

Paradise Education Center
YEAR 2010-2011 REGISTRATION FORM
15533 W. Paradise Lane * Surprise, AZ 85374 * (623) 975-2646
FAX: (623) 975-2841

Extra Curricular Fees

The Governing Council and Paragon Management Board have approved implementing **Extra Curricular Fees** for the 2010-2011 school year. Your participation with this Extra Curricular Fees policy will eliminate paying fees for these activities throughout the school year. The payment of these fees is eligible for the Arizona School Tax Credit.

Please refer to the website (www.pec-eagles.com) for more information regarding the Extra Curricular Fees.



PARADISE EDUCATION CENTER

15533 W. Paradise Lane... Surprise, AZ 85374
Phone: 623-975-2646 Fax: 623-975-2841
www.pec-eagles.com

OPEN REGISTRATION – SCHOOL YEAR 2010-2011

The staff of Paradise Education Center thanks you for desiring to register your child at our school. Completing the registration form and returning it with the necessary documentation before the deadline date will enter your child in the appropriate grade level lottery. If your child's name is drawn in the lottery, we will contact you for acceptance. Your child is considered enrolled at Paradise Education Center on their first day of attendance. If you have any questions regarding this policy, please contact the school office. Please also take the time to visit our Website, www.pec-eagles.com, where further information may be gained.

- ▶ **COMPLETE ALL PAGES** OF THE REGISTRATION FORM **USING BLACK INK.**
- ▶ YOU MUST ANSWER ALL QUESTIONS. Please fill out the contact information completely. You may choose only **ONE** ethnic background. (Please be sure to sign all pages where a signature is required.)
- ▶ **ALL REGISTRATIONS MUST BE RETURNED TO THE PEC OFFICE BY A PARENT OR GUARDIAN.** PLEASE RETURN THE REGISTRATION PACKET **ALONG WITH:**
 1. **THE ORIGINAL BIRTH CERTIFICATE** ...OFFICIAL STATE RECORD ONLY (Note: the hospital "footprints" certificate is NOT acceptable.)
 2. **AN UP-TO-DATE RECORD OF IMMUNIZATIONS** (usually this is a 4x6 blue booklet).
 3. **THE STUDENT'S SOCIAL SECURITY CARD.** (If the Social Security card is unavailable, we will accept an IRS document showing the child's number.)
 4. **LAST REPORT CARD** (Unless registering for Kindergarten.)
 5. **COPY OF BOTH PARENTS DRIVER'S LICENSE** (for school pick-up identification)
 6. **CUSTODY PAPERS IF APPLICABLE**
 7. **Current IEP, PSYCHOLOGICAL REPORT AND ELIGIBILITY STATEMENT IF STUDENT IS IDENTIFIED AS SPECIAL EDUCATION**
 8. **GIFTED TESTING SCORES IF STUDENT IS IDENTIFIED AS GIFTED**

Copies of the above documents will be made and your originals will be returned immediately.

KINDERGARTNERS need to be 5 years old by September 1st to enroll. There will be no exceptions.

NO REGISTRATIONS WILL BE ACCEPTED IF MAILED. PEC OFFICE HOURS ARE 7:30 A.M.–4:00 P.M., Monday – Friday during the times that school is in session.

SCHOOL STARTS AUGUST 2, 2010

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P/S _____
Lunch: _____
Email: _____
Nurse: _____

TEACHER	GRADE	BIRTH CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO		IMMUNIZATIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
ROOM	ENTRY DATE	SOCIAL SECURITY CARD <input type="checkbox"/> YES <input type="checkbox"/> NO		CUSTODY PAPERS	<input type="checkbox"/> YES <input type="checkbox"/> NO
ENTRY CODE		WITHDRAWAL FORM FROM LAST SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO		IEP	<input type="checkbox"/> YES <input type="checkbox"/> NO
STUDENT ID NUMBER		REPORTCARD FROM LAST SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE COPIES;	<input type="checkbox"/> YES <input type="checkbox"/> NO
I HAVE VERIFIED THE ORIGINAL DOCUMENTS REQUIRED: INITIALS _____ DATE _____					

STUDENT'S LEGAL NAME		Last Name	First Name	Middle Name	Other Name
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	Social Security Number	Birth Date	City/State of Birth	
Student's Home Street Address			City	State	Zip Code
Student's Mailing Address (P.O. Box No.)			City	State	Zip Code
PLEASE INCLUDE AREA CODE WITH ALL PHONE NUMBERS					
Home Phone () -	Cell Phone - Mother () -	Cell Phone - Father () -	Email Address		
STUDENT LIVES WITH: <input type="checkbox"/> PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Specify)					
WHO HAS LEGAL CUSTODY? <input type="checkbox"/> PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (Specify)					
Last School Attended	Address of Last School Attended	City	State	Zip Code	Phone with Area Code () -

EMERGENCY CONTACT INFORMATION				
Father's Name	Employer	Work Phone with Area Code ()	If your child needs you, May we call? <input type="checkbox"/> YES <input type="checkbox"/> NO	Only in emergency <input type="checkbox"/> YES <input type="checkbox"/> NO
Mother's Name	Employer	Work Phone with Area Code ()	If your child needs you, May we call? <input type="checkbox"/> YES <input type="checkbox"/> NO	Only in emergency <input type="checkbox"/> YES <input type="checkbox"/> NO

ACTIVE MILITARY YES NO **FEDERAL EMPLOYEE** YES NO

ETHNIC BACKGROUND
(STATE LAW REQUIRES YOU CHECK BOTH CATEGORIES - ETHNICITY AND RACE IF APPLICABLE)

ETHNICITY: HISPANIC or LATINO YES NO
 RACE: WHITE BLACK or AFRICAN AMERICAN AMERICAN INDIAN or ALASKAN NATIVE
 ASIAN NATIVE HAWAIIAN or other PACIFIC ISLANDER

Is the Student a U.S. citizen? YES NO

HOME LANGUAGE SURVEY:

1. WHAT IS THE PRIMARY LANGUAGE OF THE STUDENT? _____

▶▶ HAS THE STUDENT BEEN HELD BACK IN ANY GRADE? YES NO IF "YES", WHICH GRADE?
REASON (OPTIONAL)

Exceptional Student Services/Special Education

My child has been identified as needing special education services YES NO
 IF YES, HAS AN **IEP (INDIVIDUAL EDUCATION PLAN)** BEEN WRITTEN FOR THE CHILD AT HIS PREVIOUS SCHOOL? YES NO
 A copy of your child's current IEP and most recent evaluation is needed as part of the registration packet.
 I have attached a copy of both my child's IEP and most current evaluation. YES NO

PLEASE CHECK APPROPRIATE BOX(ES), AND COMPLETE INFORMATION REQUESTED BELOW.

<input type="checkbox"/> SPEECH	Date Identified:
<input type="checkbox"/> SPECIFIC LEARNING DISABILITY (Describe)	Date Identified:
<input type="checkbox"/> PHYSICAL DISABILITY (Describe)	Date Identified:
<input type="checkbox"/> OTHER (Please Specify)	Date Identified:

Through testing, my child has been identified as **GIFTED** YES NO Date Identified: _____ (please provide copy of scores)
 My child has been identified as an **English Language Learner** YES NO Date Identified: _____
 My child is currently on a **504 plan** for a documented disability YES NO Date Identified: _____ (please provide copy of plan)

SIBLING INFORMATION

NAME	Date of Birth	Grade (School year 10/11)	Current School (if attending)

IT IS AGAINST THE LAW TO DISCRIMINATE IN ANY WAY INCLUDING BUT NOT LIMITED TO DISCRIMINATION BASED ON COLOR, RACE CREED, RELIGION, OR SPECIAL NEEDS. NOTE: THE SCHOOL WILL NOT HONOR REQUEST OF RESTRICTIONS UNLESS COPIES OF CUSTODIAL PAPERS OR COPIES OF COURT ORDERS THAT SUPPORT THE REQUESTS OF THE PARENT ARE ON FILE WITH THE SCHOOL. I WARRANT THE ABOVE INFORMATION TO BE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PARENT/GUARDIAN	DATE
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Paradise Education Center
GENERAL HEALTH DATA

CONTACT INFORMATION		
STUDENT NAME	BIRTH DATE	
FATHER'S NAME	MOTHER'S NAME	
FATHER'S WORK PHONE WITH AREA CODE ()	MOTHER'S WORK PHONE WITH AREA CODE ()	
IN PARENT'S ABSENCE - EMERGENCY CONTACT	PHONE NUMBER WITH AREA CODE ()	
ADDITIONAL PHONE NUMBERS		
CONTACT	RELATION	PHONE NUMBER WITH AREA CODE ()
CONTACT	RELATION	PHONE NUMBER WITH AREA CODE ()
CONTACT	RELATION	PHONE NUMBER WITH AREA CODE ()
HEALTH INFORMATION		
Does the student have any ALLERGIES to: Drugs, Food, Weeds, etc. <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES , what allergy/allergies ?		
What is the RECOMMENDED TREATMENT ?		
Does the student take SPECIAL MEDICATION ? <input type="checkbox"/> YES <input type="checkbox"/> NO For example: Asthma PRN medication (as needed medications)		
DIRECTIONS for any special medication:		
Does the student take DAILY MEDICATIONS at home? If yes, please list medications:		
1.	_____	
2.	_____	
3.	_____	
4.	_____	
I DO GIVE PERMISSION TO TRANSPORT STUDENT TO DOCTOR IN CASE OF EMERGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF "NO", GIVE INSTRUCTIONS FOR EMERGENCY CARE:		
Do you give permission for family doctor or referred doctor to treat student in parent's absence in case of emergency. <input type="checkbox"/> YES <input type="checkbox"/> NO		
FAMILY DOCTOR'S NAME	PHONE NUMBER WITH AREA CODE ()	
I AGREE TO FURNISH THE SCHOOL WITH ANY UPDATED INFORMATION.		
PARENT'S SIGNATURE	DATE	

Paradise Education Center
GENERAL HEALTH DATA

STUDENT HEALTH HISTORY					
STUDENT'S NAME (LAST, FIRST, MIDDLE)			BIRTH DATE		
The following information may be helpful in assessing a child's health/learning. If you do not wish to complete the entire form, you may wish to speak personally with your school nurse. Has this child ever had any of the following? If "Yes" please give age at the time.					
MEDICAL CONDITION	YES/NO	AGE	MEDICAL CONDITION	YES/NO	AGE
Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO		High Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Arthritis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Kidney Disorders/ Infection	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Attention Deficit/Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO		Mumps	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bleeding Disorders	<input type="checkbox"/> YES <input type="checkbox"/> NO		Osgood Schlatter's	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Birth Trauma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cerebral Palsy	<input type="checkbox"/> YES <input type="checkbox"/> NO		Rheumatic Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chicken Pox	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarlet Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cystic Fibrosis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarletina	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Developmental Delays	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scoliosis/Curvature of Spine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO		Seasonal Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Epilepsy/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO		Sickle Cell Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ear Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO		Strep Throat	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Frequent Colds	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tonsillitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hearing Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Vision Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Disease/ Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Please explain any "YES" answers:					

Paradise Education Center
GENERAL HEALTH DATA

Has this child ever?	
had surgery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had a psychological exam?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had a serious accident or injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had an accident or injury requiring hospitalization/surgery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
had tubes in his/her ears?	<input type="checkbox"/> YES <input type="checkbox"/> NO
been placed in special classes (Learning Disability, Speech, Hearing Impaired, Visually Impaired emotionally Handicapped, Physically Handicapped, Other)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this child have?	
vision difficulties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
hearing difficulties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
hearing aids?	<input type="checkbox"/> YES <input type="checkbox"/> NO
tubes in ears now?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please explain any "YES" answers:	
Are there any significant behaviors that may affect this child's performance in school or that may be of concern?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any specific cultural, social, religious patterns followed in the home that you would like the school personnel to know about?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you like to discuss any of this health history with the school nurse? If you have answered "YES", you may call the School Nurse at 623-546-7288.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Guardian Signature	Date

**Screening Form to Determine History of Chickenpox
(Varicella) Disease**

ADHS Var 6/05

Student Name: _____ **Date of Birth:** _____

School Name: _____ **Grade:** _____

Parent/Guardian Name (please print): _____

Address: _____

Telephone Number (where you can be reached during the day): _____

If your child saw a doctor for a rash that the doctor said was chickenpox, please fill out this box.

Doctor's Name: _____

Approximate Date of the Doctor Visit: Month: Year: _____

Parent/Guardian Signature: _____ Date: _____

If you filled out this box then your child will not need to get the chickenpox vaccine for school admission. Present this to the school nurse as proof of chickenpox disease.

If you think your child had chickenpox even though he or she was not taken to the doctor, please answer the questions below.

Approximate Date of Illness: Month: Year: _____

Did your child have a rash on his/her body for 3 or more days? Yes No Do not know

Did the rash have blisters? Yes No Do not know

Did the blisters itch? Yes No Do not know

Did the blisters turn into scabs Yes No Do not know

Parent/Guardian Signature: _____ **Date:** _____

If you answered "Yes" to all of the above questions then your child will not need the chickenpox vaccine for admission to school. Present this to the school nurse as proof that your child already had chickenpox.

If you answered "No" or "Do not know" to any of the above questions then your child will need the chickenpox vaccine for school admission.

Paradise Education Center
Excellence in Education
 15533 W Paradise Lane Surprise, AZ 85374

HOME LANGUAGE PREFERENCE SURVEY-SP200	
STUDENT'S NAME	DATE OF BIRTH
<p>Paradise Education Center is required to identify students who have a primary language other than English. This information is required on the district's enrollment form and home language survey. Response to this statement will be used to determine whether your child will be assessed for English Language Proficiency. The information will help us in determining the type of instruction needed for your child.</p> <p>Please answer the survey question below.</p>	
<p>What is the primary language of the student? _____</p>	
Parent/Guardian Signature	Date

.....

If you have listed a language other than English above, please continue with the form below:

.....

<p><i>Paradise Education Center</i> <i>Excellence in Education</i> 15533 W Paradise Lane Surprise, AZ 85374</p>	
<p>Dear Parent or Guardian:</p> <p>Your child _____, is going to be screened for additional support in ELL (English Language Learner Program). This portion of the form is to ask for permission for testing. Testing time will be approximately 50 minutes for ELL. Every effort will be made to ensure that your child's screening will not interfere with classroom instruction.</p>	
<p><small>FILL IN STUDENT'S NAME</small></p>	
<p>I give my permission for ELL testing for: _____</p>	
Parent/Guardian Signature	Date

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STUDENT RELEASE FORM

Dear Parents,

If you plan to have someone else other than yourself pick up you child, please fill out this form. ONLY PERSONS NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD. Proper identification (driver's license) will be required.

STUDENT'S NAME

INDIVIDUALS AUTHORIZED TO PICK MY CHILD

NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER WITH AREA CODE ()
Special Pickup Days or Instructions:	

By filling out this form, you authorize Paradise Education Center to release your child to one of the above named persons. If you have any questions, please feel free to call the office at (623) 975-2646.

Parent/Guardian Signature	Date
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**RELEASE
TO RIDE BIKE OR WALK TO AND FROM SCHOOL**

Dear Parents,

Please complete the information below:

My child _____

CHECK ONE:

HAS my permission to ride their bike OR walk to and from school.

DOES NOT HAVE my permission to ride their bike OR walk to and from school.

➤ **Bicycles and scooters may NOT be ridden on campus.**

➤ **If you choose to let your child “roller blade” to school, please know that “roller blades” must be removed, and the child must change into street shoes before arriving on the campus**

➤ **Students should lock their bicycles, scooters etc. The school is NOT responsible for loss or theft.**

➤ **DOGS or pets of any kind (unless “assistive”) are not allowed on campus at any time.**

I understand that by allowing my child to leave his/her classroom, I agree to indemnify and hold harmless Paragon Management, Inc., dba Paradise Education Center from any and all actions, which may in any way arise out of this permission.

Parent/Guardian name (Please PRINT)

Parent/Guardian Signature

Date

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SUSPENSION/EXPULSION DISCLOSURE

STUDENT'S LEGAL NAME

Has the above-mentioned student ever been suspended? YES NO

Has the above-mentioned student ever been expelled from school? YES NO

Is there any pending expulsion hearing or school administrative action involving the above mentioned student? YES NO

Date: _____ School: _____ City: _____ State: _____

Suspension Expulsion

Reason:

Date: _____ School: _____ City: _____ State: _____

Suspension Expulsion

Reason:

Date: _____ School: _____ City: _____ State: _____

Suspension Expulsion

Reason:

Date: _____ School: _____ City: _____ State: _____

Suspension Expulsion

Reason:

THE INFORMATION I HAVE SUPPLIED ON THIS PAGE IS CORRECT. (Failure to disclose information will result in Administrative Review and Paradise Education Center Governing Board Recommendation.)

Parent/Guardian Signature

Date

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PERMISSION TO RELEASE SCHOOL RECORDS

To the student's previous school or school district:

Date Records Requested

Under the provision of Section 99.30 of the Family Educational Rights and Privacy Act, this signed document authorizes the release of all school and health records for the student listed below. The school listed below ("Previous School") has been named as the last school the student attended. The student's records will be kept on file at Paradise Education Center. These records will be subject to the confidentiality rules of the State of Arizona. Only authorized personnel will have access to the student's record.

The student's prior school, as listed below, is required by the above provision to disclose all student records, including but not limited to any Individual Education Plan kept on record with the student's previous school or school district. Please send all of the student's records within 10 days from receipt of this form to the above address.

STUDENT & SCHOOL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	Date of birth:
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Please fill in the complete name, address, and phone number of the school the above named student most recently attended.

Last grade completed at the below school: Circle One
 KG 1 2 3 4 5 6 7 8

Name of Previous School

Street Address	City	State	Zip Code
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Phone Number (WITH AREA CODE)
 () -

SPECIAL REQUEST FOR SPECIAL EDUCATION RECORDS

- Speech
 Current IEP
 Psych Evals/Eligibility
 Gifted
 O.T./P.T.
 ELL
 504 Plan

Other Records:

As the parent/legal guardian of the student named above, I am giving permission for **ALL** student records to be released to Paradise Education Center.

Parent/Guardian Signature	Date
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STUDENT-PARENT-SCHOOL AGREEMENT

Paradise Education Center is committed to an instructional program consisting of high academic standards that are designed to prepare students for the 21st Century and to be among the nation's best. The success of our programs is dependent upon maintaining a safe school environment and classrooms that are conducive to learning, which can only be achieved through the total cooperation of the student and a positive, supportive relationship between the home and the school. The purpose of this agreement is to establish such a relationship.

STUDENT RESPONSIBILITIES

1. Protect the rights of others to study and learn.
2. Work to your full potential.
3. Be on time for all classes.
4. Volunteer information and cooperate with school staff in disciplinary cases.
5. Follow school rules.
6. Complete all in-class and homework assignments and meet deadlines.
7. Respect public property, and carefully use and return all materials and equipment.
8. See that school correspondence to parent reaches home.

PARENT RESPONSIBILITIES

1. Demonstrate positive interest, involvement, and support of the educational process of the school.
2. Communicate directly with the school when expressing a concern over a school action, program, or policy.
3. Provide supervision and a learning environment for the completion of homework assignments.
4. Monitor and review all student assignments and classroom progress.
5. Ensure that students are on time, prepared, and appropriately dressed in uniform for school.
6. Cooperate with the school in resolving student academic or behavioral problems.

SCHOOL RESPONSIBILITIES

1. Focus on an academic program that will enhance the student's ability to be successful.
2. Provide an educational environment that is safe, orderly, and challenging.
3. Make meaningful assignments designed to further the educational goals of the program.
4. Recognize learning variability by utilizing a variety of teaching strategies.
5. Utilize educational technology as a means to enrich and further the curriculum.
6. Recognize the key role parent's play in the educational process.
7. Maintain appropriate communication to include parents as partners in their child's education and behavior.
8. Recognize and respect the values representative in the home of the student.

Student Printed Name	Student Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Teacher Printed Name	Teacher Signature	Date

EXTRA-CURRICULAR ACTIVITIES

EXTRA-CURRICULAR ACTIVITIES

Paradise Education Center provides a quality regular curriculum that enriches the student's learning opportunity by applying the latest research and best practice instructional techniques in the classroom on a daily basis. This is accomplished by providing the students individual and group learning situations by highly qualified teachers who are supported by curriculum/instructional specialists. As a result of a total effort toward excellence by the staff, Paradise Education Center offers an Arizona Department of Education rated Highly Performing environment for your children to learn.

In addition to our outstanding regular curricular offerings, extra-curricular activities are offered before, during, and after school. The purpose of these activities is to supplement the regular curriculum by providing a variety of learning opportunities that enrich and expand the students' interests, knowledge, and skills. Should your child elect to participate in these extra-curricular activities, a fee is charged to cover the costs required to provide the specific extra-curricular activity. Scholarships are available for those families meeting the criteria for financial assistance.

EXTRA-CURRICULAR ACTIVITIES AND FEES

ELEMENTARY SCHOOL (K-4)

Field Trips: The fee will vary according to the costs for the student's participation and transportation.

Special Assemblies/Events: The fee will vary according to the costs of the student's participation.

Clubs: Fee will vary according to costs associated with personnel, supplies, transportation, and participation costs.

MIDDLE SCHOOL (5-8)

Field Trips: The fee will vary according to the costs for the student's participation and transportation.

Special Assemblies/Events: The fee will vary according to the costs of the student's participation.

Clubs: Fee will vary according to costs associated with personnel, supplies, transportation, and participation costs.

Athletics (6th-8th only): \$100.00 per Sport (Personnel, Uniforms, Supplies, Facility, Participation, Officials, and Transportation Costs)

The fees for the extra-curricular activities listed represent only a portion of the costs required to provide the activity. The remaining costs are covered by the contributions made by extended family members and friends of students enrolled at Paradise Education Center through their Arizona School Tax Credit and Paradise Education Center general fund. The payment of these fees is necessary if the activity is to be offered. Scholarships are available for those families meeting the criteria for financial assistance. Scholarship applications are available in the school office.

Parents should always remember that the payment of extra-curricular activity fees and participation in fund raising conducted each year are not required to have your child enrolled at Paradise Education Center. However, it is also important to know that the fee must be paid for your child to participate in those extra-curricular activities requiring fees. Scholarships are available for those families meeting the criteria for financial assistance.

EXTRA-CURRICULAR ACTIVITIES PAYMENT OF FEES

Annual Fee For Extra-Curricular Activities

Parents may elect to pay an annual fee. The annual fee covers ALL fees for the entire school year for field trips, special assemblies/events, and clubs in the elementary and middle school. **The annual fee does not include athletics.**

The Annual Fee Per Student for K-8 is \$100.

One Time Payment For The Annual Fee

You may pay the annual fee using a one-time payment in full by August 2, 2010. If you choose to use this option for paying your extra-curricular student activity fee(s), please complete the extra-curricular payment form indicating your choice and return it to the school office with your payment by Monday, August 2, 2010.

Monthly Payment For The Annual Fee

You may pay the annual fee by making four equal monthly payments of \$25. The first payment is due by August 2, 2010. The remaining payments are due by the 5th of September, October, and November. If you choose to use this option for paying your extra-curricular student activity fee(s), please complete the extra-curricular payment form indicating your choice and return it with your first payment to school office by Monday, August 2, 2010.

Pay By Event For Field Trips And Special Assemblies/Events

In lieu of paying the annual fee, parents may elect to pay by event for field trips and special assemblies/events. Payment of these fees must be made prior to your student participating in the activity. If you choose to use this option for paying your extra-curricular student activity fee(s), please complete the extra-curricular payment form indicating your choice and return it to the school office by Monday, August 2, 2010.

Not Paying Fees For Extra-Curricular Activities

You can choose not to pay any fee(s) for extra-curricular activities. If you choose not to pay these fee(s), your child will be provided an alternate activity during the field trips and special assemblies/events. Please complete the extra-curricular payment form indicating that you will not be paying any fees for extra-curricular activities and return it to the school office by Monday, August 2, 2010.

Athletic Fees

Fees for the middle school athletic program are due at the beginning of each sport. Students participating in middle school athletics must pay the fee prior to starting pre-season practices.

Arizona School Tax Credit

All extra-curricular activity fees are eligible to be applied toward your Arizona School Tax Credit for the calendar year in which they are paid. Arizona citizens filing Arizona income tax returns may claim an Arizona School Tax Credit up to \$400.00 for joint filing and \$200.00 for a single filing. Parents are reminded to keep the receipt issued at the time they pay fees. This receipt is proof that you have paid fees for extra-curricular activities that you may apply toward your Arizona School Tax Credit when you file your Arizona income tax return. As a service to those families choosing to pay the annual fee, they will receive a letter of appreciation in January acknowledging the amount of fees they have paid between the beginning of school and the end of December that may be applied toward their Arizona School Tax Credit.

Refunds Of Fees For Extra-Curricular Activities

Due to the financial commitments made by the school prior to the beginning of each extra-curricular activity, all fees for extra-activities are non-refundable.

Paradise Education Center
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FAX: (623) 975-2841

ACCEPTABLE USE OF SCHOOL COMPUTERS

Acceptable use of the electronic information services (EIS) requires the use of these resources be in accordance with the following guidelines and support the educational goals of Paradise Education Center.

The user must:

- Use the EIS for educational purposes only.
- Agree not to submit, publish, and display or retrieve/download any inappropriate material, including material that is defamatory, abusive, obscene, profane, and gang-related, sexually threatening, racially offensive or illegal.
- Not attempt to harm, modify without system administrator approval, gain unauthorized access to district systems or data, destroy software, or interfere with system security.
- Notify a system administrator if a password is lost or stolen, or if there is reason to believe that someone has obtained unauthorized access to the system.
- Not use the network in a way that would disrupt the use of the network by others.
- Understand that e-mail on networks should not be considered absolutely secure or private.
- Not reveal home addresses or personal phone numbers over the EIS.
- Not use the EIS to make any unauthorized purchases or to conduct any non-approved business.
- Abide by all copyright regulations, thereby refraining from illegally copying copyrighted software.
- Follow all school policies and parent/student handbooks as written.

The use of computing resources in the Paradise Education Center is a privilege, not a right. Any action by a user specifically delineated in this document or determined by a system administrator to constitute inappropriate use of a computer system or network system is subject to consequences. Depending on the seriousness of the user's offense, consequences will be administrated as stipulated in the PEC handbook. Paradise Education Center users will be subject to all applicable laws.

I understand and will abide by the above terms and conditions of this acceptable use policy, and will use computer and electronic resources for curricular purposes only. I further understand any violation of this agreement is unethical and may constitute a criminal offense and may result in civil liability to my parent/legal guardian and me if I am under age eighteen (18). Should I commit any violation, I am subject to the consequences of the school and district disciplinary code and of State and Federal Law.

Student's Name: _____

Student's Signature: _____

Teacher's Name: _____

Parent's Signature: _____

Date: _____

This agreement will be enforce for the duration of your child's enrollment at PEC.

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Parental Permission Form for Picture Usage

Paradise Education Center uses photographic images to:

- Enhance instruction;
- Improve student's motivation;
- Provide a positive image for the school;
- Increase safety by creating a picture of the student for student records; and
- Provide the opportunity for parents to have annual individual and class pictures taken of their child.

School policy requires that parental permission be given before student photographs are taken. Therefore the statements below ask your permission to take your student's photograph under the following circumstances:

Yes All photos can be published.

Individual or class photos could be used for such things as classroom projects, yearbooks, and athletic and music events. Photos could be used in local newspapers, and for radio, print and television media. Also includes permission for the child to be photographed/videotaped and/or interviewed for education and promotional use by the school.

Yes Photos on-campus only

Individual or class photos could be used for such things as classroom projects, yearbooks, and athletic and music events.

Yes None – no photos can be published.

Parent/Legal Guardian Signature: _____

Student Name: _____ Date: _____

This agreement will be enforce for the duration of your child's enrollment at PEC