Types of Merged Documents

Last Modified on 03/21/2018 9:44 am EDT

Phlote/PDF- For Arizona Only



State of Arizona Department of Education Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE)

Home Language Survey

This question is in compliance with A.R.S. §15-756. Identification of English Language Learners

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

"What is tl	he primary la	inguage of t	he student:	?"				
Language:		****				***************************************		_
Student Name:	Bilbo Baggins							
Date of Birth:	10/09/2013							
Parent/ Guardian Signature:					_Date: _	~		_
医可阿根间期时移位脉络四:	2. 双环环酰胺 网络阿拉姆拉亚语						I 10 25 10 12	1 12 :
		(For Office U	(se Only)					
Student ID:			SAIS ID:]

Office of English Language Acquisition Services (OELAS) – Arizona Department of Education 1535 West Jefferson – Phoenix, Arizona - 85007 (Tel.) 602-542-0753 (Fax) 602-542-3050

Enrollment Form/PDF- for Chandler school district only-

TODAY'S DATE: STUDENT'S LAST (LEGAL) NAME STUDENT'S FIRST (LEGAL) NA				STUDENT'S (LEGAI) MIDDLE NAME	BIRTHDATE:	GENDER G			
Baggins		Bilbo			,	10/09/2		M F		
HYSICAL ADDRESS N.S.E.W.	STREET NAME		ST. AVE.	APT. P.O.	BX CITY	SIATE	7ID			
INTOIGNE ADDITEGO N.S.E.W.			J. AVE.	Art. T.o.						
nicity: Is your student Hispanic or Lat	tino? Yes or	No	•							
ce: What is the student's race?	Choose one or more:	White	Black or African American	Asian	American India	n or Alaska Native	Native Hawaiian or Othe	r Pacific Islander		
h Place: City			State			Coun	itry			
o does student live with? (circle)	Both parents	Mother F	ather Stepmother	Stepfather	Relative	Foster Guardian				
OTHER'S NAME			ILING ADDRESS (IF DIFFERE							
Kristina Gass OME PHONE		WORK PHONE	45 S. Livernois Rd Suite 22	CELL DUONE		■ E-MAIL ADDRES	9			
24884119401	018			J OLLETTIONE	4884119401018	L-MAIL ADDITES	Kgass@cirrusgr	oup.com		
ATHER'S NAME Guardian 2 Baggins		——— AD	DRESS .							
HOME PHONE		WORK PHON	-	CELL PHONE		E-MAIL ADDRE	SS			
				J L						
IATURAL FATHER'S NAME				ADDRESS (INCL	UDE CITY AND STATE)	HOME PHONE	WORK PHONE			
JST SIBLINGS: LAST, FIRST, MI	AGE	SCHOO	DL	LIST SIBLINGS:	AST, FIRST, MI	AGE	SCHOOL			
	AGE	SCHOO	N.	LIST SIBLINGS:	ACT FIDET MI	AGE	SCHOOL			
ICT CIDLINICO: LACT FIDET MI		SURUC	/L	LIST SIBLINGS.	ASI, FIRSI, WI	AGE	SCHOOL			
.IST SIBLINGS: LAST, FIRST, MI	,,,,,									
TUDENT INFORMATION REQUIRED	D:					d in the Chandler Unified Scl	nool District?			
TUDENT INFORMATION REQUIRED	D:			_ (Circle) YES NO	,	d in the Chandler Unified Scl				
TUDENT INFORMATION REQUIRED What is the primary language of the stunction total, has the student attended U.S. s	D: udent?schools for more than 3 ful		S NO	_ (Circle) YES NC If YES, year attended	od:					
TUDENT INFORMATION REQUIRED /hat is the primary language of the stu- total, has the student attended U.S. s NO, date first enrolled in U.S. school: as the student lived in the U.S. less the	D: udent? schools for more than 3 ful : han 5 full years? (Circle) \	ES NO		(Circle) YES NC If YES, year attended Previous school(s)	ed:attended (other than Chan	_School attended:	Please list most recent.			
TUDENT INFORMATION REQUIRED that is the primary language of the stu total, has the student attended U.S. sNO, date first enrolled in U.S. school: as the student lived in the U.S. less th YES, date first entered U.S.	D: udent?schools for more than 3 full :han 5 full years? (Circle) \ From	'ES NO what country?		Circle) YES NC If YES, year attende Previous school(s) Name	ed:attended (other than Chan	School attended:dler Unified School District): School District	Please list most recent.			
STUDENT INFORMATION REQUIRED What is the primary language of the stu- total, has the student attended U.S. st NO, date first enrolled in U.S. school: las the student lived in the U.S. less th YES, date first entered U.S. lave you or any family member moved	D: schools for more than 3 full ann 5 full years? (Circle) \ From in the past 3 years for the	ES NO what country?		Circle) YES NC If YES, year attended Previous school(s) Name City, State	ed:	School attended: dler Unified School District): School District Phone Number:	Please list most recent.			
STUDENT INFORMATION REQUIRED What is the primary language of the stu- total, has the student attended U.S. st NO, date first enrolled in U.S. school: las the student lived in the U.S. less th YYES, date first entered U.S. lave you or any family member moved seasonal employment in agriculture or t	D: schools for more than 3 ful - han 5 full years? (Circle) \ From d in the past 3 years for the fishing industries? (Circle)	'ES NO what country? purpose of seeking o	or obtaining temporary or	Circle) YES NC If YES, year attend Previous school(s) Name City, State Name	ed:	School attended: dler Unified School District): School District Phone Number:	Please list most recent.			
STUDENT INFORMATION REQUIRED What is the primary language of the stuntotal, has the student attended U.S. or NO, date first enrolled in U.S. school: las the student lived in the U.S. less the YES, date first entered U.S. lave you or any family member moved easonal employment in agriculture or fast the student been previously enrolled.	D: schools for more than 3 ful - han 5 full years? (Circle) \ From d in the past 3 years for the fishing industries? (Circle)	'ES NO what country? purpose of seeking o	or obtaining temporary or	Circle) YES NC If YES, year attend Previous school(s) Name City, State Name	ed:	School attended: diler Unified School District): School District Phone Number: School District	Please list most recent.			
STUDENT INFORMATION REQUIRED What is the primary language of the stu in total, has the student attended U.S. s f NO, date first enrolled in U.S. school: Has the student lived in the U.S. less th f YES, date first entered U.S. Have you or any family member moved seasonal employment in agriculture or f Has the student been previously enrolle OR OFFICE USE ONLY School	D: schools for more than 3 ful - han 5 full years? (Circle) \ From d in the past 3 years for the fishing industries? (Circle)	'ES NO what country? purpose of seeking o	or obtaining temporary or	City, State City, State City, State City, State	nd:	School attended: dier Unified School District): School District Phone Number: School District Phone Number	Please list most recent.			

Dynamic Form- this form will vary based on the state a site is located in.

Home School:

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

Provider Use Only:	Date of Admission			Date of Discharge									
Name of Child (Last, First, Middle Initial) Baggins					Bilbo				Child's Date of Birt 10/09/2013				
Address (Number and Street, Building/Apartment Number)					City	y State			State	Zip Code			
			- 1	Home Phone 24884119401018		Parent/Legal Guardian's Name (Optio Baggins, Guardian 2			otional)	nal) Home Phone			
Home Address	(:			Phone 384119401018	Home Address (if not child's addr 01018			ild's addre	ss)	Cell Phone			
City Rocheste	· Hills	State MI	Zip C 483		City		State 			Zip Code			
Email Address (Kgass@cirrusc	. ,		'		Ema	il Address							
Employer Name Work Phone 24884119401018					Employer Name					Work Phone			
Name of Child's Physician or Health Clinic						sician's or H	ealth Cli	nic's Phon	e Numl	ber			
Hospital Preferr	ed for Emergency Tr	eatment	(option	nal)									
Allergies, Speci	al Needs and Specia	I Instructi	ions (A	ttach additional shee	ets, if r	necessary.)							
,	17) Previous editions 4-16	, 6-15 and 7-	-12 may	be used until September 3	30, 2018	l.				See	Reverse Side		
possible, include	at least one person oth	er than the	paren	als,including parents/le ts/legal guardians to be ndividuals, attach addit	contac	ted in an eme							
1.													
2.										, ,			
3.													
Release of Child	Only: List all individuals,	other than	the par	ents/legal guardians, to	vhom t	ne child may b	e release	d. (If more in	dividuals	s, attach additi	ional sheets.)		
1.	1. (2.					(
3.			(4.					(
emergency medi	e permission to DCW cal for the above name		ild while	, IIC6		y the Departn		_		tory Affairs to	secure		
Signature of Pare							Date Si	•		_			
Date Card	Parent or Legal	Date (Card	Parent or Legal		Date Card	Pare	ent or Legal		Date Card	Parent or Legal		
Reviewed	Guardian Initials	Revie	wed	Guardian Initials		Reviewed		rdian Initials		Reviewed	Guardian Initials		
LARA is an equal opportunity employer/program. BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.							AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation						