POLICY STATEMENT

Documentation Requirements for the Annual Collection of Estimated Enrollment

Charter schools sponsored by the Arizona Board of Education and the Arizona State Board for Charter Schools are required to have specific student and parent information on file for any student that is recorded on the estimated enrollment list. The estimated enrollment list that is submitted to School Finance is the basis of each school's funding for the first few months of the fiscal year.

The following information is required for the submission of student data to School Finance, as well as the information that must be maintained on file, is listed below. Please note that by this policy it is required that you have in hard copy parent contact information, as well as a parent signature.

Student Information:	Parent/Guardian Information:
• Name: First, Middle Initial, Last • Date of Birth • Grade Level • School Attended in Prior Year • Special Education Category (if applicable) • English Language Learner (if applicable)	• Name: First, Middle, Last • Address & Phone: Street, Apartment #, City, State, Zip, Phone • Signature on Form School Information: • School year for which the student is registering, enrolling, or re-enrolling • Address of site

SAMPLE FORM BELOW

Historical Note:

Effective: April 13, 2003
Board Approval Date: April 13, 2004
Revised: N/A

ASBCS Policy Statement – Documentation for Estimated Enrollment

[School Site Name] Registration Form   School Year _____
[School Site Address]: 1234 West Apple Street, Phoenix, Arizona 85007

Student Name:

First:_____ Middle:_____Last:_____

Date of Birth (mm/dd/yyyy)**:**

Entering Grade Level:

Last School of Attendance:

School Name: _____ City:_____ State:_____

Special Education Category & Service Type (if applicable):
_____

English Language Learner (if applicable):

Parent/Guardian Information:

First:_____ Middle:_____Last:_____

Street:_____Apartment/Suite:_____
City:_____ State:_____ Zip Code:_____
Phone Number:_(   )_____   Other Number:_(   )_____

Parent/Guardian(s) Signature:

_____
_____

ASBCS Policy Statement – Documentation for Estimated Enrollment