



**9317 N. 2nd St.
Phoenix, Arizona
602-870-6674**

Hours

**June 7th-30th
8:00 – 12:30pm**

***Breakfast & lunch
provided***

***Daycare available for
\$41/day or \$205/week***

***We also accept DES
paid and qualified***

12:30 – 5:30pm

FRANKLIN PHONETIC SUMMER SCHOOL

SUNNYSLOPE CAMPUS



***Our school is now enrolling for our summer
program. We have limited space so call and
reserve your spot now.***

- ★ ***Kick start to kindergarten***
- ★ ***Fast track to first grade***
- ★ ***Ready to read
second grade***
- ★ ***Academic
tutors for all
grades***
- ★ ***Enrichment
classes for Fun
Fridays***



CONTACT US:

SARA.SHAFER@FPPSPHOENIX.NET

FRANKLIN PHONETIC SCHOOL

Sunnyslope Campus

Phone 602-870-6674

SUMMER
SCHOOL / 2021

Date Received: _____

Sibling? _____

TESTING SPED

Daycare? _____

Date Enrolled: _____

Teacher: _____

Grade: _____

STUDENT INFORMATION:

Legal Last Name _____ First _____ Middle _____

Known by any other name? _____

Parental email address: _____

Physical Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Birth date _____ Birthplace _____

(Month) (Day) (Year) (City) (State)

Age as of December 31st of school year _____ Sex: M ___ F ___

Summer school space is not guaranteed. Parents will be notified of confirmation of summer school registration.

Additional students? (Siblings) _____

- **Mother/Legal Guardian:** _____
Occupation _____ Employer _____ Work Phone _____ Home/Cell # _____
- **Father/Legal Guardian:** _____
Occupation _____ Employer _____ Work Phone _____ Home/Cell # _____
Who has legal custody of the child? _____ Relationship? _____
**Please provide copy of Custody Order*
- Other people living in the home: Name, age, relationship _____

Are you in need of daycare after 12:30 p.m.? ___ Yes ___ No

- **Special Education, Title I, Gifted:**
Yes No If yes, please specify: SPED Category _____ Other _____

We aim to get a child's services started as soon as possible, so we ask that you please disclose this information so we may give your child the best education possible.

Has the student been retained in any grade level? YES NO Grade Retained _____

*Retention status will not affect student's ability to be enrolled

Grade Level: _____

Signature of Parent or Guardian: _____

Students Name: _____ Grade: _____

Medicine Administration Permission Form

This is the list of over-the-counter medications that our nurse's office carries. If you **DO NOT** want your child to receive a certain medication please cross it out on the list, or if you wish your child not to receive any medications write none across this section of the Enrollment Form.

- | | | | | |
|------------------------|---------------------|----------------------|----------|---------------------------|
| Antibacterial Wipes | Antibiotic Ointment | Pepto Bismal | Benadryl | Cough Syrup/ Drops |
| Tylenol 500mg | Ibuprofen 200mg | Chap Stick | | Vaseline |
| Hydrogen Peroxide | Mylanta | Ora-jel | | Sterile Eye Wash Solution |
| Tylenol Chewable 160mg | Calamine Lotion | Hydrocortisone Cream | | Bactine Spray |
| Claritan Chewable | Sore Throat Spray | Lotion | | |

Children are not permitted to carry any medications with them on school grounds.

I GIVE PERMISSION TO GIVE ALL MEDICATIONS NOT CROSSED OFF ON THE ABOVE LIST.

X _____
Signature of Parent or Guardian Date

HEALTH INFORMATION

Does your child have any of the following? If you indicate **YES**, please provide more information on the "Comments" line.

- | | | | |
|---------------------|------------------------------------|--------------------------|----------------|
| Asthma | Yes ___ No ___ | Kidney Disease or Anemia | Yes ___ No ___ |
| Allergies | Yes ___ No ___ (If YES list below) | Heart Condition | Yes ___ No ___ |
| Diabetes | Yes ___ No ___ | Convulsions | Yes ___ No ___ |
| Orthopedic Problems | Yes ___ No ___ | | |
| Urinary | Yes ___ No ___ | | |
| Tubes in Ears | Yes ___ No ___ | | |

- Other _____
- Serious Illness or Handicaps: Yes ___ No ___ If yes, specify _____
- Hearing, speech, vision (glasses, contact lenses) Yes ___ No ___ Specify: _____
- Physical restrictions from any activity? Yes ___ No ___ Reason: _____
- Is your child taking prescription medication? Yes ___ No ___ Name: _____
- Allergies to any medication: Yes ___ No ___ Specify: _____
- Is your child presently receiving any medical treatment? Yes ___ No ___ If yes, explain _____

Comments: _____
Family Doctor: _____ Phone: _____

PERMISSION FOR EMERGENCY TREATMENT:

I give my permission for the Franklin Phonetic School to provide emergency medical treatment for my child. Franklin Phonetic School also has my permission for my child to be transported by whatever means necessary as determined by the school to the nearest emergency medical facility for treatment.

X _____
Signature of Parent or Guardian Date

**PARENT'S AGREEMENT OF SUPPORT FOR
FRANKLIN PHONETIC SCHOOL**

This confirms my agreement to participate in the Franklin Phonetic School's education program. I understand that parent participation is important to the success of this program.

We (I) the undersigned parent/guardian of _____ agree to support the total Franklin Phonetic School program.

I understand that it is necessary to:

- Assist with homework providing a time, place and quiet environment for my child.
- I agree to sign all homework forms indicating that I have seen the assignments;
- Sign and return all report card envelopes and progress reports;
- Attend grading conferences whenever scheduled;
- Attend consultations with the teacher, Principal, or other school personnel involved with my child when needed.
- If necessary attend a mandatory disciplinary conference with the Procedures & Programs Committee.
- I agree to make a sincere effort to participate in parents meetings, school projects and events.
- I agree to have my child at school on time every day, unless there is an illness or emergency.
- I understand that if I determine that the Franklin Phonetic School program is not appropriate for my child, I will remove him or her for placement in a regular Public School.

X _____
Signature of Parent or Guardian **Date**

**STUDENT'S AGREEMENT OF SUPPORT FOR
FRANKLIN PHONETIC SCHOOL**

I, _____ as a student of the Franklin Phonetic School, will follow all the rules of summer school, including the following:

- I will be on time to school.
- I will follow the dress code.
- I will leave all toys, money, etc., at home, unless I have been asked by my parents or teacher to bring them to school.
- I will be polite and will show respect to all adults, other students, their personal property and to the school.
- I will complete and turn in, on time, all of my school work and homework.
- I will always do my best, as a student of the Franklin Phonetic School.

X _____
Student's Signature **Date**
(Kindergarten student, please sign to the best of your ability.)

I certify that I have discussed this agreement with my child.

X _____
Parent's Initials

SECONDARY EMERGENCY INFORMATION:

Please give the names of emergency contacts in the local area that will assume responsibility for your child if you cannot be reached in case of illness or emergency. **Your child will not be released to any other person without your written or verbal permission.** Please notify these persons of these arrangements. In case of any change, please notify the school in writing as soon as possible.

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

PERMISSION FOR STUDENTS TO WALK HOME.

By **signing below**, I give the school my permission to allow my child to walk home at the end of the school day from Franklin Phonetic School. Our campus is closed and students will not be allowed to leave the campus during recess or lunch break to go home.

Signature of Parent or Guardian: X _____

PERMISSION TO RIDE THE FRANKLIN SCHOOL VAN/BUS

My child listed on this enrollment form has my permission to ride the school van or bus for field trips and other school activities.

Signature of Parent or Guardian: X _____

PERMISSION TO BE PHOTOGRAPHED

May your child be photographed for a publication or newspaper article?

Yes ___ No ___
