



***Skyline Gila River***

***Grades 5 - 12***

**Enrollment Packet**

**School Year 2025 – 2026**

SKYLINE GILA RIVER  
255 E Riggs Rd. Chandler, AZ 85249

Website: <http://www.skylinegilariver.com>

Phone: (480) 750-0024

(877) 225-2118

Fax: (520) 315-3233

**Report Absences by Email:**  
**absentgilariver@skylineschools.com**

*Skyline Gila River is not affiliated with, endorsed, or sponsored by the Gila River Indian Community.*





# **ENROLLMENT PROCESS & CHECKLIST**

## **ITEMS REQUIRED FOR ENROLLMENT**

- Proof of Age and Identity
  - A certified copy of the student's birth certificate or other documentation as set forth in A.R.S. § 15-828(A). On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the proof of age required in A.R.S. § 15-828(A).
- Arizona Residency Documentation Form
- Military Student Identifier (if applicable)

## **ITEMS REQUIRED PRIOR TO ATTENDANCE**

- Immunization Records – (immunization records are not a condition of enrollment but must be completed prior to attendance.)
- Immunization Exemption Form (if applicable)
- Withdrawal Form from previous Arizona school attended (if applicable)

## **OPTIONAL INFORMATION (used to better serve your student)**

- Emergency Information
- Medical Information
- Special Education Questionnaire
- Student Status for McKinney-Vento
- Home Language Survey (English and Spanish as applicable)
- ED 506 Form for Title VI Indian Education Formula Grant Program
- Field Trip & Model Release Form
- Technology & Internet Usage Agreement
- Shared Responsibilities under Title 1
- FERPA Notification
- School Bus Guidelines and Rules
- Fees, Class schedule, Uniform dress code
- To help parents make an informed decision about whether Skyline Gila River is the right school for their child, Skyline Gila River uses an interview process to get to know our potential students better; however, a student or parent attending an interview is not a condition of enrollment.

### A.R.S. § 15-184

Skyline Gila River does not limit admission based on ethnicity, national origin, gender, income level, disabling condition, proficiency in English language, or athletic ability.

Skyline Gila River has a fair and equitable policy to enroll all eligible students, who submit a timely application, unless the number of applicants exceeds the capacity of the school facility. Skyline Gila River gives enrollment preference only to those students who are returning to the school for the second or any subsequent year of operation and to siblings of pupils who are already enrolled in Skyline Gila River. Should the number of eligible enrollment applications exceed the capacity of a grade level, Skyline Gila River will utilize a lottery system. The lottery will also determine waiting list order for any unselected applications. Applications received after the open enrollment window closes will be processed on a first-come, first-served basis.

Skyline Gila River may refuse to admit any pupil who has been expelled from another educational institution or who is withdrawn while in the process of being expelled from another educational institution.



# **ITEMS REQUIRED FOR** **ENROLLMENT**



# ENROLLMENT FORM

*Please Print*→

Student Name (First) Last Name MI Legal Last Name

Physical Address City State Zip Code

Mailing Address City State Zip Code

Entering Grade Level \*Date of Birth (mm/dd/yyyy) Age Last Grade

State Born In

Male/ Female Entry Date (official Use only) Entry Code (Official Use Only)

Ethnic Group (optional) White African-American Hispanic Asian Native American  
Race (optional) White African-American Asian Native American

## PARENT/GUARDIAN INFORMATION

Name (First, Middle, Last) Relationship to Student

Address Apt/Suite City State Zip Code

Home Phone Business Phone Cell Phone

E-mail Address

Name (First, Middle, Last) Relationship to Student

Address Apt/Suite City State Zip Code

Home Phone Business Phone Cell Phone

E-mail Address

## **PARENT/GUARDIAN(S) SIGNATURE:**

Guardian A Date Guardian B Date

\*Proof of age required - A certified copy of the student's birth certificate or other documentation as set forth in A.R.S. § 15-828(A).



## 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.

## **MILITARY STUDENT IDENTIFIER**

More than 90% of school-age military-connected students in kindergarten through grade twelve are in public schools. For the first time in the history of our Nation, the military-connected student is recognized in education policy.

The Every Student Succeeds Act (ESSA) includes a requirement that districts identify any military-connected children enrolled in their schools.

Military-connected children are defined as those with a parent or guardian who is a member of the Armed Forces on active duty. Please indicate below if your child has a parent/guardian who is on active full-time military duty in the Army, Navy, Air Force, Marine Corp, or Coast Guard including full-time National Guard or Reserve duty.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Yes, my child has a parent/guardian on active full-time duty.

**\*\* Return this form ONLY if the answer is yes. \*\***

Skyline Gila River will not deny enrollment if a parent chooses to withhold Military Student Identifier (MSI) information and this information will not be used in making enrollment decisions.

Every Student Succeeds Act of 2015, Pub. L. No. 114-95 § 114 Stat. 1177 (2015-16) Section 1111(h)(1)(C)(ii).



**ITEMS REQUIRED PRIOR**  
**TO ATTENDANCE**



## ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

### Grades K-12

- Requirements are shown below as stated in [Arizona Administrative Code, R9-6-702](#), Table 7.1 and Table 7.2
- Please review the [Arizona Immunization Handbook for Schools and Child Care Programs](#) along with the [Vaccine Catch-up Flowcharts & FAQs](#) for further information and details about immunization requirements and exemptions.
- Vaccines must follow ACIP minimum intervals and ages to be valid. See page 2 for minimum interval and catch-up schedule information.
- The 4-day grace period only applies to vaccine-administration minimum age and intervals. Refer to the Handbook for questions.



Vaccine	4-6 Years Old and attendance in Kindergarten or 1 <sup>st</sup> grade	7-10 Years Old	11 Years and Older
<b>HepB</b> Hepatitis B	<b>3 doses</b> The final dose of HepB must be given at 24 weeks of age or older. Only 3 doses are required if the 3 <sup>rd</sup> dose was received at or after the child was 24 weeks of age; otherwise 4 doses are required.		
<b>Polio</b> Polio (IPV) For OPV see page 2	<b>4 doses</b> The final dose of polio must be received at/after 4 years of age and at least six months after the previous dose. Only 3 doses are required if the 3 <sup>rd</sup> dose was received on/after the child's 4 <sup>th</sup> birthday and at least six months after the 2 <sup>nd</sup> dose. Additional doses may be needed to meet requirements. See pg. 2 for retrospective history guidance.		
<b>MMR</b> Measles, Mumps and Rubella	<b>2 doses</b> Minimum recommended age for dose 1 is 12 months. A 3 <sup>rd</sup> dose will be required if dose 1 was given more than 4 days before 1 <sup>st</sup> birthday.		
<b>VAR</b> Varicella (chickenpox)	<b>1 dose</b> Minimum recommended age for dose 1 is 12 months. 2 doses, at least 4 weeks apart, are required if dose 1 was given at 13 years of age or older.		
<b>DTaP, Tdap, Td</b> Diphtheria, Tetanus, and Pertussis	<b>5 doses of DTaP</b> The final dose of tetanus-diphtheria containing vaccine must be received at/after 4 years of age and at least six months after the previous dose. Only 4 doses are required if the 4 <sup>th</sup> dose was received on/after 4 years of age; in certain situations, an additional dose may be required, up to a maximum of 6 doses (before age 7).	<b>4 doses of tetanus-diphtheria-containing vaccine (or combination of DTaP, Td or Tdap doses). At least one dose at/after 4 years of age and at least 6 months from previous dose.</b>  3 doses (with one at/after 4 years) is acceptable if the first dose was given on/after 1 <sup>st</sup> birthday; otherwise refer for an additional dose.	<b>1 dose of Tdap is required</b> If the student does not have a Tdap but received a dose of tetanus-diphtheria-containing vaccine within the past 5 years, refer for the adolescent Tdap dose when 5 years has passed since that dose. If a student has received 1 valid dose of adolescent Tdap (age 10 years or older), no further doses are needed.  Students must have minimum series of 4 doses of tetanus-diphtheria-containing vaccine; 3 doses acceptable if the 1 <sup>st</sup> dose was given on/after 1 <sup>st</sup> birthday.
<b>MenACWY or MCV4</b> Quadrivalent Meningococcal	Retrospectively: Menomune (Meningococcal Polysaccharide) vaccine was a quadrivalent vaccine so is acceptable; however, production of this vaccine was discontinued in February 2017. Menomune doses are considered acceptable for school requirements.		<b>1 dose of MenACWY is required</b> A dose administered at 10 years of age will meet the requirement.

## ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY – Minimum Interval/Catch-up Guidance

### Grades K-12

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
<b>HepB</b> Hepatitis B	dose 1	Birth	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> <li>Some children may receive a birth dose and then a combination vaccine resulting in a total of 4 (or more) doses. As long as the interval between doses is met, 4+ doses meet requirement.</li> <li>2 doses, at least 4 months apart, meet the requirement if the child received the adolescent series using the Merck Recombivax HB Adult Formulation when the child was 11-15 years of age.</li> </ul>
	dose 2	4 weeks	At least 8 weeks between dose 2 & 3 (or final)	
	dose 3	24 weeks	At least 16 weeks between dose 1 & 3 (or final) AND at/after 24 weeks of age	
<b>Polio</b> IPV or OPV	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> <li>Retrospectively: 1) A final dose given on or after August 7, 2009, must be given at or after 4 years of age and a minimum interval of 6 months from the previous dose. 2) Students who received 4 doses (with at least 4 weeks minimum intervals between doses and/or before the age of 4 years) PRIOR to August 7, 2009 have met the requirement.</li> <li>OPV given prior to April 1, 2016 will be presumed to be trivalent and therefore acceptable, regardless of age, or country, of administration. Any OPV doses administered on or after April 1, 2016 are presumed to be bivalent and therefore unacceptable.</li> <li>Polio vaccine is not recommended in the U.S. for individuals 18 years of age or older; however, a complete series is still required for school attendance.</li> </ul>
	dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	dose 3	14 weeks	At least 4 weeks between dose 3 & 4	
	dose 4	4 years	At least 6 months between final dose and previous dose (could be final dose 3 or final dose 4)	
<b>MMR</b> Measles, Mumps and Rubella	dose 1	12 months	At least 4 weeks (28 days) between dose 1 & 2	<ul style="list-style-type: none"> <li>If MMR dose 1 was given more than 4 days before the 1<sup>st</sup> birthday, another dose is required.</li> <li>MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).</li> </ul>
	dose 2	13 months	-	
<b>VAR</b> Varicella (chickenpox)	dose 1	12 months	At least 3 months between dose 1 & 2 4 weeks (28 days) between doses if administered at age 13 or older	<ul style="list-style-type: none"> <li>If varicella dose 1 was given more than 4 days before the 1<sup>st</sup> birthday, another dose is required.</li> <li>MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).</li> </ul>
<b>DTaP, Tdap, Td</b> Tetanus, Diphtheria, and Pertussis	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> <li>DTaP is licensed for children through age 6. If catch-up doses are needed at age 7 or older, Tdap or Td should be used to start/complete the series.</li> <li>A Tdap given at age 7-9 years of age does not count for the 11-year old Tdap requirement; a Tdap should be given once 5 years has passed since last dose of tetanus-diphtheria containing vaccines was given.</li> <li>Retrospectively, if a child received a Tdap at age 10 as part of a catch-up series, or inadvertently earlier than the recommended age of 11-12, the dose may be counted as the adolescent dose and is acceptable to meet school requirements.</li> <li>Once a valid adolescent Tdap dose has been received, a tetanus booster is recommended when 10 years has passed since last dose of tetanus-containing vaccine.</li> </ul>
	dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	dose 3	14 weeks	At least 6 months between dose 3 & 4	
	dose 4	12 months	At least 6 months between dose 4 & 5	
	dose 5	4 years	In general, a child should not receive more than 4 doses prior to the 4 <sup>th</sup> birthday or a total of 6 doses prior to the 7 <sup>th</sup> birthday; however, the child should still receive a dose at/after 4 years of age and at least 6 months from previous dose	
<b>MenACWY, MCV4</b> Meningococcal	dose 1	10 years		<ul style="list-style-type: none"> <li>Only quadrivalent meningococcal ACWY vaccine doses will be accepted. The vaccines given currently in the U.S. are Menactra, Menveo, and MenQuadfi. No monovalent or bivalent meningococcal vaccinations will be accepted (MenA, MenB, MenC, or MenCY).</li> </ul>



Space for provider office stamp (optional)

Medical Exemption Form

Arizona law requires that schools, preschools and child care facilities retain this form in order for a child to be exempted from immunization requirements for medical reasons.

This is the official ADHS-provided format used by licensed physicians and registered nurse practitioners to document that 1) due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses; 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached (required for measles, rubella, and varicella); or 3) the child has a documented medical history of disease OR laboratory evidence of immunity for diseases other than measles, rubella, and varicella.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

To be completed by a licensed physician or registered nurse practitioner to exempt a child from school or child care immunization requirements. Printed Name of Physician or Nurse \_\_\_\_\_ Signature of Physician or Nurse \_\_\_\_\_ Date \_\_\_\_\_ Please list each vaccine included in the exemption and the reason for the exemption: \_\_\_\_\_ Please indicate whether this is a permanent exemption [ ] or a temporary exemption [ ] If the exemption is temporary, please list the date the exemption ends \_\_\_\_\_

Parent/Guardian Section:

- 1. I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care and/or school until the risk period ends, which may be 3 weeks or longer.
2. I am aware that additional information about vaccine preventable diseases, vaccines, and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services. (www.azdhs.gov/phs/immun/).

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



## Religious Beliefs Exemption Form

### For Child Care, Preschool and Head Start Programs

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	<b>Diphtheria (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Tetanus (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Pertussis (Whooping Cough) (DTaP, Tdap):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Polio:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Measles, Mumps, Rubella (MMR):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials _____ Date _____
<input type="checkbox"/>	<b>Haemophilus influenzae type b (Hib):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Hepatitis B:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Hepatitis A:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Varicella (Chickenpox):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____

Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

Initials \_\_\_\_\_

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services ([www.azdhs.gov/phs/immun/](http://www.azdhs.gov/phs/immun/)).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care until the risk period ends, which may be 3 weeks or longer.

Child's Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_



**Personal Beliefs Exemption Form**  
**Kindergarten – 12<sup>th</sup> Grade Only**

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law, (A.R.S. §15-873) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	<b>Diphtheria (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Tetanus (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Pertussis (Whooping Cough) (DTaP, Tdap):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Polio (IPV):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Measles, Mumps, Rubella (MMR):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials _____ Date _____
<input type="checkbox"/>	<b>Hepatitis B:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Varicella (Chickenpox):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Meningococcal:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: brain damage, sepsis (systemic infection) permanent scarring or loss of limbs, and death.	Initials _____ Date _____

Due to my personal beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

Initials \_\_\_\_\_

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services are available from my local county health department and Arizona Department of Health Services ([www.azdhs.gov/phs/immunization/](http://www.azdhs.gov/phs/immunization/)).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school until the risk period ends, which may be 3 weeks or longer.

Child's Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_



**Official Notice of Pupil Withdrawal**

Student Information																			
1. Student's Legal Last Name		2. Student's Legal First Name	3. Middle Name	4. Sr/Jr/2 <sup>nd</sup> /3 <sup>rd</sup>															
5. State Student ID	6. School Student ID	7. Grade Level	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Date of Birth (mm/dd/yyyy) / /															
10a. Primary Withdrawal Type Select the following that best describes why the student is withdrawing from school: <input type="checkbox"/> WD Demoted to the previous grade level during the current school year <input type="checkbox"/> WK Transferred to another calendar track within the same school <input type="checkbox"/> WP Promoted to the next grade level during the current school year <input type="checkbox"/> W1/S1 Transferred to another school <b>in state</b> <input type="checkbox"/> S99 Student transferred to another school <b>within this district</b> during summer <input type="checkbox"/> W21/S21 Transferred to attend school <b>out of state</b> <input type="checkbox"/> W22/S22 Transferred to attend school in another country <input type="checkbox"/> W2 Withdrawal due to chronic illness <input type="checkbox"/> W3 Expelled or long-term suspension <input type="checkbox"/> W4/S4 Attendance record showing 10 consecutive days of unexcused absence or status unknown <input type="checkbox"/> W5/S5 Dropout - no intention of completing necessary requirements for diploma <input type="checkbox"/> W6/S6 Age out (Older than 22 years of age or younger than 6 years of age) <input type="checkbox"/> W7/S7 Met all high school graduation requirements and awarded diploma <input type="checkbox"/> W15 Met all requirements for Grand Canyon Diploma and awarded diploma <input type="checkbox"/> W8/S8 Deceased <input type="checkbox"/> W9/S9 Transfer to be home taught <input type="checkbox"/> W10/S10 Transferred to a state detention or correctional facility <input type="checkbox"/> W11/S11 Withdrawal to obtain GED <input type="checkbox"/> W12/S12 Transfer to vocational or technical school which does not award HS diploma <input type="checkbox"/> W13/S13 Completion of a course of study at CTED before or after graduation <input type="checkbox"/> W17 Received GCD; no longer enrolled full-time in AZ public university <input type="checkbox"/> W18 Received GCD; no longer enrolled full-time in AZ community college <input type="checkbox"/> W14 Met all requirements but not awarded GCD; continuing in high school <input type="checkbox"/> W19/S19 Eligible for GCD; student is no longer enrolled in a full-time CTE program <input type="checkbox"/> W20 Awarded GCD; post GCD participation unknown or ineligible			10b. Additional Withdrawal Reason  ( <b>Optional</b> ) Select one of the following only if applicable: <input type="checkbox"/> WR1 School identified for Federal School Improvement <sup>1</sup> <input type="checkbox"/> WR2 School identified as persistently dangerous <sup>1</sup> <input type="checkbox"/> WR3 Individual Transfer Option (victim of a violent criminal offense) <sup>1</sup> <input type="checkbox"/> WR4 Pregnancy / Biological Parent of a Child <sup>2</sup>  <sup>1</sup> In accordance with No Child Left Behind and State Board of Education Policy <sup>2</sup> In accordance with <a href="#">A.R.S. §15-1042(H)</a>  <i>Note for WR1 and WR2</i> If a school does not have this designation, or if a student transfers to another school with the same designation, then this withdrawal reason is invalid																
11a. Data in SMS Added by: (initials)		11b. Date Added (mm/dd/yyyy) / /	11c. Last Day of Attendance or Summer Withdrawal Date (mm/dd/yyyy) / /																
12. Parent/Guardian Signature		13. Student Signature (if applicable)	14. Date (mm/dd/yyyy) / /																
Information is certified correct according to School records																			
15. School	16. District /Charter # (CTD)	17. School # (S)	18. Withdrawal Code (based on 10a.)																
19. School Official Signature			20. Date (mm/dd/yyyy) / /																
Note: If parent or guardian is unable to sign this form, the school district should indicate the reason the signature was not obtainable.																			
<b>21. SPED<sup>1</sup></b> Check all that apply. <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> A</td> <td><input type="checkbox"/> HI</td> <td><input type="checkbox"/> MOID</td> <td><input type="checkbox"/> PSD</td> <td><input type="checkbox"/> SLI</td> </tr> <tr> <td><input type="checkbox"/> DD</td> <td><input type="checkbox"/> MD/MDSSI</td> <td><input type="checkbox"/> OHI</td> <td><input type="checkbox"/> SID</td> <td><input type="checkbox"/> TBI</td> </tr> <tr> <td><input type="checkbox"/> ED/EDP</td> <td><input type="checkbox"/> MIID</td> <td><input type="checkbox"/> OI</td> <td><input type="checkbox"/> SLD</td> <td><input type="checkbox"/> VI</td> </tr> </table>					<input type="checkbox"/> A	<input type="checkbox"/> HI	<input type="checkbox"/> MOID	<input type="checkbox"/> PSD	<input type="checkbox"/> SLI	<input type="checkbox"/> DD	<input type="checkbox"/> MD/MDSSI	<input type="checkbox"/> OHI	<input type="checkbox"/> SID	<input type="checkbox"/> TBI	<input type="checkbox"/> ED/EDP	<input type="checkbox"/> MIID	<input type="checkbox"/> OI	<input type="checkbox"/> SLD	<input type="checkbox"/> VI
<input type="checkbox"/> A	<input type="checkbox"/> HI	<input type="checkbox"/> MOID	<input type="checkbox"/> PSD	<input type="checkbox"/> SLI															
<input type="checkbox"/> DD	<input type="checkbox"/> MD/MDSSI	<input type="checkbox"/> OHI	<input type="checkbox"/> SID	<input type="checkbox"/> TBI															
<input type="checkbox"/> ED/EDP	<input type="checkbox"/> MIID	<input type="checkbox"/> OI	<input type="checkbox"/> SLD	<input type="checkbox"/> VI															
<b>22. ELL</b>																			
AZELLA Information		ELL Program Information																	
Most Recent Assessment Date (mm/dd/yyyy) / /  Most Recent Overall Proficiency Level _____		Was student receiving ELL services in the current fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, program type (SEI type, ILLP, Bilingual): _____ Was student withdrawn from ELL Service in the current fiscal year by parent request? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
If your district/charter administered an AZELLA test to this student, please attach a copy of the student's most recent AZELLA Student Report.																			



# **OPTIONAL INFORMATION**

**(used to better serve your student)**

\*Optional Information will not be used in making enrollment decisions\*



# EMERGENCY INFORMATION

## Student Name:

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

1. Name \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Relation \_\_\_\_\_

3. Name \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Relation \_\_\_\_\_

2. Name \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Relation \_\_\_\_\_

4. Name \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Relation \_\_\_\_\_

The following person(s) **may not** remove my student from the school: **(Please supply the school with custody papers).**

Name \_\_\_\_\_

Custody papers on file \_\_\_\_\_yes \_\_\_\_\_no

Name \_\_\_\_\_

## Emergency Information (cont.)

### Medical Information

Is student allergic to any foods or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.)

---

Is student usually susceptible to infections and if so, what precautions need to be taken?

---

Is student subject to convulsions, and what should be the school's procedure if one occurs?

---

Is there any physical condition that the school should be aware of, and what precautions or procedures should be taken?

---

**Has your student had the chicken pox or received the chicken pox vaccination (varicella)?**

YES    NO

**If you have checked yes above, what was the date of disease or the vaccination?**

---

Additional Comments

---

---

---

---

Other Special Instructions

---

---

---

---

The above emergency information is provided by

---

Parent/ Guardian Signature

Date

# MEDICAL INFORMATION

Student's Name:

\_\_\_\_\_

Insurance/Group #

Name/ I.D. # of Primary Holder

Doctor

Office Phone

Hospital

Phone

Please Explain Any Medical Alert:

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

Does your student have any of the following conditions? If so, please explain.

Glasses:

Asthma:

Hearing Problems:

Allergies:

Diabetes Medication:

Convulsions Food Allergies:

The above medical information is provided by: \_\_\_\_\_

Parents/Guardian Signature

Date

## MEDICATION RELEASE

*Please Print*

I, \_\_\_\_\_, (Parent/Guardian name) hereby give consent for \_\_\_\_\_, (Student) to receive the following over-the-counter first aid from School Staff. School Staff will administer over the counter first aid only as needed.

\_\_\_\_\_ Band-Aids

\_\_\_\_\_ Antiseptic

\_\_\_\_\_ Ice Pack

**Note: The school is not allowed to dispense any over-the-counter drugs (i.e., aspirin, Tylenol, cough drops, etc.).**

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

# SPECIAL EDUCATION QUESTIONNAIRE

To serve our students' educational needs, it is important that we are informed of any special educational services received or needed by your student.

*Please print*

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PREVIOUS

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**Please CHECK ALL BOXES below that apply to your student's situation:**

- My student has *never* participated in any Special Education Programs.
- My student has been tested or evaluated for Special Educational Services.  
(Please attach the evaluation)
- My student currently has in Individualized Education Plan (IEP).  
(Please attach the current IEP)
- My student currently has a 504 Accommodation Plan.  
(Please attach the current 504 Accommodation Plan)

**\*\*Failure to disclose factual information could hinder your student's educational process.**

*Please Print*

NAME (PARENT/GUARDIAN)

\_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE

NUMBER \_\_\_\_\_







## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

\_\_\_\_\_

**2. What language does the student speak *most* of the time?**

\_\_\_\_\_

**3. What language did the student first speak or understand?**

\_\_\_\_\_

Student Name \_\_\_\_\_ District Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSID \_\_\_\_\_

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

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

School \_\_\_\_\_

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)



## Arizona Department of Education

Office of English Language Acquisition Services

### Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendizajes del idioma inglés de Arizona (AZELLA). Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

\_\_\_\_\_

2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

\_\_\_\_\_

3. ¿Qué idioma habló o entendió el estudiante primero?

\_\_\_\_\_

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Distrito o Charter _____	Fecha _____
Escuela _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

## **Field Trip Release**

My student \_\_\_\_\_ has permission to participate in field trips that are authorized by the school and have school transportation. All and any activities that the student participates in would be the student's responsibility and not the liability of the school.

---

Parent's signature

Date

## **Model (Picture) Release**

My student \_\_\_\_\_ has permission to be in pictures and publicity including school yearbooks, school advertising and other school pictures that are needed and used by the school. The student/parent/guardian will receive no compensation for the photos. The photos and materials become the exclusive property of Skyline Education, Inc.

I, legal parent or guardian of the student described above, consent to the foregoing.

---

Parent's signature

Date

# **TECHNOLOGY & INTERNET USAGE AGREEMENT**

Dear parents or guardians,

As you are aware, the use of computer technology in today's classroom is part of the educational process. During the regular school experience your student will have access to computers and the internet. Internet filtering and monitoring are in place to comply with applicable laws and to provide students a safe technological environment. Students are neither to use nor to attempt to use "proxy" websites to get around the school's content filter. Below are the rules for use at the school. It is required that you and your student read the rules and sign, indicating your approval, and understanding of the rules.

## **Rules and Guidelines for Computer and Internet Usage:**

- All students must have this signed agreement in their file to use school computers and access the Internet.
- Respect for the equipment and the school's network is a condition for use. Vandalism, theft, graffiti, or other detrimental actions will not be tolerated.
- Uploading or downloading files or programs onto school workstations without prior consent from the Network Administrator or a school administrator are prohibited.
- Usage of computers and the Internet is for official schoolwork only.
- Hacking is a very serious violation of the usage agreement, and the consequence is zero tolerance, carrying a referral to the Board of Trustees for expulsion.
- Students are to notify the teacher immediately of any material they find disturbing on the Internet.
- Students are not to give out personal information like name, address, phone numbers, or e-mail addresses to anyone on the Internet.
- All discs or other removable media brought to the classroom for use in the computers must be scanned for content and viruses by the teacher.
- In addition to these rules, teachers may have additional related classroom policies to facilitate learning in their classes.
- Simply stated, the computers and the Internet are provided to students to achieve learning in today's technological environment. They are to be used for official schoolwork, not personal use.

*Violation of any of these rules may result in forfeiture of use and may include appropriate disciplinary action as presented in the school policies and procedures.*

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

I have read and understand the above technology and internet usage agreement.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read and understand the above technology and internet usage agreement.

# **SHARED RESPONSIBILITIES UNDER TITLE 1**

## **I. Required School-Parent Compact Provisions Under Title I**

### **A. School Responsibilities:**

South Phoenix Prep, South Valley Prep, Skyline Prep, Skyline Gila River, AZ Compass, Vector Prep 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 achievement standards as follows:
  - ❖ Provide teacher training that includes classroom management skills and teaching methodologies.
  - ❖ Provide a classroom environment that is warm and conducive to learning.
  - ❖ Ensure class sizes are conducive to student learning.
  - ❖ Provide administrative support for teachers in the classroom.
  - ❖ Provide AZ College and Career Standards (AZCCR) based curriculum at all grade levels.
  - ❖ Teach academic skills in the classroom based upon the AZCCR standards.
  - ❖ Assess student knowledge of the AZCCR standards skills regularly.
  - ❖ Provide interventions for students in the areas of reading and math in preparation for the State assessment of the standards.
  - ❖ Provide high quality curriculum and instruction in a supportive and effective learning environment.
  - ❖ Ensure that parents are aware when the state assessment of the standards will be given and encourage parents to work on academic skills with their children.
  - ❖ Ensure that all students participate in state assessment of the standards.
  - ❖ Provide information to parents regarding their children's performance on the state assessment of the standards.
  - ❖ Provide support for parents at school through conferences and workshops.
  - ❖ Encourage parent involvement in their children's education.
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.
  - ❖ Parent-teacher conferences are annually scheduled in October of each school year.
  - ❖ Parent-teacher conferences may be scheduled during the year as needed.
3. Provide parents with frequent reports on their children's progress.
  - ❖ Progress reports are sent to parents in the middle of each grading period.
  - ❖ Progress may be mailed to parents upon request.
  - ❖ Weekly progress reports are available to students and parents upon request.
  - ❖ Parents may view student's grades at any time using the Parent Web-based Portal.
4. Provide parents reasonable access to staff.
  - ❖ Parents may meet with administration of the school and district whenever they are available.
  - ❖ Teachers are available to meet with parents after school with prior notice.
  - ❖ Parents are encouraged to communicate with teachers to keep informed of their child's progress.
5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities.
  - ❖ Parents may schedule a time with the teachers when they may visit the classroom.
  - ❖ Parents are encouraged to participate and volunteer at all school activities and sporting events.

## **B. Parent Responsibilities:**

We, as parents, will support our children's learning by:

1. Monitoring attendance.
2. Making sure that homework is complete.
3. Monitoring amount of television my child watches.
4. Participating, as appropriate, in decisions relating to my child's education.
5. Promoting positive use of my child's extracurricular time.
6. Staying informed about my child's education by properly reading all notices from the school or school district either received by my child or by mail and responding as appropriate.
7. Communicating with the school and/or classroom teacher about any questions, comments, or concerns I may have
8. Serving as 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.

## **II. Optional Additional Provisions**

### **A. Student Responsibilities:**

We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards by:

1. Doing my homework every day and asking for help when I need to.
2. Reading for at least the recommended minutes every day outside of school time.
  - Kindergarten: 15 minutes reading plus 15 minutes in other academic areas
  - First Grade: 15 minutes reading plus 20 minutes in other academic areas
  - Second Grade: 15 minutes reading plus 30 minutes in other academic areas
  - Third Grade: 20 minutes reading plus 30 minutes in other academic areas
  - Fourth Grade: 20 minutes reading plus 45 minutes in other academic areas
  - Fifth Grade: 25 minutes reading plus 45 minutes in other academic areas
  - Sixth Grade: 30 minutes reading plus 45 minutes in other academic areas
3. Giving my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.
4. Doing my best in all academic areas and in all my classes.
5. Conducting myself as a leader would in and out of classroom.

## **III. Additional Required School Responsibilities** (requirements that schools must follow, but optional as to being included in the school-parent compact.)

### **A. South Phoenix Prep, South Valley Prep, Skyline Prep, Skyline Gila River, AZ Compass, Vector Prep will:**

1. Involve parents in the planning, review, and improvement of the school's parent involvement policy, in an organized, ongoing, and timely way.
2. Involve parents in the joint development of any school wide program plan, in an organized, ongoing, and timely way.
3. Hold an annual meeting to inform parents of the school's participation in Title I, Part A programs, and to explain the Title I, Part A requirements, and the right of parents to be involved in Title I, Part A programs. The school will convene the meeting at a convenient time to parents and will offer a flexible number of additional parent involvement meetings, such as in the morning or evening, so that as many parents as possible are able to attend. The school will invite all parents of children participating in Title I, Part A programs to this meeting.
4. Provide information to parents of participating students in an understandable and uniform format, including alternative formats upon the request of parents with disabilities, and, to the extent practicable, in a language that parents can understand.
5. Provide to parents of participating children information in a timely manner about Title I, Part A programs that includes a description and explanation of the school's curriculum, the forms of academic assessment used to measure children's progress, and the proficiency levels that students are expected to meet.

6. On the request of parents, provide opportunities for regular meetings for parents to formulate suggestions, and to participate, as appropriate, in decisions about the education of their children. The school will respond to any such suggestions as soon as practicably possible.
7. Provide to each parent an individual student report about the performance of their child on the State assessment in at least math, language arts, and reading.
8. Provide each parent timely notice when their child has been assigned or has been taught for four (4) or more consecutive weeks by a teacher who is not highly qualified within the meaning of the term in section 200.56 of the Title I Final Regulations (67 Fed. Reg. 71710, December 2, 2002).

**B. Optional School Responsibilities:**

To help build and develop a partnership with parents to help their children achieve the State's high academic standards, Skyline Schools, Inc. will:

1. Recommend to the local educational agency (LEA), the names of parents of participating children of Title I, Part A programs who are interested in serving on the State's Committee of Practitioners and School Support Teams.
2. Notify parents of the school's participation in literacy and specialized programs.
3. Notify parents of the school's participation in Early Reading First, Reading First, and Even Start Family Literacy programs operating within the school, the district, and the contact information.
4. Work with the LEA in addressing problems, if any, in implementing parental involvement activities in section 1118 of Title I, Part A.
5. Work with the LEA to ensure that a copy of the SEA's written complaint procedures for resolving any issue of violation(s) of a federal statute or regulation of Title I, Part A programs is provided to parents of students and to appropriate private school officials or representatives.

**Parent Signature** \_\_\_\_\_

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

**Student Signature** \_\_\_\_\_

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

Your signature indicates you have read the Title One School-Parent Compact and understand the shared responsibilities of the parents and the school.

**Please return this signed page to the Registrar at School**

# FERPA NOTIFICATION

Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records unless it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.

- Parents or eligible students have the right to request in writing that a school correct records that they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:

School officials with legitimate educational interest

□ A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or student serving on an official committee or assisting another school official in performing his or her tasks.

□ A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school.

o other schools to which a student is seeking to enroll;

o Specified officials for audit or evaluation purposes.

o Appropriate parties in connection with financial aid to a student.

o Organizations conducting certain studies for or on behalf of the school.

o Accrediting organizations.

o To comply with a judicial order or lawfully issued subpoena;

o Appropriate officials in cases of health and safety emergencies; and

o State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, sports participation (including height and weight of athletes) and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent.

**The Individuals with Disabilities Education Act (IDEA)** is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children with disabilities education records could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of sources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and the health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887

(voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-5901	Arizona Department of Education Exceptional Student Services 1535 W. Jefferson, BIN 24 Phoenix, AZ 85007
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# School Bus Guidelines and Rules

The conduct of students aboard a school bus must be controlled in order to provide safe and efficient transportation. The students aboard a bus are under the authority of the bus driver and directly responsible to the driver. The attached articles are provided for driver guidance in maintaining student discipline. In the enforcement of student discipline, the drivers should work closely with school administrators. In the event of unresolved problems aboard the bus, after consulting with the school administrator, drivers should bring the matter to the attention of the Director of Transportation.

1. **DRIVER'S AUTHORITY:** Students in a school bus are the complete responsibility of the bus driver and under his/her direction; students must always be courteous and show respect for the driver and obey the driver's instructions.
2. **BUS STOP ASSIGNMENT:** Students may not get on or off the bus at any location other than their regularly scheduled stop. Parents must submit in writing a bus change 24 hours in advance. When an emergency occurs, a parent may arrange for an alternative authorized bus stop on a limited basis.
3. **BUS DEPARTURE TIMES:** Students should be at their bus stop at least 10 minutes prior to the scheduled pick-up time; buses must operate on a definite schedule and drivers will not wait for late arrivals. Students are not to arrive at the stop more than 10 minutes prior to the departure time. Excessive late arrivals to the bus stop will result in disciplinary action.
4. **BOARDING THE BUS:** As the bus approaches, students must form an orderly single-file line and stand no closer than 10 feet. Students shall not move towards the bus until it has come to a complete stop. Students must enter the bus one at a time, with no pushing or shoving in line.
5. **SEAT ASSIGNMENT:** Students are to take the seat indicated by the driver; they may not exchange seats without the driver's permission.
6. **STUDENTS MUST REMAIN SEATED:** Students must sit upright, face the front of the bus, keep feet out of the aisle, and in no way obstruct aisles or bar progress of other students moving in or out of the bus. Standing, walking, or any movement out of seats while the bus is in motion is prohibited.
7. **BUS WINDOWS:** Windows may not be lowered without the driver's permission and at no time may they be lowered below the second notch (the window should never be open more than 6 inches).
8. **\*HANDS/BODY OUT OF WINDOWS:** Students may not extend hands, arms, head or any other part of the body out of the window at any time on the school bus. Unauthorized exiting from emergency doors and windows is prohibited.
9. **\*TAMPERING WITH BUS EQUIPMENT:** Tampering of any kind with bus doors, emergency exits, radio, or controls is prohibited.
10. **\*SMOKING NOT ALLOWED:** Smoking, use of any tobacco product, lighters, or lighting of any material is prohibited and is against the law.
11. **EXCESSIVE NOISE/DISORDERLY CONDUCT:** Students are prohibited from creating disturbances such as whistling, playing musical instruments, yelling or talking loudly, throwing articles, shooting rubber bands, scuffling, etc. Students shall quietly converse only with those students sitting in the same seat they occupy. Distractions and noise levels inside the bus must be kept to a minimum so the driver can hear and observe approaching emergency vehicles, horns, or other impending hazards.
12. **\*PROFANE LANGUAGE/GESTURES:** Using profane language or obscene gestures is prohibited.
13. **LITTERING:** Littering or throwing of objects of any kind is prohibited.
14. **\*FIGHTING:** Students may not interfere with others, nor destroy the property of others; they may not intimidate or threaten anyone on the bus. Students must keep their hands to themselves; fighting, slapping, hitting, poking, shoving, pulling hair, etc., in the bus or at the stop, is prohibited.
15. **EATING/DRINKING:** Drinking, items other than water, or eating, including gum and candy, is prohibited at any time.

16. **PROHIBITED OBJECTS:** Items such as glass containers and large or dangerous objects are not allowed on the bus. Transporting live animals, fish, reptiles, or insects on the bus is prohibited.
17. **\*DAMAGE TO THE SCHOOL BUS OR BUS STOP:** Students may not vandalize or damage the school bus or bus stop. Parent(s)/Guardian(s) will be required to pay for damage done by their child to either the school bus or to private property at the bus stop location.

**WHEN ENFORCEMENT OF DISCIPLINE IS REQUIRED THE FOLLOWING DISCIPLINE FLOW CHART IS USED:**

The school bus driver will issue:

- At least 2 verbal warnings, then
- One written warning, then
- If the student’s behavior does not improve, the driver will make a recommendation of denial of bus privileges to the school administrator
  - on occasion, a school administrator may request the driver to request a parent conference, or a bus driver may request to attend. In either case, arrangements to attend and participate should be coordinated through the Director of Transportation. School administrators will be responsible for informing the Director of times and dates.

The situations listed below, and asterisked under the Bus Guidelines and Rules, are serious offenses and are regarded as Disorderly Conduct. The Discipline Flow Chart will not be followed; an immediate recommendation to deny transportation will be given:

- Unauthorized jumping out or entering the bus through windows and emergency exits
- Tampering with bus equipment e.g. emergency door, brakes, switches or other devices used in the operation of a school bus
- Smoking in the school bus
- Lighting lighters, matches or other materials, exploding firecrackers or burning papers on the bus
- Degrading, vulgar or profane speech or gestures directed at the driver or other students on the bus
- Use of physical force upon the driver or inflicting injury upon other students through the use of physical force
- Intentional destruction or defacing of seats or paneling within the bus
- Refusal to remain seated while the bus is in motion after verbal warnings.

Charter Schools are not reimbursed for transportation, therefore Skyline Education, Inc. transportation is a courtesy to our students. We must follow pre-determined routes. The \$25.00 fee is a reservation fee, non-refundable, (first come first serve) so we do not overpopulate the bus. Due to this you may not get a seat on the bus to school, and it is not the school’s responsibility to transport your student to and from school. Charter Schools are schools of choice, and the ADE does not reimburse the school for transporting any student.

**I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE BUS GUIDELINES AND RULES AS RIDING THE BUS IS A PRIVILEGE**

**STUDENT NAME (PRINTED):** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT NAME (PRINTED):** \_\_\_\_\_

**\* Students cannot ride the bus until School bus guidelines and rules paperwork is completed and signed.\***

# **CLASS SCHEDULE**

## **Monday through Thursday**

- **Regular Schedule:** 7:15 am to 2:45 pm

## **Early Release (and Friday) Schedule**

- **Early Release:** 7:15 a.m. to 12:00 p.m.

## **Drop Off and Pick-Up**

- **Drop Off:** Students cannot be dropped off earlier than 7:30 am.
- **Pick-Up:** Students must be picked up by 3:30 pm. (by 12:30 on Early Release Days).

## **We Are a Closed Campus**

- Once students arrive at school they are to stay at school until they have been released by their last teacher, or a parent has been contacted for early dismissal. Students are not allowed to go to the parking lot or unsupervised area during school or breaks for any reason.

## **Signing Out of School:**

- Students who are 18 years of age or older living with a parent or guardian, cannot sign themselves out of school on their own consent. Only a parent or guardian can sign a student out early from a school day. Students are still under the guardianship of their parents for school purposes, even if they are 18 years or older.

## **Grading Period: 180 Days**

- **First Block (44 days):**
  - **Second Block (46 Days):**
  - **Third Block (47 Days):**
  - **Fourth Block (43 Days):**
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## UNIFORM DRESS CODE

<p><b>5 – 8 Girls</b></p> <ul style="list-style-type: none"> <li>✓ Collared, long or short sleeved, polo shirt or blouse in solid black, white, grey, or purple</li> <li>✓ Approved school logo shirts are allowed on Fridays</li> <li>✓ Uniform bottoms, cotton twill pants, capris, dresses, skorts, shorts, jumpers or skirts (worn no shorter than 2 inches above the knee) in solid black or khaki/tan</li> <li>✓ Layering of school clothes is permitted provided all layers are within approved school colors (solid black, white, grey, or purple; solid black or khaki/tan bottoms)</li> <li>✓ Solid black, brown, or white belts</li> <li>✓ Tennis shoes/sneakers or closed toed/closed heeled dress shoes</li> <li>✓ Conservative jewelry should be worn in moderation, limiting the number of pieces worn, and not posing a danger to self or others</li> <li>✓ Any student wishing to exceed/surpass the uniform dress code requirements by wearing ties, dress pants, blazers, or suits may do so provided dress clothing is within approved school colors (black, white, grey, purple, and khaki/tan)</li> </ul>	<p><b>5 – 8 Boys</b></p> <ul style="list-style-type: none"> <li>✓ Collared, long or short sleeved, polo shirt or oxford in solid black, white, grey, or purple</li> <li>✓ Approved school logo shirts are allowed on Fridays</li> <li>✓ cotton twill pants or shorts (worn properly on the waist) in solid black or khaki/tan</li> <li>✓ Layering of school clothes is permitted provided all layers are within approved school colors (solid black, white, grey, or purple; solid black or khaki/tan bottoms)</li> <li>✓ Solid black, brown, or white belts</li> <li>✓ Tennis shoes/sneakers or closed toed/closed heeled dress shoes</li> <li>✓ Conservative jewelry should be worn in moderation, limiting the number of pieces worn, and not posing a danger to self or others</li> <li>✓ Any student wishing to exceed/surpass the uniform dress code requirements by wearing ties, dress pants, blazers, or suits may do so provided dress clothing is within approved school colors (black, white, grey, purple, and khaki/tan)</li> </ul>
<p><b>9 – 12 Girls</b></p> <ul style="list-style-type: none"> <li>✓ All Uniform Dress Code rules are the same as 5 – 8 girls, excepting that blue, black, or khaki/tan denim (jean) bottoms are permitted.</li> </ul>	<p><b>9 – 12 Boys</b></p> <ul style="list-style-type: none"> <li>✓ All Uniform Dress Code rules are the same as 5– 8 boys, excepting that blue, black, or khaki/tan denim (jean) bottoms are permitted.</li> </ul>

**\*NO HOODIES ( OR HOODED SWEATSHIRTS) ARE ALLOWED ON CAMPUS AT ALL.**

*Outerwear (coats, hoodies, and any sweatshirt or sweater not within Uniform Dress Code guidelines) is to be removed upon entering the building*

*Athletic shorts, sweatpants, jazz pants, and leggings are not acceptable uniform bottoms.*

*No hats or hoods up on campus at any time in the building.*

*Shoes with wheels are prohibited on campus at any time.*

*Facial piercings are prohibited on campus at any time.*

### **Athletic Dress Code:**

**Girls:** Athletic shorts and t-shirt waist length, sports bra, running shoes with socks, hair secured off face in a ponytail, and no jewelry.

**Boys:** Athletic Shorts and t-shirt waist length, and running shoes with socks.