



# Caurus Academy

41900 N. 42<sup>nd</sup> Ave. Anthem, AZ 85086  
Phone: 623-551-5083 FAX: 623-551-5679  
Web site and e-mail: [www.caurusacademy.org](http://www.caurusacademy.org)

Dear Parents:

Welcome to Caurus Academy!

Enclosed in this packet are all the forms necessary to complete your child's enrollment process for Caurus Academy, an independent public school. An enrollment packet checklist has been included to assist you in this process.

Please complete all the forms enclosed. You will also need to provide us with a copy of your child's immunization record, birth certificate, and custody papers, if applicable.

We are asking that you return your completed enrollment packet to the school office as soon as possible. If you have any questions or need assistance in completing your packet, please contact the enrollment office at: (623) 551-5083. We cannot reserve a place for your child until we receive a completed enrollment packet.

Our annual open enrollment period will start February 1, 2011 and go through February 28, 2011. If more applications than openings are received during this time, openings will be filled using a lottery drawing. After open enrollment, openings will be filled on a first come, first served basis.

We look forward to a great year!

Sincerely,

Debra Slagle, M. Ed.  
Superintendent  
Caurus Academy

Rhonda Rides  
School Director  
Caurus Academy

# Enrollment Packet Checklist

Please include the following forms when returning your packet:

- Student Application
- Personal Information
- PHLOTE
- Race and Ethnicity
- Demographics
- Title I Guidelines for Eligibility
- Birth Certificate
- Immunization Records
- Emergency Information
- Records Request
- Certifications
- Parent/Family Involvement
- Parent Questionnaire
- Student Questionnaire

# Westwind Community Schools Student Application

FOR OFFICE USE ONLY

SAIS ID \_\_\_\_\_

Grade \_\_\_\_\_ Entry Date: \_\_\_\_\_

Entry Code \_\_\_\_\_

Staff Initials/Date \_\_\_\_\_

My student will be in GRADE: \_\_\_\_\_, for SCHOOL YEAR: \_\_\_\_\_

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

## Student information: *(Please print neatly)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Nickname (Preferred Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Sex M - F

Ethnicity:  White (W)  Black (B)  Hispanic (H)  Asian or Pacific Islander (A)  Amer. Indian or Alaskan Native (I)

Mother first name: \_\_\_\_\_ Last Name \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

e-mail \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Father first name: \_\_\_\_\_ Last Name \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

e-mail \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Student's Guardian (if applicable) \_\_\_\_\_ Relationship \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Is student a ward of the court? Yes - No Case Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

### Student lives with:

Both Parents  Mother  Father  Guardian  Relative  Spouse  Friend  other

Are parents of the student:  Married  Divorced  Separated  Never Married

If divorced or separated, does  Mother  Father have permission to, (check all that apply):

Pick up student  Receive mailings  Contact school for student information  Have contact with student

\* Sole custody with:  Mother  Father  Other

*\*If sole custody, please provide legal documentation*

If parents are separated and both parties wish to receive mailings, please include a 2<sup>nd</sup> mailing address.

2<sup>nd</sup> Mailing Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ AZ 85 \_\_\_\_\_

## Emergency Contact (please list at least one contact not listed above):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Is the above person authorized to pick up the student? Yes - No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Is the above person authorized to pick up the student? Yes - No

The following person(s) may **NOT** remove my child from the facility:

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

How did you find out about Caurus Academy?  Friend  Radio  Brochure/Flyer  Other \_\_\_\_\_

**Academic Information:**

Current Grade: \_\_\_\_\_

\_\_\_\_\_  
Current/Last School Attended      District      City      State      Last Date of Attendance      Grade

My Child was home schooled      How long? \_\_\_\_\_      Curriculum used: \_\_\_\_\_

Has your child ever been long term suspended or expelled from a school?       Yes       No  
If yes, explain: \_\_\_\_\_

Does this student have any disabilities that have required a 504 accommodation plan?       Yes       No  
If yes, please give a brief explanation: \_\_\_\_\_

Does this student receive Special Education Services?       Yes\*       No  
Date of last I.E.P \_\_\_\_\_      Date of last accommodation plan: \_\_\_\_\_

*\* A copy of your child's most recent IEP and Psychological Evaluation must be submitted with your child's enrollment packet.*

Has your child received any other special services from your past school such as:  
 TITLE 1 Reading       Bilingual/ELL Education       Gifted Education       Speech and Language Services  
 Other (please specify) \_\_\_\_\_

\*Is there any information that you feel the staff at Caurus Academy should be aware or regarding the student?  Yes  No  
If yes, explain: \_\_\_\_\_

**Students Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Language Information:**

Language most spoken at home \_\_\_\_\_  
Language most spoken by student \_\_\_\_\_  
Language first learned by student \_\_\_\_\_

**Birth Information:**

City \_\_\_\_\_  
State \_\_\_\_\_  
Country \_\_\_\_\_

Has your child received ELL (English Language Lerner) Services?  Yes  No

**Insurance Information:**

Name of carrier \_\_\_\_\_ Policy number \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital preference \_\_\_\_\_  
Medical Problems \_\_\_\_\_ Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time of his/her health and safety. I understand that the expense of this service will be my responsibility.

**Signature of Parent /Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Admission to Caurus Academy is not limited based upon ethnicity, national origin, income level, gender, disabling condition, proficiency with the English language, athletic or academic ability.*



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**Student Personal Information Release for:**

*Caurus Academy occasionally publishes the first name and/or pictures of students involved in school activities on our web site and other forms of media. This form gives you the option to choose whether or not you would like your child's first name and/or pictures featuring your child, published on our web site and other media.*

I, \_\_\_\_\_, authorize **Caurus Academy** to publish the following information for my student, \_\_\_\_\_.

yes no Publish student's name (*first name only*) on the school's web site, [www.azmontessori.org](http://www.azmontessori.org), which is available on the World Wide Web: (Example: John won 1<sup>st</sup> place at the State Science Fair; Amy demonstrates volcanic eruptions in Science).

yes no Publish student's photo on the school's web site, [www.azmontessori.org](http://www.azmontessori.org), which is available on the World Wide Web.

yes no Publish student's photo and/or full name in Caurus Academy Publications: i.e.: Caurus Academy newsletters, local newspaper articles, etc.

yes no Allow my student to appear on Television.

yes no Publish student's photo (no names) in Caurus Academy advertising venues. i.e.: brochures, newspapers ads, etc.

Signature of Legal Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### School Directory

I grant permission for my name, my child's name and home phone number to be published in the school directory.

Parent Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

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

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



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 \_\_\_\_\_

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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.

## Educational Background :

- My child  **has**  **has not** had any special education testing or evaluations.  
My child  **has**  **has not** been enrolled in a special education program at another school.  
 yes  no My child is on an IEP  
 yes  no My child is on a 504 plan  
 yes  no My child is involved in an English Language Lerner program (ELL)


## Demographic Questionnaire :

Presently, where does the student stay at night?

- yes  no Student's immediate family resides in their own home or apartment  
(No one outside of the immediate family is present)  
 yes  no Student resides with Grandparents, Aunt, Uncle or other family member  
who is not an immediate family member.  
 yes  no Student resides with more than one family in a house or apartment.  
 yes  no Student resides in a group home or group shelter.  
 yes  no Student resides in a motel.  
 yes  no Student resides in a car.  
 yes  no Student resides at a campsite.  
 yes  no Other: \_\_\_\_\_  
 yes  no None of the above; explain: \_\_\_\_\_
- 

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

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

  
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# Westwind Children Services

## RACE and ETHNICITY DATA COLLECTION FORM

In accordance with federal guidance, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Race/Ethnicity Two-Part Question: Answer BOTH questions.**

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

**Part 1: Ethnicity** **Is this student (or is the respondent) Hispanic or Latino? (Choose only one)**

- No, not Hispanic or Latino
  
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

**Part 2: Race** **What is the student's (or respondent's) race? (Regardless of how respondent answered the first question, choose one or more)**

- American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
  
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
  
- Black or African American (A person having origins in any of the black racial groups of Africa.)
  
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
  
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

# Guidelines To Determine Eligible Students

The Arizona Department of Education provides the following FY 2010 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the No Child Left Behind Act of 2001.

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

Indicator 1

Indicator 2

Not Eligible

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:

Child's Name (only children ages 5-17 inclusive)

Name of School

Grade

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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.

ADE Revised April 1, 2009

**NCLB Eligibility Guidelines  
July 1, 2009 to June 30, 2010**

	<b>Indicator 1</b>					<b>Indicator 2</b>				
<b>Household Size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice per month</b>	<b>Every 2 weeks</b>	<b>Weekly</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice per month</b>	<b>Every 2 weeks</b>	<b>Weekly</b>
1	\$14,079	\$1,174	\$587	\$542	\$271	\$20,036	\$1,670	\$835	\$771	\$386
2	\$18,941	\$1,579	\$790	\$729	\$365	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3	\$23,803	\$1,984	\$992	\$916	\$458	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4	\$28,665	\$2,389	\$1,195	\$1,103	\$552	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5	\$33,527	\$2,794	\$1,397	\$1,290	\$645	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6	\$38,389	\$3,200	\$1,600	\$1,477	\$739	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$43,251	\$3,605	\$1,803	\$1,664	\$832	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8	\$48,113	\$4,010	\$2,005	\$1,851	\$926	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
For Each Add'l Household Member Add	\$4,862	\$406	\$203	\$187	\$94	\$6,919	\$577	\$289	\$267	\$134

Arizona Department of Education  
NCLB Eligibility Indicator

**Westwind Community Schools**  
**STUDENT EMERGENCY INFORMATION FORM**  
2010/2011

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

Date of Birth \_\_\_\_\_ Male or Female \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**Please be sure to enter the correct area code for ALL phone numbers listed including cell phones.**

Home Phone (_____) _____	
Mother Name _____	Mother Work Phone (_____) _____ Cell Phone (_____) _____
Father Name _____	Father Work Phone (_____) _____ Cell Phone (_____) _____
Guardian Name _____	Guardian Work Phone (_____) _____ Cell Phone (_____) _____
Emergency Contact _____ (Other than parent/guardian)	Relation to Student _____ Phone (_____) _____

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_ I.D. Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Does this student have any medical conditions the school should be aware of?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
Does this student need to take any medications at school? (SEE: Policies and Procedures)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Medication(s) _____ Dosage and Time of Day _____
Is the student allergic to any medication?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Medication(s) _____

I hereby give agents of Caurus Academy permission to render any emergency medical treatment that may become necessary while my student is in school in the event that I cannot be reached. Furthermore, I realize that any expenses related to medical attention given are my responsibility.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

In addition, in case of injury or sudden illness, I hereby give authority to any hospital, doctor, or EMT to render immediate aid as might be required at the time of his/her health and safety. I understand that the expense of this service will be my responsibility.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Westwind Children Services Education Records Request

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

School phone # ( ) \_\_\_\_\_ (ext) \_\_\_\_\_ fax ( ) \_\_\_\_\_

*According to the Education Amendments of 1974, "Protection of the Rights and Privacy of Parents and Students", Section 438, Subsection (B) (1), Parts A & B, page 97; school officials, may receive a student's records without a written consent for such release.*

While I understand that education records may be sent without written consent, I also request that psychological, special education and other pertinent information be sent.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date

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*Office use only*

Please forward a copy of the **official/un-official** records, including the following:

- Transcript     Official     Un-official
- Withdrawal grades (if appropriate)
- AIMS Test Results
- AZ AZELLA Results
- Other records related to academic achievement and testing
- Birth Certificate
- Health records (including immunization record)
- Record of major discipline referrals
- Attendance record

**Special Education Records if applicable (IEP, met report, Psycho-ed report and eligibility statement)**

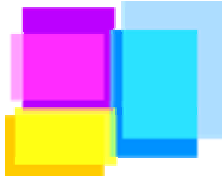
<i>For Office Use Only</i>		<i>Comments:</i>	
Date Requested: Fax _____	Phone _____		
2 <sup>nd</sup> Request: Fax _____	Phone _____		
3 <sup>rd</sup> Request: Fax _____	Phone _____		
<b>Date Received</b> _____	<i>Un-Official</i>	<b>Staff</b> _____	<b>SPED Received</b> _____
<b>Date Received</b> _____	<i>Official</i>	<b>Staff</b> _____	

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# Caurus Academy

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FAX: 623-551-5679

February 2, 2011

Open Enrollment for school year 2011-2012:

Our annual open enrollment period starts February 1, 2011 and goes through February 28, 2011 for new students wanting to enroll in our school. Priority is given to siblings of currently enrolled students, but only if the packet is turned in during the open enrollment period. If there are more applications received during this time than available openings, the openings will be filled using a lottery drawing. Everyone that turned in a packet in the month of February will be entered into the lottery, if one is needed. After open enrollment, openings will be filled on a first come, first served basis.

At the beginning of March, all currently enrolled students will receive re-enrollment packets. These packets will determine which students will be re-enrolling for the upcoming year, which will help to determine how many openings we will have for new students. The lottery for new students, if needed, will be done in late March after our open enrollment and re-enrollment is complete. We will let everyone know when they have been accepted or placed on the wait list.

If you are interested in enrolling your student you may call or stop by the front office and schedule a tour of our school. You can pick up an enrollment packet from the front office or print one from our website at [www.caurusacademy.org](http://www.caurusacademy.org).

Sincerely,

Rhonda Rides  
Principal

## Certifications

**Delayed Enrollment:** Please check the appropriate box depending upon which condition best describes your student's intent.

I DO want Caurus Academy to consider my student for enrollment if there are no openings until after the 1<sup>st</sup> day of the school year. I will have my student transfer from his or her current school at anytime during the school year when a space becomes available at Caurus Academy.

I DO NOT want Caurus Academy to consider my student for enrollment if there are no openings until after the 1<sup>st</sup> day of the school year. I will have my student wait until the open enrollment period of the following school year instead of transferring my student from another school during the school year.

**Volunteer Participation:** Please check the appropriate box, depending upon which best describes your intent:

I DO want Caurus Academy to contact my family about volunteering at the school.

I DO NOT want Caurus Academy to contact my family about volunteering at the school.

**Informed Commitment:** By signing this page, both the parent and student acknowledge their understanding that Caurus Academy is a school of choice and that many students may be placed on a waiting list to enroll in the school. The parent and student commit to inform Caurus Academy at the earliest opportunity possible if the parent or student change their mind concerning enrollment in Caurus Academy. This commitment is especially important for those parents and students who may change their mind prior to the 1<sup>st</sup> day of school, as other parents will be waiting for a space to open so their students may enroll.

**Mandatory Attendance on the First Day:** By signing this page, both the parent and student acknowledge the necessity to have the student physically attend class the first day of the school year (unless enrolling after the first day of school) in order to finalize their enrollment status at Caurus Academy. If the student is not present on the first day of the school year, Caurus Academy will withdraw the student and open a space for a student on the waiting list. All reasonable and appropriate efforts will be made to contact the homes of students not present on the first day to verify legitimate absences.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_


**Westwind Children Services  
Westwind Preparatory Academy  
Westwind Middle School  
Parkview Middle School  
Caurus Academy**

**Inclusive Education Philosophy**

Caurus Academy embraces the philosophy of full inclusion, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the unique learning abilities of all students. Special education staff supports the regular classroom teacher with this process. There are not two distinctly different types of students, e.g. “special” and “regular”. All students are individuals with their own unique set of physical, intellectual and psychological characteristics that influence their instructional needs. There are not two discrete sets of instructional methods – one set for “special” students and another for “regular” students. Individualized instructional programs are designed for each student.

**Basic Beliefs and Expectations**


- Inclusion is the underlying philosophy by which all students are educated.
- All students are educated with chronologically age appropriate peers.
- All students are educated full time in the general education classroom.
- All students learn and develop individually and the curriculum is modified or adapted to allow students to progress at their individual rates. Students are not penalized for the inability to progress at grade level.
- General education teachers assume responsibility to teach and meet the cognitive, affective and social needs of all students with special education teachers and staff providing support.
- Teaching strategies that facilitate the education of multi-level abilities in each class are used by all teachers (e.g. cooperative learning, project learning, mastery learning, curriculum compacting, independent projects, flexible groupings, learning centers, and teaching to learning styles such as visual, auditory and manipulative)



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## **Our Parent, Family and Community Involvement Policy**

We believe that for all students to have a successful education experience it requires a partnership that includes the student, teachers, staff, parents and the learning community.

Our involvement includes the following:

- Providing the opportunity for all students to receive a high quality education
- Setting high expectations for all students in both academics and conduct
- Providing curriculum and instruction aligned with the Arizona Academic Standards
- Balancing academic accountability with care and concern
- Providing consistent communication with parents, including returning phone calls and emails in a timely manner
- Requesting parent and student input on school improvement, assessment and programming through surveys, emails, meetings and other appropriate means.
- Delivering a safe and respectful environment for students, staff and faculty
- Participating in high quality, ongoing professional development to assist teachers and other staff members in improving their abilities to deliver high quality instruction.
- Offering Educational services to all eligible students and their families.

Parents' involvement in their students' education are as follows:

- Knowing the school's policies and procedures and supporting them, including those related to discipline, attendance and dress code
- Ensuring that students are here before school begins each day and in attendance for the scheduled school days, as required by state law
- Consistently communicating with teachers and staff regarding academic and other issues relating to the student's education
- Supporting the school regarding accountability through standardized testing by making sure that students are in school on time the day of the test and encouraging students to do their best
- Encouraging students to set academic goals each year and develop a strategy for achieving those goals
- Participating with students on planning for their goals after high school and helping in the implementation of strategies to achieve those goals
- Tracking high school graduation requirements, as well as higher education requirements, with the assistance of appropriate school personnel
- Returning calls or emails from the school as soon as possible
- Volunteering to provide additional resources to further all students' education
- Setting high expectations for students

Student's involvement in the educational process is as follows:

- Setting high expectations for themselves and consistently working toward those expectations
- Arriving at school on time each day
- Attending school in accordance with state law
- Knowing the school's policies and procedures and abiding by them consistently
- Acting in a safe and respectful way to self and others
- Doing their best everyday so teachers and others will have an accurate picture of students' academic ability
- Consistently communicating with teachers and staff regarding issues regarding their education
- Setting goals for after high school graduation, which may include the military or attending a community college, university or technical school and working towards them
- Tracking their progress toward high school graduation requirements with the assistance of appropriate school personnel.

I have read the **Parent, Family, and Community Involvement Policy** and agree to comply with the expectations.

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Student Signature

Date

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Parent Signature

Date

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School Representative

Date

  
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# Westwind Children Services

## Parent Questionnaire

The following are some questions to help us get to know you better and help us assist your student be successful here at school. Please feel free to answer all questions honestly, all answers will be kept confidential.

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

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

1. Why do you want your student to attend this school? \_\_\_\_\_

2. What do you feel your student needs to be successful in school? \_\_\_\_\_


3. What is the easiest part of school for your student? \_\_\_\_\_

4. What is the most difficult part of school for your student? \_\_\_\_\_

5. What do you feel we can do as a school to help your student be more successful this school year? \_\_\_\_\_

6. What is the easiest way for your student to learn (read it, hear it, see it, do it, etc)? \_\_\_\_\_

7. Any additional comments: \_\_\_\_\_

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