

## **2018-2019 Enrollment Packet Checklist**

**STUDENT NAME:** \_\_\_\_\_ **DATE RECEIVED:** \_\_\_\_\_

**Please complete, sign and date the following documents:**

- Student Registration Form
- Student Emergency Form
- Medical Information Form
- Student Health Record Form
- Primary Home Language Other Than English Form
- Student Records/Attendance Policy Authorization Form
- Parent Student Compact
- Dress Code Policy
- Photo Media Release Form
- Student Electronic Resources Contract
- General Permission Form
- Request for Release of Student Records
- Request for Release of Special Education Records
- Student Directory Release Form
- Arizona Residency Documentation Form
- Project Prevent Consent Letter
- ESEA Eligibility Guidelines (Elementary and Secondary Education Act)
- Project Balance Consent form

**Parent/Guardian to provide school with:**

- Birth Certificate or other documentation to establish identity and age: *baptismal certificate, application for a social security number, original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate pursuant to ARS 15-828*
- Immunization Record
- Proof of Residency
- Unofficial Transcript, if applicable
- Withdrawal Slip



# Registration Form - Pima Partnership Academy

How did you hear about Partnership Schools?

Radio  Web  Newspaper  Referred by/Other: \_\_\_\_\_

Student Name \_\_\_\_\_  
Last Name First Name Middle Name

Last Grade Completed: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Is your student:  Male  Female  
MO/DAY/YR

Mailing Address \_\_\_\_\_ City State Zip

Physical Address (if different from above) \_\_\_\_\_ City State Zip

Mother's Maiden Name: \_\_\_\_\_ **Mother's Name** \_\_\_\_\_  
First Name Last Name

**Legal Custody: Yes No**

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Legal Custody: Yes No**  
First Name Last Name

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**If Applicable:**

Guardian's Name: \_\_\_\_\_ **Custody: Yes No**

Relationship: \_\_\_\_\_ Is student a ward of the court? Yes No

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Case Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

**FOR OFFICE USE ONLY:**

SAIS ID: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Graduation/Cohort Year: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Entry Code: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Withdrawal Code: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_

Re-Entry Date: \_\_\_\_\_ Re-Entry Code: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Withdrawal Code: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_

**Race/Ethnicity Two-Part Question** (Please complete both questions):

**Part 1:** Is the student Hispanic /Latino? (A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) **(Choose only one) Yes or No**

**Part 2:** What is the student's race? (Choose one or more)

- White                       Asian                       American Indian or Alaskan Native  
 Black or African American     Native Hawaiian or other Pacific Islander

Country of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Native American Indians
Tribe _____
Enrollment # _____
Agency _____
Degree Indian Blood _____ %

**Where does the student stay at night?** (Please check all that apply):

- At home of parent/guardian       In a shelter                       In a motel/hotel       In a car  
 Other location not appropriate for people (e.g., abandoned building)       At a campsite  
 Temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)  
 Other (Specify): \_\_\_\_\_

**Transportation To/From School** (Please check all that apply):

- Walk       Carpool       Parent Transport       Public Bus       Bicycle       Other (Specify): \_\_\_\_\_

**Student lives with** (Please check all that apply):

- Mother     Father     Guardian     Relative     Spouse     Friend     Other (Specify): \_\_\_\_\_

**Home Information** (Please list all persons living with the student):

Name	Age	Relation to the student

Is the student pending expulsion or long term suspension?     Yes       No

**Has Student Ever Been Suspended/Expelled:**    Yes    No    Cause \_\_\_\_\_

From which school did suspension occur? \_\_\_\_\_ Date of suspension \_\_\_\_\_

On what date did the student leave 8<sup>th</sup> grade? \_\_\_/\_\_\_/\_\_\_      **Promoted:**     Yes       No  
(MO/YR)

**Certificate:**  Yes     No      **Last school attended?** \_\_\_\_\_ School Year \_\_\_\_\_

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

## 2018-2019 Emergency Information

In case of an emergency our procedure is to contact the parent/guardian(s) that is listed first on the registration form at work or home. If we are unable to contact the parent/guardian(s), the first person listed on this form will become the next person who will be contacted. The seriousness of the issue will determine whether or not he/she will be asked to care for your child. A rescue unit will be called in an emergency situation.

**Person(s) who will care for and transport the student if the parent/guardian(s) cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Email \_\_\_\_\_ *Is this person authorized to release the student? Yes No*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 Email \_\_\_\_\_ *Is this person authorized to release the student? Yes No*

**In case of serious illness or injury, I give my consent for my child to be taken to his/her doctor's office or closest hospital by school personnel or ambulance and given emergency care until I can be contacted.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Please complete insurance information:**

Insurance Carrier/Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Medications (including times daily):  
 \_\_\_\_\_



**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)

**Response to these statements will be used to determine whether your 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's Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

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

District or Charter \_\_\_\_\_

School \_\_\_\_\_

.....  
**FOR OFFICE USE ONLY**

\*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.

## Medical Information

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of an emergency situation when a **parent/guardian(s)** cannot be reached, I give/do not give permission for my child to be transported by whatever means necessary, as determined by school personnel, to the nearest emergency medical facility for treatment. I give my consent to the rendering of such medical treatment for my child as deemed necessary in the opinion of my family doctor or the doctor rendering such service.

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Your child should **not** be in school if they have a fever, rash or undetermined cause, vomiting or diarrhea, conjunctivitis (pink eye), chicken pox, impetigo, ringworm, or head lice unless treated medically or they are symptom-free. A child with a temperature of 100 degrees Fahrenheit or greater will be sent home.

No medication brought from home, including over-the-counter medication, will be administered from the health station unless there is a **written** prescription from the health care provider and the medication is in its original container with students name and how medication should be administered.

Please indicate the medications you give permission for your child to receive at Partnership Schools.

YES	NO	
_____	_____	Tylenol (acetaminophen)
_____	_____	Calamine Lotion (for bug bites or rashes)
_____	_____	Triple Antibiotic Ointment (for scrapes and abrasions/Bacitracin)
_____	_____	Saline eye wash (eye irritation)
_____	_____	Benadryl 25 mg (allergy relief)
_____	_____	Midol (menstrual symptoms)
_____	_____	Chloraseptic Spray (sore throat spray)
_____	_____	Tums
_____	_____	Pepto Bismol (upset stomach reliever)
_____	_____	Cough drops
_____	_____	Ibuprofen 200 mg (NSAID)

**Other significant health information that school personnel should know about my child:**

(Check One)      Lactose intolerance                  Peanut Allergy

Other Allergies: \_\_\_\_\_

**Please list the medications your child currently takes:**

\_\_\_\_\_  
\_\_\_\_\_

## 2018-2019 Student Health Record

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
MO/DAY/YR

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

The following information is helpful in assessing your child's health. Has your child ever had any of the following?  
 If "Yes" please give the child's age at that time.

	Age	Yes	No		Age	Yes	No
Allergies	_____	_____	_____	Hepatitis	_____	_____	_____
Anemia	_____	_____	_____	High Blood Pressure	_____	_____	_____
Arthritis	_____	_____	_____	Kidney Infection	_____	_____	_____
Asthma	_____	_____	_____	Mumps	_____	_____	_____
Bleeding Disorder	_____	_____	_____	Pneumonia	_____	_____	_____
Birth Trauma	_____	_____	_____	Rheumatic Fever	_____	_____	_____
Cerebral Palsy	_____	_____	_____	Scarlet Fever	_____	_____	_____
Chicken Pox	_____	_____	_____	Scar Latina	_____	_____	_____
Cystic Fibrosis	_____	_____	_____	Scoliosis/Curvature	_____	_____	_____
Dev. Delays	_____	_____	_____	Sickle Cell Anemia	_____	_____	_____
Diabetes	_____	_____	_____	Strep Throat	_____	_____	_____
Epileptic Seizures	_____	_____	_____	Tonsillitis	_____	_____	_____
Frequent Colds	_____	_____	_____	Urinary Infections	_____	_____	_____
Freq. Sore Throats	_____	_____	_____	Vision Problems	_____	_____	_____
Heart Disease	_____	_____	_____	Other _____	_____	_____	_____

	Age	Yes	No		Age	Yes	No
<b>Has your child ever had?</b>							
Surgery	_____	_____	_____	serious accident or injury	_____	_____	_____
Tubes in his/her ears	_____	_____	_____	Vision Difficulties	_____	_____	_____
Dietary Restrictions	_____	_____	_____	Hearing Aides	_____	_____	_____
Hearing Difficulties	_____	_____	_____	Emotional Problems	_____	_____	_____
Attention Deficit Disorder	_____	_____	_____	Other Learning Disabilities	_____	_____	_____

**Is your child currently:**

Receiving medical attention?	Yes	No?	
Restricted from physical education, sports, etc.?	_____	_____	
Taking medication on a daily basis?	_____	_____	
Month/Year of last physical exam? _____/_____	Type: _____		

As the student's parent or legal guardian I'm requesting a permission form for a Student to Self-Administer Prescription Medication (**Only for Asthma, Diabetes and Epi Pins**)  Yes  No

**Partnership Schools Student Residency Status  
McKinney Vento Eligibility Questionnaire  
SY 2018-2019**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C, of “No Child Left Behind.” Answers to these questions will help determine services a student may be eligible for. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes \_\_\_ No \_\_\_
2. Is your temporary address due to loss of housing or economic hardships? Yes \_\_\_ No \_\_\_

**IF YOU ANSWERED “NO” TO BOTH OF THESE QUESTIONS YOU MAY STOP HERE. THANK YOU**

Responses to the rest of this page is also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered “yes” to the questionnaire above, please fill out the reminder of this form. You may fill out one form for all your children.

Names of adults in the home:

Name(s):	Name(s):
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

1. Where is the student presently living? (Check one box.)
  - Doubled up with relatives or friends?
  - In a motel
  - In a shelter
  - Moving from place to place
  - In a place not considered traditional “housing” (campground, car, public place, etc.)
2. Do you also have pre-school children at home? Yes \_\_\_ No \_\_\_
3. Are you a high school student who is currently living on your own? Yes \_\_\_ No \_\_\_  
(Unaccompanied youth also qualify for services under this law)



## **2018-2019 Student Records**

### **Family Educational Rights and Privacy Act**

**Partnership Schools** complies with the Family Educational Rights and Privacy Act of 1974. This Act protects the privacy of educational records, establishes the right of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

**Partnership Schools** hereby designates the following categories of information as public information, which may be disclosed by **Partnership Schools** for any purpose at its discretion.

The student's name, address, telephone number, date and place of birth, certificates received, honors received, and most recent previous educational agency or institution attended shall be designated public information. **Partnership Schools** will not release other information, including but not limited to official academic transcripts and other sensitive student records.

Currently enrolled students may direct **Partnership Schools** to withhold disclosure of above designated public information by submitting a written request to the principal's office prior to seven days following their date of enrollment.

**Partnership Schools** assumes that failure on the part of any student to specifically request the withholding of public information indicates individual approval for disclosure. This would include news releases that may provide pictures and quotes of students.

### **ABSENCE AND TARDY POLICIES**

#### Absence Policy (per Block)

Arizona State law requires attendance 85% of the time to receive credit. If a student is absent more than 15% of the time, they will fail their class/classes. Student's absences will be monitored by the teacher and administration for accountability.

**Partnership Schools** does not discriminate based on race, creed, religion, or personal living conditions (i.e., homelessness) as outlined in federal statutes.

-----  
Parent/Guardian Signature

-----  
Date

-----  
Student's Signature

-----  
Date

-----  
Student Name (Please Print)

## 2018-2019 SCHOOL-PARENT COMPACT

The Partnership Schools, and the parent/ guardian (s) of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the state's high standards. This school-parent compact is in effect during school year 2018-2019.

### **School Responsibilities**

**Partnership Schools** will:

1. **Provide high quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the state's student academic achievement standards as follows:**

**Partnership Schools** will use positive teaching and instructional strategies such as RTI, SEI, and differentiated instruction and after school tutoring. Professional development will address strategies, philosophies and curriculum enhancement to address teacher strengths and weaknesses educating all students.

2. **Hold parent teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.** Specifically, those conferences will be held:

**Partnership Schools** parent teacher conferences are held on an as needed basis. Special Education conferences will be held as needed concerning students' IEPs. Conferences will address academic and behavior modifications.

3. **Provide parents with frequent reports on their children's progress.** Specifically, the school will provide reports as follows:

At **Partnership Schools**, every four and ½ weeks progress reports are mailed to parents with notification of upcoming events, tutoring, and extracurricular events along with current grade status. At 9-week intervals, report cards are mailed home with the same information. Parents are also encouraged to call or visit at any time that they feel it is necessary, or there is a concern that needs to be met.

4. **Provide parents reasonable access to staff.** Specifically, staff will be available for consultation with parents as follows:

**Partnership Schools** staff is available to parents before school and after school through email and telephone.

5. **Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities,** as follows:

**Partnership Schools** parents are always able to participate and volunteer in their child's education. Parents just need to check in at the front desk when they are able to spend time at school.

## **Parent Responsibilities**

**We, as parents, will support our children's learning in the following ways:**

- Monitoring attendance.
  - *Monitoring attendance each day to make sure students are in school consistently.*
- Making sure that homework is completed.
  - *Checking with our students to see if there is homework and encouraging them to complete it.*
- Monitoring amount of television that my children watch.
  - *Taking note of when our students are watching too much television and redirecting their activities, as appropriate.*
- Participating, as appropriate, in decisions relating to my children's education.
  - *Keeping the parent liaison aware of our questions and concerns. Communicating with the academic counselor, as needed, on graduation or credit related issues. Maintaining ongoing communication with teachers to discuss student achievement through phone calls, conferences, classroom visits, frequent reports and observations.*
- Promoting positive use of my child's extracurricular time.
  - *Allowing our students to participate in tutoring or remain in the game room with fellow students.*
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
  - *Reviewing documents from school. Signing and returning them, as necessary, in a timely manner.*
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the District-wide Policy Advisory Council, the State's Committee of Practitioners, the School Support Team or other school advisory or policy groups.
  - *Keeping the parent liaison aware of our questions and concerns. Attending parent meetings and providing input regarding school policy decisions.*

### **Student Responsibilities**

**As a student, I will support my learning in the following ways:**

1. Arriving at **Partnership Schools** each day on time and ready to work.
2. Doing whatever it takes to learn. I will always work, think, and behave in the best way I know.
3. Behaving in a respectful manner that protects the safety, interest, and rights of every individual at PPP Schools.
4. Collaborating with the Academic Counselor and parent/guardian (s) to develop my own Educational Career and Action Plan (ECAP) in which I set goals and ways that I can reach them.
5. Understanding that my attendance at school is directly correlated to my graduation.
6. Following the Dress Guidelines of **Partnership Schools** and understanding that I may not attend classes if I violate any of the guidelines.
7. Following all school rules and expectations with an understanding that non-compliance results in consequences.

## **PARENT INVOLVEMENT POLICY FOR Partnership Schools**

**Partnership Schools** has a growing parent outreach program that encourages parent involvement in the school. It builds the schools' and parents' capacity for strong parental involvement and support a partnership among the school, the parents, and the community to improve student academic achievement through information, consultation and coordination activities.

### **Information**

**Partnership Schools** implements programs, activities and procedures with a focus on meaningful involvement of parents. The staff will take the following actions to inform parents:

- **Partnership Schools** will invite parents to an annual informational meeting about the school's participation in Title I, Part A programs and will explain the requirements and parents' right to be involved.
  - The School will provide opportunities for equal access for parents who are ELL, migrant, homeless or disabled, in a language they can understand. Thus, a Spanish translator will be present.
- **Partnership Schools** will present to parents specific information at the meeting about:
  - Title I Part A programs Arizona's academic content standards and student academic achievement standards.
  - Arizona and local academic assessments
  - Strategies to monitor student progress and work with educators to improve the achievement of their child, such as the development of the Pathway for Graduation,
  - Opportunity to request regular meetings and flexible times.
- **Partnership Schools** will hold several open houses that occur at the beginning of the academic year.
- Parent liaison will outreach to parents about school activities and opportunities for parental involvement. Parents are invited to meet their children's teachers and are informed of goals, organizations, volunteer opportunities, and updates.
  - The liaison will provide information to parents in a uniform format, and in a language parents can understand and disseminated in a timely manner.
- Parents will be notified of student progress and grades as appropriate.

### **Consultation**

**Partnership Schools** will take the following actions to engage parents in meaningful consultation:

- Involve parents in Title I decision making and policy development activities.
- Invite parents to develop and annually evaluate the content and effectiveness of the
  - Parent Involvement Policy in improving quality of the school and identifying barriers and strength/weaknesses of parental involvement programs.
  - School-Parent Compact (stating shared responsibilities for student academic achievement)
  - Consolidated Plan
- Inclusion of parents on Title I School-wide Plan committee
- Inclusion of parents on North Central Accreditation Team.

### **Coordination Activities**

**Partnership Schools** will coordinate and integrate parental involvement strategies in Part A with parental involvement strategies under other programs: Provided by Youth and Family Services Department of Pima Prevention Partnership.

## **PARENTS RIGHT TO KNOW**

*Under No Child Left Behind Act of 2001, parents have the right to know the professional qualifications of the instructors who teach their child(ren). Charts outlining educational background and experience for all teachers are maintained in the principal's office. If you wish to view a teacher's statistics, you should contact the principal's office directly.*

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Advisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 2018-2019 Dress Code

### Dress Code for Partnership Schools

The following dress guidelines are provided to clarify what is acceptable dress at **Partnership Schools**. This is issued following a **Partnership Schools** School Board directive to give parents and students information concerning the dress code.

**All headgear such as hats, headbands, hoods, and other coverings are to be removed upon entry into the building.**

#### **Inappropriate Clothing:**

- Halter Tops, Staples Tops, Spaghetti Straps, Swimsuits.
- Exposed Undergarments (boxers, panties, etc.), see-through clothing.
- Shirts or Blouses that bare the midriff. Muscle Shirts (Garments revealing cleavage).
- Extremely short skirts or shorts. Skirt or shorts length is determined by measuring the length of a fully extended arm and index finger against the side of the body.
- Basketball shirts without an accompanying T-shirt underneath.
- Belts must not be hanging from pants.
- No pajamas/slippers

In addition the following clothing and accessories are inappropriate at **Partnership Schools:**

- Any clothing, accessories, and/or head coverings altered or identifying with illegal organizations.
- Clothing or accessories portraying racial statements, profane or inflammatory language, and/or sexual depiction/innuendo.
- Accessories such as chains, spiked rings, and/or spiked collars that could pose safety issues.
- Clothing that advertises or advocates the use of alcohol, illegal substances, or tobacco.

**Students who are found to be outside the dress code may be given an opportunity to wear a T-shirt to cover the infraction or a parent/guardian will be contacted so the student can be sent home to change clothes.**

**If you have any questions regarding this outline, please contact;**

- Pima Partnership High School and Academy at 520.326.2528
- Performing Arts High School at 520.917.7880
- Arizona Collegiate High School at 623.498.8200

***I understand and agree to the dress code as outlined above by **Partnership Schools**.***

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**Parent/ Guardian Signature**

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**Date**

## 2018-2019 Photo/Media Release

As part of its prevention and education activities, **Partnership Schools** and the programs of **Partnership Schools** are developing a media campaign that includes, but is not limited to, the production of radio ads, television/radio media interviews, newspaper articles and brochures. As a student at Pima Partnership Schools, your child may be photographed and may be interviewed, quoted and audio-taped or videotaped for the purpose of promoting Pima Partnership Schools and the programs of The Partnership.

photographed                       interviewed on television, newspaper, etc.  
 videotaped for television                       recorded for radio ads, interviews, etc.

I consent to the above and provide its/their release for publication, exhibition, or reproductions to be used for public relations, news articles or telecast, education, research and inclusion on **Partnership Schools** website.

I release **Partnership Schools**, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publications of said interviews, photographs, slides, computer images, videotapes, or sound recordings. I waive all rights I may have to any claims for payment or royalties in connections with any exhibition, televising, or other publications of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publications, all negatives and positives, whether prints, video, film or sound recording are the property of **Partnership Schools** or the person or entity designated by it, solely and completely. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

### Check One:

- I **want** my student to participate
- I **Do Not** want my student to participate

Student's Name: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian's Phone Number

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

\_\_\_\_\_  
Date

# Partnership Schools 2018-2019 Student Electronic Resources Contract

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## STUDENT RIGHTS

Each user has the right to use district hardware/software to promote personal academic growth.

Users have the conditional right to access the Internet for personal academic growth, information gathering and communication if they do so responsibly.

Users have the right to retrieve information using methods such as Electronic Mail (e-mail) and World Wide Web (www). Students will be assigned an e-mail address as part of the Pima Prevention Partnership network services.

## STUDENT RESPONSIBILITIES

Students who use any hardware/software as an educational resource shall also accept the responsibility for the preservation and care of that hardware/software.

Students using the Internet as an educational resource shall be responsible for the appropriate use of all material received under his/her user account.

Users will be held accountable for any deliberate attempts at knowingly allowing and/or running a computer virus on district equipment.

Use of the network to access pornographic materials, inappropriate text or image files or files dangerous to the integrity of the network is prohibited. Internet usage for gambling purposes is strictly prohibited.

Users will respect the privacy of other users and will not attempt to modify or use someone else's account/password or represent themselves as another user.

Use of the network for commercial or for-profit purposes, or for fund raising is not allowed.

Students do not have permission to install software applications or download applications on school district equipment.

Students are responsible for appropriate use of an e-mail account and all e-mail etiquette needs to be followed on each interaction.

Students are responsible for adhering to the Student Conduct Code including the provisions herein.

## STUDENT RESPONSIBILITIES (continued)

Students will not remove, relocate or modify any hardware, software or files, or enter the system folder or control panel of any computer system. Altering, moving, renaming, hiding or deleting programs, files or applications, or action of a similar nature is prohibited.

Copyright laws will be strictly adhered to when using all computer, scanner, laserdisc and video equipment in the building. All violations of copyright laws (i.e., copying programs without written permission from the copyright holder who is the author or producer of the program) will be covered under the Student Conduct Code, and local, state or federal laws and ordinances.

Using the network to harass other users or plagiarize material is subject to provisions of the Student Conduct Code and local, state or federal laws or ordinances.

## SCHOOL DISTRICT RIGHTS

Pima Partnership Schools has the right to review any material stored in files to which users have access, to edit or remove any material which the district, in its sole discretion, believes is unlawful, obscene, abusive or objectionable, and to take appropriate legal action.

Pima Partnership Schools makes no warranties of any kind, whether expressed or implied, for the service it is providing. The district will not be responsible for loss of data, service interruptions, or for the accuracy or quality of information obtained through Internet services.

The Pima Partnership Schools has the right to place limits on connection time.

Violation of user responsibilities may result in temporary or permanent loss of Internet address.

## DISCIPLINARY ACTION

Use of the Internet is subject to all rules and regulations enumerated in the Student Conduct Code. Enforcement is the responsibility of the staff. Administration will review all cases referred for disciplinary action. In addition to disciplinary actions listed in the Student Conduct Code, any or all of the following may be implemented:

- (1) Student may be excluded from access to Internet.
- (2) Student may be excluded from using any or all computer equipment throughout the district.

---

***I understand and agree to the Rights and Responsibilities of Acceptable Use of the Electronic Resources as stated above.***

-----  
Student Signature

-----  
Date

-----  
Parent Signature

-----  
Date

The Acceptable Use Policy recognizes existing federal requirements for privacy and Internet safety, and the district is CIPA compliant.





# 2018-2019 General Permission Waiver and Release Form

**Parents and Teens:** During the school year 2018-2019, students will participate in activities through **Partnership Schools**. These activities may be full-day or a few hours; they often occur on school property. For an event off school property students will be transported to/from the high school. To lessen the burden on families, parent/guardian (s), we prepared a **General Permission Waiver and Release Form** for a one-time signature. We will keep this signed form on file. Each time we plan a trip off school property, we will notify parents/guardian by mail or phone of a student who expresses interest in participating. Also, students will be given a copy to take home. An adult may decline to have a student participate, by notifying the school in writing, or by calling the number below.

**Important Contact Information: Partnership Schools:**

- o Pima Partnership High School and Academy at 520.326.2528
- o Performing Arts High School at 520.917.7880
- o Arizona Collegiate High School at 623.498.8200

As the named student’s parent or legal guardian, I hereby give permission for **(Student’s Name)** \_\_\_\_\_ to participate in school approved activities that will be held from time to time during the school year 2018-2019. I have read the above description on this one-time signature for permission and understand that most of the school sponsored activities will be covered by this signed form.

I, the undersigned, hereby allow my son/daughter to participate in designated school activities that will take place as field trips and participation events that will be supervised by faculty and/or staff of **Partnership Schools**. I (we) hereby give permission for the named child to participate in school field trips. I (we) understand that **Partnership Schools** and its employees/agents are not responsible for the child’s behavior or acts of other persons. We authorize staff to take disciplinary measures, if necessary, for protection of my child or other persons, and if warrants, we (I) the parent(s) will be responsible for return transportation of the above named child (student). I (we) hereby authorize the staff of **Partnership Schools** to act on their best judgment in any emergency that may require medical attention.

I (we) understand that the child assumes the risk in participation in the activities, and I (we) hereby release, exonerate, discharge and hold harmless Pima Prevention Partnership (corporate sponsor of **Partnership Schools**, their employees and agents, from any and all liabilities or causes of any injuries incurred during school events.

**Permission is granted for the above named student to be transported in an agency vehicle.**

**Important medical & insurance information:**

Allergies \_\_\_\_\_  
Medications: \_\_\_\_\_  
Insurance Carrier/Number: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person to call for emergency contact if parent(s) cannot be reached:**

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Student (print name) \_\_\_\_\_  
Parent (print name): \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REQUEST FOR RELEASE OF STUDENT RECORDS SOLICITUD PARA CEDER REGISTROS DEL ESTUDIANTE

924 N. Alvernon Way, Ste 150, Tucson AZ 85711  
Phone: 520.791.2711 Fax: 791.2202

3161 N. 33<sup>rd</sup> Ave., Phoenix, AZ 85017  
Phone: 623.498.8200 Fax: 602.269.2970

Please forward the transcript (s) of/Por favor envie los registros de:

(Student Name)(Nombre Del Estudiante) \_\_\_\_\_

Date of Birth/Fecha de nacimiento: \_\_\_\_\_

Who enrolled in grade/Quien se matriculo en el grado: \_\_\_\_\_ At **Partnership Schools** on: \_\_\_\_\_

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well. *El Padre o guardian que ha firmado, ha sido informado de esta transferencia y otorga el permiso para que la informacion mencionada sea mandada. Si el estudiante es estudiante de educacion especial, por favor envie los siguientes registros:*

-----  
Please send the following information/Por favor envie lo siguiente:

- Birth Certificate/ Acta De Nacimiento
- Official Transcript or Report Cards/Boleta oficial de calificaciones
- Letter of Promotion (if applicable)/Carta de Promocion
- Test Scores (SELP/AZELLA, STATE TESTING - oral, reading, writing)/Calificaciones de los exámenes SELP/AZELLA y EXAMENES DEL ESTADO
- Official Withdrawal Form/Forma oficial de retiro
- Grades to Date of Withdrawal/Calificaciones hasta la fecha de retiro
- Immunization Records/Health Records/Cartilla de vacunas/registro de salud
- Hearing and Vision Screening Results/Resultados del examen de vision y audicion
- Special Education Records, including IEP's, Psychological Reports, etc./Registros de Educacion Especial, IEP's etc.
- Disciplinary and Attendance Records/Registros de asistencia y disciplina

-----  
Please sign and complete the information below:/Por favor firme y llene la informacion de abajo:

Name and address of last school attended/Nombre y direccion de la ultima escuela asistida:

-----  
School Name/Nombre de escuela

-----  
Address/Direccion

-----  
City/Cuidad

-----  
State/Estado

-----  
Zip/Codigo Postal

-----  
Telephone Number/Telefono

-----  
Signature of Parent or Guardian/Firma del Padre o Guardian

-----  
Date/Fecha

**\*State Law 15-828 Paragraph F states that NO SCHOOLS SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. \*New Federal Law 99.31- No parent or signature required for educational records to be sent to another educational agency.**

## Request for Release of Student Records SPECIAL EDUCATION/504

PLEASE REMIT ALL REQUESTED INFORMATION TO:

924 N. ALVERNON WAY, STE 150, TUCSON, AZ 85711  
PHONE: 520.791.2711 FAX: 520.791.2202

3161 N. 33<sup>RD</sup> AVE., PHOENIX, AZ 8501  
PHONE: 623.498.8200 FAX: 602.269.2970

Student Name/Nombre Del Estudiante\_\_\_\_\_

Birth Date/Fecha de Nacimiento\_\_\_\_\_ Grade Level/Grado\_\_\_\_\_

### Special Education History / Historia de la Educación Especial

\_\_\_\_\_ **NO** history of Special Education / **NO** hay antecedentes de educación especial

*If there is no history of Special Education, simply mark "NO" and go on to the next form.*

*Si no hay antecedentes de educación especial, sólo tiene que marcar "NO" y pase a la siguiente forma.*

**Current IEP / IEP Actual**\_\_\_\_\_

**Current 504 / 504 Actual**\_\_\_\_\_

*If your student has had Special Education, please complete the following to the best of your ability. This will help us implement services for your student quickly and effectively. This information will not be used to determine eligibility of enrollment.*

*Si el estudiante ha tenido educación especial, por favor complete el siguiente a la medida de su capacidad. Esto nos ayudará a implementar los servicios para su estudiante con rapidez y eficacia. Esta información no se usará para determinar la elegibilidad de la inscripción.*

What type of Special Education services has your student been receiving? / ¿Qué tipo de servicios de educación especial ha recibido su estudiante?

\_\_\_\_\_

Former School Attended/Escuela Anterior\_\_\_\_\_

Phone/Telefono\_\_\_\_\_ Fax\_\_\_\_\_

Individual Education Plans  
504 Accommodations Plan  
Eligibility Form  
Multidisciplinary Evaluation Team Minutes  
Psycho-educational Evaluations  
Speech Evaluations  
Behavioral Plans  
Discipline Records

Vision/Hearing Screening Results  
Psychiatric Therapy Evaluations  
Occupational Therapy Evaluations  
Physical Therapy Evaluations  
Nurse's Report  
Probation Officer's Report  
Guardianship Documentation

Signature/Firma\_\_\_\_\_

Date/Fecha\_\_\_\_\_



**Arizona Department of Education  
 Student Directory Information Release Form**

During the school year, school district or charter school staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the district governing board or charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter operator is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information containing the student's names, addresses, and telephone listings.*

If you do not want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the district/charter in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form, or October 31, whichever occurs first. If the school district or charter school does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given to release your son/daughter's designated directory information.*

-----

TO: Principal

I do not want any or all the information I have indicated below concerning (student's name) \_\_\_\_\_ designated as directory information and released to any person or organization without my prior written consent:

- |  |  |
|--|--|
| <input type="checkbox"/> Name                    | <input type="checkbox"/> Honors and awards received                      |
| <input type="checkbox"/> Telephone Listing       | <input type="checkbox"/> Enrollment status (e.g. part time or full time) |
| <input type="checkbox"/> Date and place of birth | <input type="checkbox"/> Address   |
| <input type="checkbox"/> Dates of attendance     |  |

**ADE Student Directory Information Release Form, 10/2011**

- |   |   |
|---|---|
| <input type="checkbox"/> Electronic mail address                                  | <input type="checkbox"/> Weight and height (members of athletic teams)          |
| <input type="checkbox"/> Photograph   | <input type="checkbox"/> Most recent educational agency or institution attended |
| <input type="checkbox"/> Grade level  | <input type="checkbox"/> Major field of study                                   |
| <input type="checkbox"/> Participation in officially recognized activities/sports |   |

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



**Arizona Department of Education**  
**Arizona Residency Guideline**  
**REVISED 8/15/2012**

**INTRODUCTION**

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education (“Department”) is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils.

The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable.

The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student’s residency status may be required to repay the state aid received for that student.

**VERIFIABLE DOCUMENTATION**

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter’s annual registration process via the district or charter’s annual registration form. The documentation supporting Arizona residency should be maintained according to the school’s records retention schedule.** For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.** 42 U.S.C. § 11 432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family’s household is multi-generational. Different documentation is required for each circumstance.

**1. Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school which the student is being enrolled, and provide **one** of the following documents,

Which bear the parent or legal guardian’s full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver’s license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed

- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

**2. Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit bearing the name and address of the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list above bearing the name and address of the person who maintains the residence.

A model affidavit is available for schools at: Include link. <http://www.azed.gov/finance/files/2011/10/arizona-residencyguidelines.pdf>.

**USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS**

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indicia of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS CONFIDENTIAL AND ONLY USED FOR EDUCATIONAL PURPOSES.**

**ATTENDANCE AT ARIZONA SCHOOLS BY NON-RESIDENTS**

United States citizens that are not residents of Arizona may attend Arizona public schools upon payment of tuition pursuant to A.R.S. § 15-823(A). Tuition shall be set by the school pursuant to the formula set forth in A.R.S. § 15-824(E). Citizens of a foreign country that are not Arizona residents may attend public high schools in Arizona for up to 12 months upon payment of tuition if they abide by the requirements of federal immigration law. For more information regarding foreign students attending public high schools, see the guidance from the U.S. State Department at: [http://travel.state.gov/visa/temp/types/types\\_1269.html](http://travel.state.gov/visa/temp/types/types_1269.html) Schools that want to enroll foreign citizens must obtain SEVP certification.

For more information regarding SEVP certification, see the guidance at: [http://www.ice.gov/sevis/i17/i17\\_2.ht](http://www.ice.gov/sevis/i17/i17_2.ht)

1 For participants in the Arizona Address Confidentiality Program (“ACP”), an ACP Authorization Card may be accepted in lieu of documentation showing the residential address or property description where the student resides.  
#2803440

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



## Arizona Department of Education Arizona Residency Documentation Form

Student \_\_\_\_\_ School Partnership Schools

School District or Charter Holder Pima Prevention Partnership dba Pima Partnership Schools

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
- \_\_\_ 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, 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

For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.



**Parent or Guardian please ensure you have provided and enclosed one (1) of the documents listed above.**



**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 \_\_\_\_\_.

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

My Commission Expires:



I, \_\_\_\_\_, consent to participate in the Project Balance activities being offered by Pima Prevention Partnership.

I understand that these activities are offered to all students with no student being single out. These activities will assist students in identifying behaviors which could interfere with their educational goals and at the same time provides opportunities for the projects Youth Development Coaches to assist the student in acquiring life skills to reduce the identified behaviors. These brief life skills sessions are designed to not interfere with the student's education but rather to enhance their efforts. I understand that this is not treatment focused and that if needed, I may seek a community referral from the program staff for professional services.

As a participant in the project, I understand that I will:

- ✓ Participate in a short school-wide Wellness Screening
- ✓ Participate in brief life skills interventions when appropriate
- ✓ Sign up and participate in afterschool support activities (Optional)
- ✓ Sign up and participate in afterschool life skills workshops (Optional)
- ✓ Participate in confidential evaluation of the program as required

I understand that any information collected by the staff will be kept confidential, and that my name will not be revealed to any person or agency outside of the project staff without my written consent. I understand that my participation in this service is voluntary, and I have the right to terminate my participation in the project at any time without negative consequences.

I understand that program staff will be available at all times to participants to discuss feelings brought up in the process of the program, and additional counseling and referrals to social service providers will be made available outside this project if requested. Finally, I am aware that project staff are available to answer any questions.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent or Legal guardian)

\_\_\_\_\_  
(Student Signature)

Staff Review and Signature: \_\_\_\_\_