child to be photographed and/or videotaped for educational or promotional purposes.

Declining to give permission for photo and/or video of your child may not exclude your child from an event or activity. However, if the event or activity requires extensive photography or videotaping, the classroom teacher will remove your child from this setting.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I do NOT give permission

\_\_\_\_\_ I DO give permission