



Center for Academic Success High School
 900 Carmelita Drive
 Sierra Vista, AZ 85635
 Phone: (520) 439-3500
 Fax: (520) 458-6396

Enrollment Checklist

School Year: 18-19

Student's Name: _____ Date: _____

The following items are necessary for the enrollment process. If these documents are not filled out in full and turned in, the enrollment process will be delayed, until all required documentation is submitted for processing.

Has the student, listed above, received any of these education services? (Check One)

Special Education Title 1 Gifted Speech/Language ESL/ELL

****This information is requested solely for purposes of ensuring continuity of services upon enrollment, and will not be considered in making enrollment decisions.***

<p>Additional Documents from Parent/Guardian:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate If you are unable to provide the original birth certificate, please provide one of the following: -certified copy of birth certificate -baptismal certificate -application for social security number -original school registration records with an affidavit explaining the inability to provide a copy of the birth certificate -letter from authorized representative with custody <input type="checkbox"/> AZ Residency Copy <input type="checkbox"/> Immunization Records <input type="checkbox"/> Official Withdrawal from Previous School <input type="checkbox"/> Student Handbook Signature Page 	<ul style="list-style-type: none"> <input type="checkbox"/> Student Information <input type="checkbox"/> Emergency Information/Permission to Administer Medication <input type="checkbox"/> Student Health Form <input type="checkbox"/> Permission to Pick-Up/Drop-Off Student <input type="checkbox"/> PHLOTE <input type="checkbox"/> McKinney-Vento Questionnaire <input type="checkbox"/> AZ Residency Documentation Form <input type="checkbox"/> Technology Use Agreement <input type="checkbox"/> Picture Authorization <input type="checkbox"/> School Records Request <input type="checkbox"/> _____ Front Office Clearance <input type="checkbox"/> _____ Registrar Clearance <input type="checkbox"/> _____ Entered into PowerSchool
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***For the 2018-2019 school year, high school students will be released at 3:30pm, if students are not given permission to walk home on the "Permission Pick-Up/Drop-Off Student" form, or picked up from school by 3:35pm, they will be enrolled in our after school club program. All students will then need to be signed out from the high school front office. Please remember that students will only be released to people listed on the "Permission to Pick-Up/Drop-Off Student" form (page 5 of this packet.)**



Center for Academic Success High School

Student Information

Grade Entering for the 18-19 SY: _____

Student's Name _____ Birth Date _____
 Place of Birth _____
 Home Address _____ City: _____ State: _____ Zip: _____
 Mailing Address (if different) _____ City: _____ State: _____ Zip: _____
 Main Phone Number to Contact Regarding Student: _____

Gender: (Check One) Female Male
 Ethnicity: (Check One) Hispanic or Latino NOT Hispanic or NOT Latino

Race: (Check all that apply): White Black or African American Asian
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander

- Mother's Name (Last, First) _____
 Mother's Home Phone: _____ Day Phone: _____
 Mother's Place of Employment _____
 Mother's Email Address _____
- Father's Name (Last, First) _____
 Father's Home Phone: _____ Day Phone: _____
 Father's Place of Employment _____
 Father's Email Address _____
- Additional Guardianship Information (Please Check)
 Guardian Step-Mother Step-Father
 Name (Last, First) _____
 Home Phone: _____ Day Phone: _____
 Place of Employment _____
 Email Address _____

Last School Attended: _____ Grade Level: _____
 Address of Last School Attended: _____
 Phone # of Last School Attended: (____) _____ Fax # (____) _____

Has the student received any of these educational services? (Please Check):
 Special Education Speech/Hearing Title 1 Gifted ESL 504 Plan

**This information is requested solely for purposes of ensuring continuity of services upon enrollment, and will not be considered in making enrollment decisions.*

 Parent/Guardian's Signature

 Date



Center for Academic Success High School

Emergency Information / Permission to Administer Medications

Student's Name: _____

*Check all medications and/or ointments you allow CAS to administer. All prescribed medications MUST be checked in at the front office and consent forms must be signed.

ACETAMINOPHEN / IBUPROFEN Pain relief without Aspirin	BENADRYL Relief of allergies
ALCOHOL SWABS / BACTINE FIRST AID SPRAY Cleaning and disinfecting	COUGH DROPS Cough / Sore Throat
HYDROCORTOZINE CREAM / CALAMINE LOTION For burns or bug bites, relief of itching	HYDROGEN PEROXIDE Cleansing Agent
ANTIBIOTIC OINTMENT For cuts, burns, or scrapes to prevent infection	TUMS / PEPTO BISMO For upset stomach or heartburn

Prescriptions: _____

Parent or Legal Guardian Information:

Name (Last, First) _____
 Emergency Home # _____ Work # _____ Cell # _____
 Place of Employment _____

Additional Emergency Contact Information:

- Name: _____ Relation: _____
 Phone # 1: _____ Phone # 2: _____
- Name: _____ Relation: _____
 Phone # 1: _____ Phone # 2: _____
- Name: _____ Relation: _____
 Phone # 1: _____ Phone # 2: _____
- Name: _____ Relation: _____
 Phone # 1: _____ Phone # 2: _____

Doctor Information:

Doctor's Name: _____
 Address _____
 Phone # _____

I, the undersigned, _____ (Parent/Legal Guardian), do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered at the office of a physician or at a licensed hospital.

It is understood that this consent is given in advance if any specific diagnosis or treatment being required, but is given to encourage said physician to exercise their best judgment as to the requirement of such diagnosis or treatment.

It is the responsibility of the Parent/Legal Guardian to submit, in written form, any changes in emergency information.

 Parent/Guardian's Signature

 Date



Center for Academic Success High School
Student Health Information Form

Has your child had any of the following? Enter date or age below

	Date /Age		Date /Age		Date /Age
Anemia		Epilepsy		Mononucleosis	
Asthma		Growth Problems		Operations	
Broken Bones		Hernia		Pneumonia	
Chicken Pox		Heart Disease		Rheumatic Fever	
Convulsions		Hepatitis		Scarlet Fever	
Diabetes		Influenza		Tonsillitis	
Eczema		Meningitis		Tuberculosis	
Encephalitis		Mental Health Concerns		Valley Fever	

Other: _____

Is your child currently under a physician’s care? (Check one) Yes No
If Yes, Please explain _____

Is your child allergic to any foods? (Check one) Yes No
If Yes, Please explain _____

Is your child allergic to any plants, or insects? (Check one) Yes No
If Yes, Please explain _____

Is your child allergic to any medicines? (Check one) Yes No
If Yes, Please explain _____

Please list any information that would help in providing good health care for your child:

Does your child have any of the following? (Check all that apply)

<input type="checkbox"/>	Frequent Colds	<input type="checkbox"/>	Unusual Mood Fluctuations
<input type="checkbox"/>	Frequent Sore Throat	<input type="checkbox"/>	Overweight
<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	Underweight
<input type="checkbox"/>	Frequent Headaches	<input type="checkbox"/>	Speech Problems
<input type="checkbox"/>	Frequent Toothaches	<input type="checkbox"/>	Hearing Problems
<input type="checkbox"/>	Frequent Leg Pain	<input type="checkbox"/>	Vision Problems
<input type="checkbox"/>	Frequent Stomach Aches	<input type="checkbox"/>	Wears Glasses/Contacts

 Parent/Guardian’s Signature

 Date



Center for Academic Success High School

Permission to Pick-Up /Drop-Off Student

Students Name: _____

Grade: _____

***Only persons on this list will be allowed to pick up/ drop off your students; you must include yourself on this list.**

*Please notify any person(s) picking up your student that they will be asked to show a valid form of identification the name on that ID must match the name you have listed below.

I give permission to the following person(s) to pick-up my student from school:

1.) Name: _____

Phone Number: _____ Relation: _____

2.) Name: _____

Phone Number: _____ Relation: _____

3.) Name: _____

Phone Number: _____ Relation: _____

4.) Name: _____

Phone Number: _____ Relation: _____

5.) Name: _____

Phone Number: _____ Relation: _____

6.) Name: _____

Phone Number: _____ Relation: _____

(Please check if this applies to your student)

My child has permission to walk to _____
after school. (Address)

Parent/Guardian's Signature

Date



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 _____

School _____

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.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** _____
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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.



Center for Academic Success High School

Center for Academic Success McKinney-Vento Policy

Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.) is included in No Child Left Behind as Title X-C. The 2002 Reauthorization requires that children and youths experiencing homelessness are immediately enrolled in school and have educational opportunities equal to those of their non-homeless peers. All public schools, as recipients of Federal financial assistance and as public entities, must ensure that their education programs for homeless children are administered in a nondiscriminatory manner. The statute requires every public school district and charter holder to designate a Homeless Liaison to ensure that homeless students are identified and their needs are being met.

The Center for Academic Success (hereinafter known as CAS) complies fully with the letter and spirit of the McKinney-Vento Homeless Act.

- CAS will ensure that educational programs for homeless children are administered in a nondiscriminatory manner.
- CAS will not segregate homeless children in a separate school program within a school, based on homelessness alone.
- CAS will immediately enroll homeless students if ever the students are unable to produce the records normally required by non-homeless students for enrollment and will provide transportation to and from school.
- CAS has a designated Homeless Liaison to ensure that homeless students are identified and their needs are being met.
- The Homeless Liaison will also be responsible for training of school personnel in the requirements of McKinney-Vento with respect to identification and the provision of equal access to educational programs of homeless children.

DISPUTE RESOLUTION

If a dispute regarding a homeless child or youth arises, that homeless child or youth will be allowed to enroll/remain enrolled in the school of his/her or his/her parent or guardian's choice until such dispute has been resolved. Disputes arising under the McKinney-Vento Homeless Assistance Act shall be brought before the CAS Superintendent for resolution. Any appeal to the Superintendent's decision shall be brought before the Center for Academic Success Board of Directors for final resolution. The CAS Board of Directors shall provide the appellant with a written decision, which shall include a notification that the appellant has a right to appeal the CAS Board of Director's decision to the Arizona Department of Education.

DEFINITION OF "HOMELESS STUDENT"

A **"homeless student"** is defined as a student who **lacks a primary residence that is fixed, regular, and adequate.**

Children and youth who:

- are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason;
- are living in motels, hotels, trailer parks, or camp grounds due to lack of alternative adequate accommodations;
- are living in emergency or transitional shelters or are abandoned in hospitals;
- are awaiting foster care placement;
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- are migratory children who qualify as homeless.

Parent/Guardian's Signature

Date



Center for Academic Success High School
McKinney-Vento Residency Questionnaire

Name of Student: _____
 Name of Parent/Legal Guardian(s): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to the residency information help determine the services the student may be eligible to receive. This information is confidential and will be for District use only.

Residency Information

- 1. Is your current address a **temporary** living arrangement? ___ Yes ___ No
- 2. Is this temporary living arrangement due to a loss of housing or hardship? ___ Yes ___ No

If you answered “yes” to questions 1 & 2, please check the appropriate answer for Question #3. If you answered “no” to either question 1 or question 2, please proceed to the next box.

3. Where is the student presently living?

- ___ In a motel/hotel ___ With more than one family in a house or apartment
- ___ In a shelter ___ Other
- ___ In a place not designed for ordinary sleeping accommodations (i.e. car, park, campsite)

Unaccompanied Youth

- 1. Are you a student not living with your parent/guardian? ___ Yes ___ No

Foster Placement

- 1. Is student living in foster care? ___ Yes ___ No

Parent/Legal Guardian Signature _____ **Date** _____

FOR SCHOOL PERSONNEL USE ONLY

I certify that the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

 Site McKinney-Vento Liaison

 Site Free/Reduced Lunch Personnel

 Date



Arizona Department of Education
Arizona Residency Guidelines
REVISED 1/29/2018

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, 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, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **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 in 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)¹:

- 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 or off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe located in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families)

2. Parent(s) or legal guardian(s) that does not maintain his or her own residence: The parent or legal guardian must have an **affidavit of shared residency** form completed 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 for 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 bearing the name and address of the person who maintains the residence. A model affidavit of shared residence form is available for schools at the end of this document.

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 indication 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: <https://travel.state.gov/content/visas/en/study-exchange/student/foreign-students-in-public-schools.html> Schools that want to enroll foreign citizens must

¹For 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.

obtain SEVP certification. For more information regarding SEVP certification, see the guidance at: <https://www.ice.gov/sevis/i17>



Arizona Department of Education Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

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 Arizona Address Confidentiality Program authorization card
- ___ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ___ Temporary on-base billeting facility (for military families)

- ___ 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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ 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 Arizona Address Confidentiality Program authorization card
- ___ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- ___ 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



Center for Academic Success High School

Technology Use Agreement

The Internet and other technologies will be used to support the educational objectives of CAS. Our goal in providing these diverse and unique resources to teachers and students is to promote educational excellence in our school by facilitating resources sharing, innovation, and communication. Use of these new technologies is a privilege, not a right, and is subject to a variety of terms and conditions.

Center for Academic Success Technology Plan- Acceptable Use Policy Agreement

1. **Supervision** – I will not use any technology without the expressed permission and supervision of a member of the CAS faculty and staff.
2. **Language** – I will only use appropriate language. I will always be mindful that I am a representative of our school. What I say and do can be viewed globally.
3. **Etiquette** – I will be polite. I will not send, or encourage others to send abusive messages.
4. **Vandalism** – I will not use technology to practice vandalism. Vandalism includes any malicious attempt to harm or destroy the property, including data, of any user or system on the Internet.
5. **Privacy** – I will not reveal any passwords, home addresses, or personal phone numbers. I will not electronically publish or distribute pictures of others or myself without permission. I will not electronically publish or distribute any materials I have created or those of others without appropriate permission.
6. **Trespassing** – I will not attempt to access systems, directories, or files without authorization.
7. **E-Mail** – I understand that electronic mail to and from CAS is not guaranteed to be private. Messages relating to or in support of illegal activities will be reported to the authorities.
8. **Problems** – I will report any problems which I become aware of, as well as any abuses directed to me to an appropriate faculty or staff member.
9. **Help** – I will ask for help when I feel I need assistance.
10. **Misuse** – I agree to report any misuse of the system. Misuse can come in many forms, but include any messages sent or received that contain or suggest: pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and other issues described above.

For the Student

I understand and agree to abide by the provisions and conditions of this contract. I understand that any violations of the above provisions may result in disciplinary action, the revoking of my user account(s), or even legal action.

Student's Name (Please Print): _____

Student's Signature: _____ Date: _____

For the Parent or Guardian

As the parent or guardian of this student, I have read this contract and understand that the Center for Academic Success (CAS) use of telecommunication technologies is designed for educational purposes. I understand that it is impossible for CAS to restrict access to all controversial materials, and will not hold the school responsible for materials accessed on the network. I also agree to report any misuse of the system to the school administration. Misuse can come in many forms, including any messages sent or received in many forms., including any messages sent or received that contain or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language and other issues described above.

*I accept full responsibility if and when my child's use is not in a school setting. I certify that the information contained on this form is correct.

Parent or Guardian's Signature

Date



Center for Academic Success High School

Authorization for Use of Pictures

By enrolling your student at the Center for Academic Success, you give permission for your child’s likeness to be used in the following:

- Publicity for school activities in the Sierra Vista media
- Inclusion in school yearbook, class pictures, school paper, and class projects
- Center for Academic Success Facebook page
- E-newsletter
- Center for Academic Success Website

* Should you wish that your students likeness not be used please see the front office staff.

Language Questions

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 was the language that the student first acquired?

Communication Request
Solicitud de Comunicaciones
(Check One)

_____ I request that all forms, reports, correspondence, and other communication to be sent to me in English.

_____ Solicito que todos los formularios, informes, correspondencia y otras comunicaciones sean enviados a mí en español.

Parent/Guardian’s Signature

Date



Center for Academic Success High School

Dress Code Policy

The following attire guidelines shall apply to all regular school activities:

- Clothes shall conceal underwear at all times. See-through or fishnet fabrics, halter tops, off –the- shoulder or low-cut tops, bare midriffs and skirts or shorts shorter than mid-thigh are PROHIBITED.
- Swimwear, pajamas, nightgowns and oversized clothing are not appropriate school wear.
- No head coverings inside the buildings
- No clothing with drug/tobacco/alcohol slogans or symbols of weapons, alcohol , drugs, sexual innuendoes
- Sagging pants, excessively long skirts or long belts are not allowed
- Hooded sweatshirts and jackets must be worn with hoods down

Students appearing on school grounds in violation of the DRESS CODE POLICY will be counseled and, as appropriate, parents will be contacted and students will be ordered to change clothes and dress properly for school. Students will remain at in-school suspension until they are dressed appropriately. Students will be counseled initially and a referral will be filed. A student with repeated offenses and willfully violates the DRESS CODE POLICY may be subject to suspension.

I have read and understand the DRESS CODE POLICY guidelines and will follow as outlined above.

 Parent/Guardian’s Signature

 Date

 Student Signature

 Date

● **How did you first hear about CAS? (Check all that apply)**

- Newspaper advertisement
- Website
- Word of mouth/recommendation
- Radio advertisement
- Other _____



Parents Right-to-Know
(Teacher Qualifications • Not-Highly-Qualified Status)

Title I Section 1111 (h)(6)

(6) PARENTS RIGHT-TO-KNOW-

- (A) **QUALIFICATIONS-** At the beginning of each school year, a local educational agency that receives funds under this part shall notify the parents of each student attending any school receiving funds under this part that the parents may request, and the agency will provide the parents on request (and in a timely manner), information regarding the professional qualifications of the student's classroom teachers, including, at a minimum, the following:
- (i) Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
 - (ii) Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived.
 - (iii) The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.
 - (iv) Whether the child is provided services by paraprofessionals and, if so, their qualifications.
- (B) **ADDITIONAL INFORMATION-** In addition to the information that parents may request under subparagraph (A), a school that receives funds under this part shall provide to each individual parent—
- (i) information on the level of achievement of the parent's child in each of the State academic assessments as required under this part; and
 - (ii) timely notice that the parent's child has been assigned, or has been taught for four or more consecutive weeks by, a teacher who is not highly qualified.
- (C) **FORMAT-** The notice and information provided to parents under this paragraph shall be in an understandable and uniform format and, to the extent practicable, provided in a language that the parents can understand.

We are pleased to notify you that in accordance with the *No Child Left Behind Act of 2001*, you have the right to request information regarding the professional qualifications of your child's teacher. Specifically, you may request the following:

- Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria has been waived.
- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.
- Whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like to receive this information, or should you have any questions, feel free to contact Mrs. Ridenhour or Mrs. Tomlinson at 520-439-3500 or 520-439-3500 and she will be happy to assist you.



Center for Academic Success High School

900 Carmelita Drive
 Sierra Vista, AZ 85635
 Phone: (520) 439-3500
 Fax: (520) 458-6396

School Records Request

Request To:

The student below is currently enrolled at the Center for Academic Success High School and has indicated last attendance in your school.

Please send the following:

- Official Transcripts
- Immunization Records
- Withdrawal Slip
- Special Education Records
- Standardized Test Scores
- Other _____

Mail Records To:

Center for Academic Success – High School
 Attn: Registrar
 900 Carmelita Drive
 Sierra Vista, AZ 85635

Fax Records To:

520-458-6396

Email Records To:

aridenshour@cpic-cas.org

Students Name	Birth Date	Grade

I hereby grant permission for all confidential, medical, psychological, and academic information including screening for A.R.S. 15-1013 relative to my child released to the Center for Academic Success and the appropriate school therein.

 Parent/Guardian's Signature

 Date