



2801 E. Southern Ave. Phoenix, AZ 85042 \*PHONE (480) 219-2121 \*FAX (602) 633-6787 www.GeorgeGervinPrepAcademy.org

## Student Enrollment Form

Please PRINT all information as it appears on legal documents, required for enrollment.

School Use Only:	SPED:	Entered By:
Received By:	504:	Grade Placement:
	ELL:	
	Enter Date:	

Legal Last Name:	Legal First Name:	Legal Middle Name:
Preferred Name:	Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth MM/DD/YYYY:
Birth Place: <small>(City, State, Country)</small>	Grade Level as of Aug 2017:	Are there legal custody agreements regarding this student? <small>(circle one)</small> YES or NO If YES, please provide court documentation
Student Home Address, City, State, Zip:		Student Primary Phone Number: <small>Cell Home Work Message</small>
Student Mailing Address, City, State, Zip: <small>(if different from home address)</small>		Student Email Address:
What is the primary language used in the home regardless of the language spoken by the student?		
What is the language most often spoken by the student?		
What is the language that the student first acquired?		
Does the student have any relatives who currently attend GGPA? If Yes, please list the name(s) and relationship(s) of each student.		<small>(circle one)</small> YES or NO
First & Last Name:	Grade Level:	Relationship:
First & Last Name:	Grade Level:	Relationship:



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Last School Attended:	Date Last Attended:
Last School Address, City, State, Zip:	Grade:
Last School Phone Number:	

### Discipline Issues

Has your child ever been suspended? YES or NO

Has your child ever been expelled? YES or NO

Does your child receive special services? YES or NO

Does your child have an IEP? YES or NO

Does your child have a 504 Plan? YES or NO

Please indicate any services your child has received:

- Gifted
- Special Education
- 504 Plan
- Behavioral Plan
- Child Referral Intervention
- Other (Specify): \_\_\_\_\_.

Is your child certified as having a chronic health problem? YES or NO

If yes, please specify: \_\_\_\_\_.

Who does the student live with? (Circle One)

- Both Parents      Mother      Father      Stepmother      Stepfather
- Relative      Foster      Guardian



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**Mother, Step-Mother, Foster Mother, Guardian  
LIVING AT THE ADDRESS ON THE PREVIOUS PAGE**

Last Name	First Name	Email Address
Address, City, State, Zip		
Relationship to Student (Check One): <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Mother <input type="checkbox"/> Guardian		
Cell Phone ( )	Work Phone/ext ( )	Home Phone ( )

**Father, Step-Father, Foster Father, Guardian  
LIVING AT THE ADDRESS ON THE PREVIOUS PAGE**

Last Name	First Name	Email Address
Address, City, State, Zip		
Relationship to Student (Check One) <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster Father <input type="checkbox"/> Guardian		
Cell Phone ( )	Work Phone/ext ( )	Home Phone ( )

**Ethnicity \*Must Select One (Required by the U.S. Department of Education)**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

**Race \*Must Select One (Required by the U.S. Department of Education)**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other \_\_\_\_\_



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**Emergency Contacts**

**OTHER THAN THE PARENTS/GUARDIANS LISTED ON PREVIOUS PAGE**

Last Name	First Name	Cell Phone (   )	Home Phone (   )
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Relationship to Student:

In case of emergency, or if I cannot be contacted to pick up my child, I hereby authorize the above-named person to pick up my child. **MUST BE 18 YEARS OLD AND OLDER**

Last Name	First Name	Cell Phone (   )	Home Phone (   )
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Relationship to Student:

In case of emergency, or if I cannot be contacted to pick up my child, I hereby authorize the above-named person to pick up my child. **MUST BE 18 YEARS OLD AND OLDER**

Last Name	First Name	Cell Phone (   )	Home Phone (   )
-----------	------------	---------------------	---------------------

Relationship to Student:

In case of emergency, or if I cannot be contacted to pick up my child, I hereby authorize the above-named person to pick up my child. **MUST BE 18 YEARS OLD AND OLDER**

I hereby certify that I am the legal guardian for the above named student and the information that I have provided on the previous pages is accurate and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name (Printed): \_\_\_\_\_



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### Student Health Screening

Legal Last Name	Middle Initial	Legal First Name	Best Contact Phone #

#### Medical History (Does your child have/had any of the following)

- |  |    |     |            |
|--|----|-----|------------|
| Allergies                                  | No | Yes | Age: _____ |
| If yes, please list them:                  |    |     |            |
| Asthma                                     | No | Yes | Age: _____ |
| Convulsive Disorder                        | No | Yes | Age: _____ |
| Tuberculosis                               | No | Yes | Age: _____ |
| Chicken Pox                                | No | Yes | Age: _____ |
| Diabetes                                   | No | Yes | Age: _____ |
| Heart Condition                            | No | Yes | Age: _____ |
| Measles                                    | No | Yes | Age: _____ |
| German Measles                             | No | Yes | Age: _____ |
| Mumps                                      | No | Yes | Age: _____ |
| Rheumatic Fever Scarlet Fever              | No | Yes | Age: _____ |
| Tonsillitis                                | No | Yes | Age: _____ |
| Valley Fever                               | No | Yes | Age: _____ |
| Does your child have a hearing problem?    | No | Yes |            |
| Does your child wear prescription glasses? | No | Yes |            |
| Does your child have a speech problem?     | No | Yes |            |

Please specify any chronic health problems:
Is your child on daily medications or other medical treatments?  <b>If your child needs any medication administered during school hours please inform the front office staff and complete our Medication Consent Form.</b>
Has your child had any surgery, accidents, or illnesses within the last year?
Is your child susceptible to infections and is so, what precautions need to be taken?
Is your child subject to convulsions and what should be our procedure if one occurs?
Any other health related issues you want to make the school aware of?



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### Student Health Screening Continued

Please indicate which of the following medications may be administered to your child for minor injuries or sickness:

Acetaminophen (Tylenol)	Yes	No
Bacitracin-Neomycin (Triple Antibiotic)	Yes	No
Hydrocortisone Cream	Yes	No
Carmex	Yes	No
Cough Drops	Yes	No
Antihistamine (Benadryl)	Yes	No
Vaseline	Yes	No
Ibuprofen (Advil)	Yes	No

I understand that it is my duty to make the school health office aware of any changes in this history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name (Printed): \_\_\_\_\_



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### George Gervin Prep Academy

Legal Last Name	Middle Initial	Legal First Name	Grade #

### School Policies Support Agreement

As a parent or guardian of a child(ren) attending George Gervin Prep Academy, I agree to support the school in carrying out the policies and procedures as indicated in the Parent/Student Handbook. With the knowledge that George Gervin Prep Academy is a charter school, I have voluntarily chosen to enroll my child(ren) and I understand the failure to comply with the policies and procedures of GGPA could result in the inability of my child(ren) to continue to attend GGPA.

### Media Opt Out Form

#### District & News Media

The media sometimes covers events at our school. Your child may be interviewed, recorded, photographed, or videotaped by the media or district staff for a story in the newspaper, radio, or television. In some cases, news photos may be posted on the internet for public access. Your child’s name, photo, or interview may be used in school or district level publications or by the media unless you direct otherwise.

Please check the appropriate box(es) below if you would like your child to be EXCLUDED from the following activities (**do not check any box if you accept**):

- I do not want GGPA staff to interview, record, photograph, or videotape my child for use in publications or videos, or in promotions, such as advertisements.
- I do not want the news media to interview, record, photograph, or videotape my child for a story in the newspaper, radio, or television.

Parent Name (Printed): \_\_\_\_\_

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

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



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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 GEORGE GERVIN PREP ACADEMY (GGPA)

School GEORGE GERVIN PREP ACADEMY (GGPA)

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.





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### Emergency Information Contact Teacher's Copy

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

Home Address: \_\_\_\_\_  
Street City State Zip

Grade: \_\_\_\_\_ Gender: Male Female

#### Mother or Guardian

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

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

#### Father or Guardian

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

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

If Medical Care is Necessary, Call: ( \_\_\_\_\_ ) \_\_\_\_\_

Doctor: \_\_\_\_\_  
Name Address City State Zip

Hospital: \_\_\_\_\_  
Name Address City State Zip



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*In case of accident or serious illness, I request school personnel to contact me. If the school is unable to reach me, I hereby authorize school personnel to contact the person(s) listed below. I hereby authorize school personnel to call the doctor indicated above and to follow his/her instructions. If it is impossible to contact the person(s) listed below or doctor, I hereby authorize school personnel to take any and all steps necessary regarding medical treatment for my child.*

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:

Name: _____	Name: _____
Address: _____ Street City State Zip	Address: _____ Street City State Zip
Phone: _____ Cell: _____	Phone: _____ Cell: _____
Relationship to student: _____	Relationship to student: _____

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

First & Last Name: _____	First & Last Name: _____
Relationship to student: _____	Relationship to student: _____

Known Allergies: \_\_\_\_\_

This emergency Information Contact Card is accurate and complete, front and back, was provided by:

\_\_\_\_\_  
Parent or Guardian Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I hereby give authority to any hospital or doctor to render immediate treatment to my child as might be required at the time for his/her health and safety. I understand that I am responsible for any and all expenses related to any service(s).*



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**CONFIDENTIAL McKinney-Vento  
Enrollment Packet Questionnaire**

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Act, 42 U.S.C. 11435. Your answers will help the administrator determine residency documents necessary for enrollment as well as the services the student may be eligible to receive.

**Part I:** If you are the **Parent or Legal Guardian** of the student enrolling, complete these questions.

1. Is your current address a temporary living arrangement? (circle one)      Yes or No
2. Is this temporary living arrangement due to loss of housing or economic hardship?      Yes or No

If you answered YES to BOTH questions, complete Part III and please notify the person enrolling you. (You will be asked to complete an additional form).

**Part II:** If you are **NOT the Parent or Legal Guardian** of the student enrolling complete these questions.

1. Is the current address for the student enrolling a temporary living arrangement?      Yes or No
2. Is this temporary living arrangement due to abandonment, denied housing by family or a runaway?      Yes or No

If you answered YES to BOTH questions, complete Part III and please notify the person enrolling you. (You will be asked to complete an additional form).

**Part III:** Name of Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Gender (circle one): Male or Female

Falsifying records is an offense under section 3 7.10 of the Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

Parent/Legal Guardian Signature: \_\_\_\_\_  
Date

Parent/Guardian Name (Print): \_\_\_\_\_



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### Release of Records and Special Information

Information To Be Released From	Information To Be Released To
Records Department	Name: Denise Mendoza
Title:	Title: Principal
School:	School: George Gervin Prep Academy (GGPA)
Street Address:	Street Address: 2801 E. Southern Ave.
City, State, Zip:	City, State, Zip: Phoenix, AZ 85042
Phone Number:	Phone Number: (480) 219-2121
Fax:	Fax: (602) 633-6787

**\*\*\*Parent/Guardian would like the following records and/or information released to GGPA\*\*\***  
*(check all that apply)*

- Academic Records & Discipline Records
- Attendance Records
- Achievement Test Scores (i.e. AIMS, AZELLA, ELL Test)
- Health and Immunization Records & Birth Certificate
- Test Records & Most Current Report Card
- Psychological Evaluation Records
- Special Education Records (Including Speech and Gifted)
- Other \_\_\_\_\_

Student(s) Name	Date of Birth (MM/DD/YYYY)	Grade

I hereby authorize the company named above to release information, both verbally and in writing to George Gervin Prep Academy.

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

\_\_\_\_\_  
 Date



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### Arizona Department of Education Arizona Residency Documentation Form

Student: \_\_\_\_\_ School: GEORGE GERVIN PREP ACADEMY (GGPA)

School District or Charter Holder: GEORGE GERVIN PREP ACADEMY (GGPA)

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver’s license, Arizona identification card or motor vehicle registration
- Valid U.S. passport
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran’s Administration, Arizona Department of Economic Security)
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



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### State of Arizona Affidavit of Shared Residence

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

\_\_\_\_\_

\_\_\_\_\_

Location of my residence:

\_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid U.S. passport
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Signature of Affiant

#### Acknowledgement

State of Arizona County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires:

\_\_\_\_\_  
Notary Public



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### Scholar Field Trip Permission Slip

We provide our students with field trips and other extracurricular activities that are both educational and fun.

Information regarding the school wide field trips and other extracurricular activities will be sent out from the administration office with a brief description of the field trip and the cost. Teachers may also choose to take their classes on impromptu field trips. This will always first be approved by administration.

Please sign and date the form below giving consent for your child/ren to attend year-round field trips and other extracurricular activities. You may also keep your child at home on the day of the field trip, however his/her absence will be considered unexcused unless the office receives a phone call to excuse the absence or a written note with the reason of illness.

I  **GIVE**  **DO NOT GIVE** my child(ren) permission to attend any and all the school wide field trips and other extracurricular activities while attending GGPA. I understand GGPA reserves the right to change, modify, add, or remove portions of these terms and conditions at any time without prior notice.

I, the parent, agree that only general supervision of the student(s) in the activity above can be given; that neither GEORGE GERVIN PREP ACADEMY nor any of its employees are liable for any injury of the student(s) from such activity, including use of on-site facilities, chartered bus or private conveyance, and to hold GEORGE GERVIN PREP ACADEMY and all of its employees harmless on any claim for damages made by or from going out for the above activities, including all expenses.

In the case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: \_\_\_\_\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Grade



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## Transportation Request Form

<input type="checkbox"/> YES, I would like to request bus transportation for my student.	<input type="checkbox"/> NO, I will personally transport my student.
Student Name:	Grade:
Parent/Guardian Name:	
Primary Contact Number:	
Home Address, City, Zip:	
Major Crossroads:	
Effective Date:	Request Type: <input type="checkbox"/> New <input type="checkbox"/> Change
Student needs transportation: <small>(Choose One)</small> <input type="checkbox"/> Morning Only <input type="checkbox"/> Afternoon Only <input type="checkbox"/> Both Morning & Afternoon	
*Please note: If we DO NOT receive this form 5 days before the first of school, we cannot guarantee bus service for your child.	

\_\_\_\_\_  
Parent or Guardian Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Any permanent changes in transportation (i.e. route changes - change of address) MUST BE MADE BY THE PARENT/GUARDIAN, IN WRITING, AND IN PERSON. Notes from the student WILL NOT BE ACCEPTED!**

FOR SCHOOL USE ONLY					
Bus: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Van	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">AM Route/Pick up Time:</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">PM Route/Drop off Time:</td> <td></td> </tr> </table>	AM Route/Pick up Time:		PM Route/Drop off Time:	
AM Route/Pick up Time:					
PM Route/Drop off Time:					
<input type="checkbox"/> Copy given to bus driver	Staff Signature & Date:				





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## Attendance Policy

The Scholar's education and well-being is our priority. It is the goal of George Gervin Prep Academy to do our best in teaching children the skills necessary for them to become active and contributing members of our community. In order for our staff to focus on the needs of the scholars, it is important that each child attend school on a regular basis and on time for class.

GGPA recognizes that from time to time it is necessary for a scholar to be absent from regularly scheduled school for a parent supervised or sanctioned event, which may include an official religious holiday of a religious organization. Medical illnesses and injuries may necessitate being absent from school also. These absences are considered excused. Whenever possible, prior notice must be given to GGPA of these events so that they are not mistaken for unexcused absences. GGPA also suggests that parents of scholars who are absent, or planning to be, check with the scholar's teacher(s) to obtain homework if warranted and the scholar is able to work.

If a scholar's absence is not for one of the reasons stated above, it is considered unexcused. A scholar is tardy if that scholar is not in the classroom and ready for school when the teacher begins class.

The following guidelines shall be applied to habitually absent and tardy scholars pursuant to *A.R.S. §15-803*:

1. A scholar is allowed up to ten (10) unexcused absences and/or tardy days per one-half school year or semester.
2. Scholars and parents or guardians shall be notified in writing after five (5) unexcused absences and/or tardy days that have occurred in one-half of the school year or within one semester.
3. Ten (10) unexcused absences and/or tardy days occurring within the semester or within one-half of a school year shall be grounds for removal from GGPA's roster. Under state law, after ten (10) unexcused absences, scholars may lose credit from each and every class with two or more unexcused absences.
4. Three (3) unexcused tardies will equal one (1) unexcused absence. Three (3) unexcused absences will result in a documented three (3) day of in-school suspension (ISS).

The Administration has full authority to deal with unexcused absences and unexcused tardies and may enter into attendance contracts with a scholar and that scholar's parents or guardians, or take other appropriate action as the Administration may determine rather than expulsion. However, if a scholar's expulsion is recommended, the matter shall be placed for hearing before the GGPA Board of Superintendent of Schools or Authorized Administrative Designee.

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Parent Signature

Date

---

Student Signature

Date



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**Scholar / Parent Handbook  
STATEMENT OF AWARENESS**

I, \_\_\_\_\_, the Scholar (print name), have received and read a copy of the George Gervin Prep Academy (GGPA) Handbook. I understand that if I choose not to follow the expectations and the rules set forth in the GGPA Handbook, I am subject to disciplinary action as set forth in the GGPA policy and procedures.

I, \_\_\_\_\_, the Parent/Guardian (print name) of the above Scholar, have received and read a copy of the George Gervin Prep Academy (GGPA) Handbook. I understand that if my child chooses not to follow the expectations and the rules set forth in the GGPA Handbook, the Scholar is subject to disciplinary action as set forth in the GGPA policy and procedures.

\_\_\_\_\_  
Scholar Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Transportation Rules

George Gervin Prep Academy's free transportation is a *privilege* provided to students, NOT a right. In order to make the riding experience safe for all, there are rules that all students must follow while under the supervision of the school bus driver.

1. Students must sit in assigned seats.
2. Students must not damage the bus, seats, windows, or floors.
3. Students must use indoor voices on the bus.
4. NO eating (including gum) or drinking on the bus.
5. NO alcohol, drugs, paraphernalia or cigarettes.
6. Students must wear their seat belt at all times.
7. NO standing, jumping or horse playing on the bus.
8. Students must be respectful at all times.
9. Students must not use profanity.
10. NO yelling, spitting, fighting, or throwing objects on or off the bus.
11. Students must exit the bus at their **designated** bus stop only (otherwise parent must make arrangements, *before 2:30 p.m.*, for pick up at the school).
12. **Any permanent changes in transportation (i.e. route changes - change of address) MUST BE MADE BY THE PARENT/GUARDIAN, IN WRITING, AND IN PERSON. Notes from the student WILL NOT BE ACCEPTED!**

***\*Any violation or infraction of the above rules may result in the permanent dismissal of the privilege to ride the bus.***