

TRIUMPHANT LEARNING CENTER

Enrollment Update 2015 - 2016

OFFICE USE ONLY		
ENTRY CODE_____	Enroll Date_____	Grade_____
Student ID _____	SAIS ID_____	
Updated:_____		BY:_____
Custody Documents:_____		With/Grad Date:_____

Student Name	Birth Date	Grade

Select one:

1. ☐ Student lives with both natural/adoptive parents.
2. ☐ Student lives with both divorced parents equally through joint custody.
3. ☐ Student lives with custodial parent, legal guardian, or relative.

2 & 3: Documentation with the most recent updates, such as court records, custody papers, etc. must be on file or submitted to the school office **BEFORE** school begins.

TLC will honor the non-custodial parent's requests for information and visitation unless copies of custody papers or court orders restricting this access are on file at the school.

Immunization Updates

All updated vaccine documentation for kindergarten and 6th grade students must be submitted to the TLC office **BEFORE** school begins.

Parent/Guardian Signature_____

Printed Name:_____

Date:_____

TRIUMPHANT LEARNING CENTER
EMERGENCY MEDICAL AUTHORIZATION
2015 - 2016

If an emergency situation involving your child occurs at school, TLC will make every attempt possible to reach you. If you cannot be reached, we need your written permission to obtain emergency care for your child.

I, the undersigned parent/guardian of the following named students, do hereby give and grant TLC staff, emergency medical personnel, physicians, and hospital personnel my consent and authorization to render medical aid or treatment to the following named students in the case of an emergency occurring during the school day or during a school sponsored activity. By signing below, I understand and give consent for medication and emergency care.

List all your children attending TLC (first & last names)	
1.	3.
2.	4.

Legal Parent/Guardian Signature _____

Date _____

Family Doctor: _____ Phone# _____

Family Dentist: _____ Phone# _____

When injury or other non-emergency situations occur involving your child/children, we want to be able to quickly reach families or other responsible adults. Our first contact is always a parent or guardian, but in the event we cannot reach parent/guardian, please list persons (other than child's parents) you trust who are available during the day to provide care for your child/children.

List any other adults in priority that we may call if parents are not available.

Name	Relationship to the student
Landline Phone #	Cell Phone #

Name	Relationship to the student
Landline Phone #	Cell Phone #

Name	Relationship to the student
Landline Phone #	Cell Phone #

**Primary Home Language
Other Than English
(PHLOTE)
Home Language Survey**

<hr/> <p>Print Family Name</p>

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.

Question #1	Student Name	Language
What is the primary language used in the home regardless of the language spoken by the student?		

Question #2	Student Name	Language
What is the language most often spoken by the student?		

Question #3	Student Name	Language
What is the language that the student first acquired?		

This questionnaire is intended to address the McKinney-Vento Act. The answers will help determine services the student may be eligible to receive.

Is your current address a temporary living arrangement due to loss of housing or economic hardship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the student(s) in a temporary foster care placement or awaiting foster care?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Legal Parent/Guardian Signature _____

Date _____

Social Media

PARENT GUIDELINES

Classroom blogs and other social media are powerful tools that open up communication between students, parents, and teachers. This kind of communication and collaboration can have a huge impact on learning. **Triumphant Learning Center** encourages parents to participate in such projects when appropriate, but requests that Parents act responsibly and respectfully at all times, understanding that their conduct not only reflects on the School community, but will be a model for students as well.

Parents should adhere to the following guidelines:

Parents should expect communication from teachers prior to their child's involvement in any project using online social media applications, i.e., blogs, wikis, podcast, discussion forums, etc.

1 Parents will be **asked to sign a release form** for students if/when teachers set up social media activities for classroom use.

2 Parents will **not attempt to destroy or harm** any information online.

3 Parents will **not use classroom social media sites for any illegal activity**, including violation of data privacy laws.

4 Parents are highly **encouraged to read and/or participate** in social media projects.

5 Parents should **not distribute any information that might be deemed personal** about other students participating in the social media project.

6 Parents should **not upload or include any information** that does not also meet the student guidelines above.

Violations of this Acceptable Use Policy

Violations of this policy may have disciplinary repercussions, including:

- Suspension of privileges to participate in schools social media
- Legal action and/or prosecution in extreme situation

I have read and discussed this Acceptable Use Policy with my child:

(Parent Printed Name)

(Parent Signature)

(Date)

HARASSMENT

Triumphant Learning Center is committed to a workplace free from discrimination harassment, including sexual harassment. Sexual harassment is defined as any unwelcome sexual advance, request for sexual favor, or other verbal or physical conduct of a sexual nature when (a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (c) it interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

Discrimination harassment means slurs, epithets, and other verbal comments or physical actions regarding race, national origin, age, religion, disability, or any other reason prohibited by law. It is your responsibility to immediately notify the Principal or Governing Board of Triumphant Learning Center if you believe you have been harassed or sexually harassed by anyone in the workplace. In fact, if you become aware of any situation involving discrimination harassment or sexual harassment, it is your responsibility to bring it to the immediate attention of the Principal or Governing Board of Triumphant Learning Center.

Any complaint or report of discrimination harassment or sexual harassment will be promptly investigated, and Triumphant Learning Center will take whatever necessary and corrective action is warranted, including discipline and discharge. All complaints will be treated as confidentially as circumstances permit in order to fully and fairly investigate and resolve them. Reprisals and retaliation are absolutely forbidden.

In Addition to harassment any sexual misconduct or suspected abuse must be immediately reported to the principal or Governing Board.

All verified accusation of sexual harassment, reported sexual misconduct, or abuse will be turned over to the local law enforcement. Adults accused of sexual harassment, misconduct, or abuse will not be allowed to interact with our students until the matter is cleared up. Employees will be on unpaid leave until the matter is cleared up.

I have read and understand the TLC Harassment Policy. By signing below, I agree to follow this policy. I understand this includes all TLC activities on and off the campus.

(Parent Printed Name)

(Parent Signature)

(Date)

TRIUMPHANT LEARNING CENTER

Field Trip & Media Release 2015 - 2016

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Annual Field Trip Permission Form

Occasionally, local field trips may be planned for individual classrooms or the entire school. Additional permission forms will be sent home for out-of-town trips.

- ☐ Yes, my children have permission to travel on local field trips.
- ☐ No, my children do NOT have permission to travel on local field trips.

Release of Student Directory Information

Occasionally during the school year, TLC will submit articles to the Eastern Arizona Courier or other publications containing students' names. This may include honor roll, Book It readers, sports, or special events. Students' names may also appear on the TLC web site for the same reasons.

Media

- ☐ Yes, I give permission to have my child's name released to the media.
- ☐ No, I do not want my child's name released to the media.

TLC Web Site:

- ☐ Yes, I give permission for my child's name to appear on the web site.
- ☐ Yes, I give permission, but I only want the first name to appear.
- ☐ No, I do not want my child's name to appear on the web site.

Parent/Guardian Signature _____

Date: _____

TLC Policy Contract

2015 - 2016

Print Family Name: _____

I believe my child has the greatest opportunity for academic and personal success by attending TLC. As a parent, I want to support my child in his/her efforts by helping him/her choose to follow the rules, policies, and procedures. If during the school year I realize that I can no longer support TLC's policies and/or staff, I will voluntarily withdraw my child.

I have read, understand, and agree to abide by the policies, guidelines, and procedures outlined in the TLC Family Handbook. If I have any questions or concerns about them, I will contact the office staff before a problem arises. **The handbook is available online at tlctigers.com or a hard copy may be obtained in the school office.**

By signing below, I agree to follow ALL of TLC policies, especially the main ones listed below.

- ◆ I will pick up my student during the school day if he/she displays inappropriate behavior.
- ◆ I will support my child by assuring he/she has a lunch and snack every day.
- ◆ I will support the school staff by checking every day that my child does not take a cell phone, iPod, or any other electronic devices to school.
- ◆ I will check my child's clothing each morning for compliance with the TLC Dress Code. The main points of the dress code include traditional haircuts, knee length shorts, only sleeved tops, and NO hair coloring.
- ◆ I will support my child by checking that homework is completed every day.
- ◆ I will support my child's teachers by not calling before 7:00 a.m. and no later than 8:00 p.m.
- ◆ I will support the school staff by dropping off and picking up my child on time. School begins at 8:00 a.m. dismiss at 3:45 p.m.
- ◆ I will support After School Learning Lab by going to the designated room and picking up my child at 4:45pm. If one or more of my children have Learning Lab or an extra curricular activity, I will pick up my other children at 3:45 p.m.

Parent Signature: _____

Date: _____

ADE Arizona Residency Documentation Form

Triumphant Learning Center

Residential address must match copy of document provided.

Parent Name _____ School Year: 2014-2015

Residential Address _____

Mailing Address _____

List all your children attending TLC (first & last names)	
1.	3.
2.	4.

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, AZ identification card or motor vehicle registration

Valid U.S. passport

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

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2016 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act, ESEA.

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1 ☐

Indicator 2 ☐

NO ☐

Definition of Income: All items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all of the above information is true and correct.

Parent Signature: _____

Date: _____

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.

**TRIUMPHANT LEARNING CENTER
OTC MEDICINE & HEALTH FORM
2015 - 2016**

Print Family Name

Complete one form per family.
If your children have a variety of health issues, you may complete one form for each child. Arizona State Statute (ARS 15-344) states that over-the-counter medicine cannot be given to students without written permission. Also, all TLC students will be tested for vision, hearing, height, and weight sometime during the school year in compliance of ARS 36-899.

List all your children attending TLC (first & last names)

1.	3.
2.	4.

CHECK EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

- | | |
|---|--|
| <input type="checkbox"/> Motrin or Advil (ibuprofen) | <input type="checkbox"/> Tylenol (acetaminophen) |
| <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Tums or Antacid |
| <input type="checkbox"/> Cough drops | <input type="checkbox"/> Sore Throat Lozenges |
| <input type="checkbox"/> Bandages, topical ointments, triple antibiotic ointment, anti-itch cream, calamine lotion, cold sore gel, etc. | |

We do NOT have or dispense cold or allergy medicine.

When OTC medicine is administered to your child, a TLC staff member will call the phone number provided below. We will leave a message when possible if you are not available.

Best phone number to reach you: _____

**THE MEDICATIONS INDICATED ABOVE MAY BE
ADMINISTERED TO MY CHILDREN.**

I also hereby release Triumphant Learning Center, Governing Board, its officials, and staff from any and all liability for damages or injury directly or indirectly resulting from my child's use of the over-the-counter medication.

Legal Parent/Guardian Signature _____

Date _____

OTC Form continued

Please list your child's allergies, chronic health condition, prescription medication, etc. if applicable. If your child requires prescription medicine to be dispensed at school, please stop by the TLC office for a "Request for Giving Medicine" form.

If your child/children has a chronic health condition or illness, TLC must have written documentation outlining a health care and emergency plan. Please refer to the Family Handbook for detailed instructions.

OFFICE USE ONLY

[illegible]

TRIUMPHANT LEARNING CENTER
AUTHORIZATION FORM FOR CHILD PICK UP
2015-2016

Family Name: _____

Best Phone # to Reach You: _____

We understand that children may be picked up occasionally by adults other than their parents and/or guardians. In order to protect your child, we are asking that you let us know, in advance, if someone else will be picking up your child from school. Please be aware that the person may be asked to identify himself/herself before we release your child.

Please contact the school office if there are any changes or additions during the school year.

List all your children attending TLC (first & last names)	
1.	3.
2.	4.

Please list any people you authorize (excluding custodial parents) to pick up your child from TLC. I authorize the release of my child to their care.

Name:	Relation to student:	Phone #:

Name:	Relation to student:	Phone #:

Name:	Relation to student:	Phone #:

Name:	Relation to student:	Phone #:

Parent Signature: _____ Date: _____

TLC PARENT CONTACT INFORMATION

PRIMARY HOUSEHOLD	Household information where student primarily resides.	
	#1 Parent/Guardian Name	Check One <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Mother Father Guardian </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Step-Parent Grandparent </div>
	Landline Phone #	Email Address
	Cell Phone #	
	Employer	Work Phone #
	#2 Parent/Guardian Name	Check One <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Mother Father Guardian </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Step-Parent Grandparent </div>
	Cell Phone #	Email Address
	Employer	Work Phone #
	Parent Physical Address	Mailing Address if different

SECONDARY HOUSEHOLD	<i>If student splits living arrangements between parents, please list secondary household information below.</i>	
	#1 Parent/Guardian Name	Check One <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Mother Father Guardian </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Step-Parent Grandparent </div>
	Landline Phone #	Email Address
	Cell Phone #	
	Employer	Work Phone #
	#2 Parent/Guardian Name	Check One <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Mother Father Guardian </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Step-Parent Grandparent </div>
	Employer	Work Phone #
	Cell Phone #	Email Address
	Parent Physical Address	Mailing Address if different

Parent Signature _____ Date _____

Telephone Directory Consent Form

2015-2016

Family Last Name: _____

Each year the office publishes a TLC Telephone Directory which is distributed to our families. The directory lists parents' names first, main phone number, children's names, and then cell phone numbers.

Please specify how you would like the parents'/guardians' first names to appear on the directories.

Example: Anthony & Christina Smith or Tony & Chris Smith

Write **ONLY** the phone numbers you want included in the TLC Telephone Directory. If you do not want your phone number include, please leave the box blank.

Parent Name	Phone #

If your telephone number or email address changes during the school year, please contact the office as soon as possible. Thank You!

Parent Signature: _____

Date: _____

Triumphant Learning Center

E-Mail Form

2015-2016

Family Name: _____
(Please print)

The TLC office staff corresponds through email, the school website, and Facebook. Emails would include Office Newsletters, attendance and Learning Lab letters, etc.

List all email addresses where you would like correspondence sent:

Name	Email
	@
	@
	@
	@
	@
	@

We realize not everyone has Internet access at home, so we are opening the TLC Media Center for parents to use the computers from 8:00 a.m. to 10:00 a.m. We can assist you in setting up an email, and help you check your email and the TLC website.

Parent Signature: _____

Date: _____

TRIUMPHANT LEARNING CENTER
CLASS FEES & MILK CARDS
2015-2016

Family Name: _____

Phone Number: _____

Class Fees:

Kindergarten: \$10.00

1st - 8th grades: \$15.00

Class Fees		
Student Name	Grade	\$ Amount
Total		\$

OPTIONAL

Milk Cards: \$10.00

Number of Cards: _____ x \$10.00 = \$ _____

Total Class Fees + \$ _____

Grand Total \$ _____

☐ Cash ☐ Check Number # _____

Parent Signature: _____ Date: _____