



**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

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