



# AmeriSchools Academy

## Student Registration Form

Office Use Only

### Student's Full Name

\_\_\_\_\_  
(Legal Last) (Legal First) (Legal Middle) Suffix

Gender Male  Female  Birthdate \_\_\_\_\_

City of Birth \_\_\_\_\_ State/Country of Birth \_\_\_\_\_

Has your child ever been suspended or expelled by another school district?  YES  NO

School Year \_\_\_\_\_  
SAIS# \_\_\_\_\_  
School ID# \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Grade Level \_\_\_\_\_  
Proof of Residency \_\_\_\_\_

**Ethnic Group and Race Categories:** The US Department of Education requires that **both** these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are **required** to make selections for both.

Is the student Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

What is the student's race? (Select all that apply)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachments.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the Black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Student is currently homeless yes  no

Requests additional information regarding available services yes  no

Student & Family resides in  Permanent Residence  Temporary Residence  Shelter/Group Home

Student lives with  both parents  mother (only)  father (only)  Step-parent  Legal Guardian (court appointed)

Preferred Method of Contact: Home#  Cell#  Work #

How did you hear about AmeriSchools Academy? \_\_\_\_\_

### Prior School District Information

School \_\_\_\_\_ Grade Level last completed \_\_\_\_\_

School Address \_\_\_\_\_  
(Include Street Address, City, State and Zip Code)

### SPECIAL EDUCATION

Does this student have a current **Individualized Education Plan**? Yes  No  (If yes, provide copy of most recent **IEP**)

Does the student have a **504 Plan**? Yes  No  (If yes, provide copy of most recent **504**)

My child is currently under the care of a physician/doctor for a **Chronic Medical Condition** YES  NO

Please describe any specific cultural, social and/or religious patterns followed in the home that you would like the school personnel to know about. \_\_\_\_\_

In what area(s) of academics does your child excel? \_\_\_\_\_

In what area(s) of academics does your child need assistance? \_\_\_\_\_

### SCHOOL POLICY

AmeriSchools Academy requires students and families to review the Parent-Student Handbook available online at [www.amerischools.org](http://www.amerischools.org)

Please sign indicating you have reviewed these policies.  Parent/Guardian Signature: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION – (Primary Parent /Legal Guardian Living in Household)**

Mother/Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Is this a Step- Parent  YES  NO

Mother/Legal Guardian Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Is this a Step- Parent  YES  NO

Father/Legal Guardian Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Has any of the information above changed in the last 6 months?  YES  NO Is this a Step- Parent  YES  NO

E-Mail for Alerts \_\_\_\_\_

**Court Order Information**



Does your child have court restrictions regarding a parent/legal guardian contact? Yes  No

(Please provide copy of court documents.)

Date of Order: \_\_\_\_\_

Court Order Type: \_\_\_\_\_

Order Locality: \_\_\_\_\_

*Student educational records and/or student will be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Enrolling parent/legal guardian is responsible for providing current copies of all court orders.*

**Emergency Contact Information – (List in Priority Call Order)**

1.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Can pick up student?  Yes  No

2.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Can pick up student?  Yes  No

3.) \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last Name) (First Name)

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Can pick up student?  Yes  No

I certify by my signature, that I am either the parent or legal guardian of this child and that the above information is true, accurate and up to date. I understand that if any of the information completed on this registration form is incorrect or inaccurate, it may adversely affect the ability of AmeriSchools Academy to educate my child resulting in his/her administrative withdrawal.

Parent or Guardian \_\_\_\_\_  
(Please print name here)

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



# AMERISCHOOLS ACADEMY ATTENDANCE POLICY

## Student Registration, Capacity, Attendance and Placement

Admission and placement policies for students are fully developed in the Policy Handbook. Please reference this document for a complete reading of these policies, therein referenced for accuracy, communicating admission requirements and placement of students.

### I. Admission

- Admission for each student is Non-Discriminatory regardless of an individual's condition or ability.
  - Admission to the Academy is prescribed by statute, A.R.S. §15-184, which includes;
    - (1) submitting an application according to defined capacity limits (must conform to Special Education capacity guidelines) prior to the application deadline; and (2) meeting the age requirement (age 5, September 1), academic and behavior standards (must conform to placement and continuum of services guidelines).

Please Initial \_\_\_\_\_

- After the deadline for admission, students are to be placed on a waiting list in chronological order. Wait listed applicants numbered in excess of capacity limits (must conform to Special Education capacity guidelines) are to be chosen by lottery for admission during the first week following the Labor Day recess.

Please Initial \_\_\_\_\_

- The application deadline is defined by the hour, date and the number of students enrolled in a program, class, grade level or building. Subsequent applicants in excess of capacity admission limits are to be placed on a **waiting list** in chronological order.

Please Initial \_\_\_\_\_

### II. Placement

- Definitions are essential for the placement of all students in the appropriate academic program, including gifted, Special Education and disabled students.

#### Capacity limits

- Capacity limits are set by the Chief Executive Officer or designee annually for each site prior to the start of each academic year. These limits are controlled by the instructional needs of students, providing direction for the non-graded academic programs. (See application deadline above)

Please Initial \_\_\_\_\_

#### Attendance

- The law requires children between the ages of 6 and 16 to attend school during the hours a school is in session. Attendance is mandatory, being necessary for instruction and achievement as determined by the education standards of Arizona.
- By law, Arizona Revised Statute §15-803, excessive absences are those that exceed 10% of the attendance days for instruction. **Students may be administratively withdrawn from school due to excessive absences or ten (10) consecutive absent days from school.**

Please Initial \_\_\_\_\_

#### Placement

- Placement in each Placement in each academic program, class, grade level or building occupied by students with varying instructional needs determines capacity limits. Special Education placements are limited to a capacity of ten (10) students for each school site. Students in excess of this number are to be wait listed with provisional registration. Successful placement directly relates to high standards for academic and behaviors of students. The continuum of services utilizes the entire community and the state in providing resources to enhance positive student outcomes.

Please Initial \_\_\_\_\_

**Parent or guardian must sign as having read this document to complete registration**

\_\_\_\_\_  
Printed Name  
Written Signature

\_\_\_\_\_  
Written Signature

\_\_\_\_\_  
Date



# STUDENT RELEASE AND PHOTOGRAPHY RELEASE

This form gives AmeriSchools Academy authorization to use student information and photographs taken of your child for educational purposes, including yearbook, newsletters, newspaper, flyers, brochures, website, PowerSchool Announcements and other publicity.

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

**(Please Check Only ONE Option)**

- I approve of Student Information and Photograph Release without reservation or compensation
- I approve of Student Information and Photograph Release for **individual school pictures ONLY**. I understand this does not include the class photo and that the pictures taken will not be used for educational purposes, including yearbook, newsletters, newspaper, flyers, brochures, website, listserv and other publicity.
- I approve of Student Information and Photograph Release for **school/class pictures ONLY** and I understand these pictures will be used in the yearbook only.
- I **DO NOT** approve of any student Information or Photograph Release for my child. (Please Note: This option includes, but is not limited to, school pictures (individual), class pictures and/or yearbook pictures.)

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

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**COMMUNITY EXPLORATION PERMISSION SLIP**

AmeriSchools Academy has many opportunities to go on exciting community exploration trips. Occasionally, the information is given to the school at the last minute and AmeriSchools Academy does not have time to send home permission slips, so the students are unable to participate. To avoid having to miss exciting educational opportunities, you are asked to check one of the options below. This will give your child permission to attend community exploration trips on short notice or if your child forgets to return their permission slip. Parents/Guardians will always be notified before your child goes off campus.

- YES!** My child has permission to participate in community exploration trips! My child has permission to walk to the destination (when applicable), ride on a chartered or city bus or ride in the school van. Also, I hereby grant my permission, in an emergency, for my child to be taken to the nearest emergency facility for treatment in the event that I cannot be reached.
- NO!** My child does not have permission to participate in community exploration trips.

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



# AMERISCHOOLS ACADEMY

## HEALTH INFORMATION FORM

The parent or guardian completes this form.

Students First Name: \_\_\_\_\_ Students Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 Students Address: \_\_\_\_\_  
 Mother or Legal Guardian: \_\_\_\_\_ Phone : \_\_\_\_\_  
 Father or Legal Guardian: \_\_\_\_\_ Phone : \_\_\_\_\_  
 Emergency Contact : \_\_\_\_\_ Phone : \_\_\_\_\_

Con	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Tuberculosis		
Ear Infections			Vision problems		
EpiPen			Other		

Describe any other important health-related information about your child (for example, hearing aid, etc.):

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Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Is your child taking any medications?  Yes  No If yes, please name the medication(s) and for what condition.

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

**Any medication, prescribed or over-the-counter, must be checked in at the Front Office and have a filled out Medication Consent Form.** This includes allergy medication, ibuprofen, aspirin, Tylenol, cough drops, etc.

Is your child presently under medical treatment? If yes, please explain:

\_\_\_\_\_

Is your child allergic to any food or other substances? If yes, please name food or substance to be avoided and procedure to be followed:

\_\_\_\_\_

Is your child subject to convulsions, and what is the appropriate procedure if one occurs?

\_\_\_\_\_

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

\_\_\_\_\_

Are there any physical conditions or limitations we should be aware of? Please explain:

\_\_\_\_\_

Additional Comments/Other Special Instructions:

\_\_\_\_\_

I hereby grant permission, in an emergency, to take my child to the nearest hospital/emergency facility for treatment in the event that I cannot be reached. It is understood that the school will try to reach the parent/guardian and/or other persons listed as emergency contacts before arranging for transportation to a hospital/emergency facility.

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



# AMERISCHOOLS ACADEMY

## CERTIFICATE OF IMMUNIZATION FORM

**To be completed by a physician, registered nurse, or health department official.**

(A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.) Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Mo. Day Yr.

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 <sup>th</sup> grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5

MEDICAL EXEMPTION  RELIGIOUS EXEMPTION

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, by the Arizona Department of Health Services (Requirements are listed on ARS §15-871-874 Department of Education ).

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): \_\_\_/\_\_\_/\_\_\_



# AMERISCHOOLS ACADEMY

## OVER THE COUNTER MEDICATION PERMISSION FORM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Over the course of the school year, we have several students who come to the office complaining of headaches, stomachs, sore throats, coughs, etc. We have various Over the Counter medication available, however in order to give your child anything, we must have written permission and some additional information. Please complete the form below if you would like your child to be able to receive any of the Over the Counter medication while at school.

**Please note the following:**

- Only children with a signed permission slip on file can receive any Over the Counter medication distributed by the school. If there is not a written permission slip on file, you will need to come to the school to give your child any medication.
- Children are **not** allowed to carry ANY medications with them, including Over the Counter medication such as cough drops, Tylenol, etc.

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Health/Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

**I authorize AmeriSchools' Staff to dispense the following Over the Counter medications to my child:**

**For complaints of headaches, menstrual cramps and minor discomfort related to musculoskeletal and dental discomfort, (please check ONE of the following):**

- 1 Acetaminophen (generic Tylenol, 325-620 mg each)
- 2 Acetaminophen (generic Tylenol, 325-620 mg each)
- 1 Ibuprofen (generic Advil, 200 mg each)
- 2 Ibuprofen (generic Advil, 200 mg each)
- 1 Acetaminophen Jr. Chewable (generic Tylenol, 160 mg each)
- 2 Acetaminophen Jr. Chewable (generic Tylenol, 160 mg each)

**For complaints of minor stomach, issues (please check ONE of the following):**

- 1 Antacid Tablet (generic Tums, 750 mg Calcium Carbonate)
- 2 Antacid Tablets (generic Tums, 750 mg Calcium Carbonate)
- 1 Tablespoon Stomach Relief (generic Pepto, 250 mg Bismuth Subsalicylate)
- 2 Tablespoons Stomach Relief (generic Pepto, 250 mg Bismuth Subsalicylate)

**For complaints of minor sore throat or cough:**

- 1 cough drop when needed, not to exceed more than
- 1 in a 2 hour period (generic Halls, 7 mg Menthol)

I certify by my signature, that I am either the parent or legal guardian of this child and that I am authorizing unlicensed individuals (AmeriSchools' Staff) to dispense Over the Counter medicine to my child as needed. In addition, I understand that it is my responsibility to update this form if there are any changes to what my child can be given.

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

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



# AMERISCHOOLS ACADEMY

## PRESCRIPTION MEDICATION CONSENT FORM

Name of Student: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age: \_\_\_\_\_

Type of Medication: \_\_\_\_\_ Prescription # \_\_\_\_\_ Dosage: \_\_\_\_\_ Method: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Times & Frequency: \_\_\_\_\_

REASON: \_\_\_\_\_

Possible side effects to watch for with this medication:

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**\*INJECTIONS REQUIRE: HEALTH CARE PROVIDER'S WRITTEN AUTHORIZATION (Please attach)**

### Parent's Instructions:

1. Medication must be in its original container.
2. Must have a childproof cap.
3. Labeled with the child's first and last name.
4. Date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider.
5. The name of the licensed health care provider.
6. The expiration date of the medication or the period of use of the medication.
7. The manufacturer's instructions or the original prescription label that details the name and strength of the medication and instructions on how to administer and store it.
8. A physician's note is required for all prescription medication given to a child.
9. Parental or Guardianship permission is required for all over the counter medication given to a child.
10. Use one consent form per medication.

I certify by my signature, that I am either the parent or legal guardian of this child and that I am authorizing unlicensed individuals (AmeriSchools' Staff) to dispense prescription medicine to my child as needed. In addition, I understand that it is my responsibility to update this form if there are any changes to what my child can be given.

Date of Authorization: \_\_\_\_\_

Signature of Parent or Guardian of Student: \_\_\_\_\_





## ARIZONA RESIDENCY FORMS

On September 22, 2011, the Arizona Department of Education provided guidelines to determine the residency of all public school students registered in the State of Arizona. Pursuant to A.R.S. §15-823(J), a school district or charter school may not include non-resident pupils in their student count, therefore not receiving state aid for these 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 receiving state aid to ensure that student residency information is accurate and verifiable. The following documents must be completed by each parent/guardian registering a student at each of the AmeriSchools campuses.

The documentation required by law must be provided each time a student enrolls in a public school in Arizona, being maintained in the records retention schedule for each school.

**One of the following document forms is required** for each student attending school, being completed during the registration process and maintained in the student's file.

- **Arizona Residency Documentation Form** . To be completed by parents/guardians that maintains his/her own residence and is able to provide documentation bearing his/her name and address.
- **Affidavit of Shared Residence** . To be completed by parents/guardians that do not maintain his/her own residence due to extenuating circumstances including, but not limited to, that the family's household is multi-generational.



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.

**What is the primary language used in the home regardless of the language spoken by the student?**

**What is the language most often spoken by the student?**

**What is the language that the student first acquired?**

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

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

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

District or Charter The Charter Foundation, Inc. d/b/a AmeriSchools Academy

School AmeriSchools Academy Grade Level \_\_\_\_\_

Previous School \_\_\_\_\_ Previous Grade Level \_\_\_\_\_

.....  
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.

1535 West Jefferson Street, Phoenix, Arizona 85007 ~ 602-542-0753 ~ [www.azed.gov/oelas](http://www.azed.gov/oelas)



## Arizona Department of Education Arizona Residency Documentation Form

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

School District or Charter Holder: The Charter Foundation, Inc. d/b/a AmeriSchools Academy

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

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

- Valid Arizona Driver's License, Arizona Identification Card or Motor Vehicle Registration
- Real Estate Deed or Mortgage
- Documents Property Tax Bill
- Residential Lease or Rental Agreement
- Water, Electric, Gas, Cable or Phone Bill
- Bank or Credit Card
- Statement W-2 Wage
- Statement
- Payroll Stub
- Certificate of Tribal Enrollment or Other Identification Issued by a Recognized Indian Tribe that contains an Arizona Address
- Documentation from a State, Tribal or Federal Government Agency (Social Security Administration, Veterans Administration, Arizona Department of Economic Security)
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit (see below) 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.



# Arizona Department of Education Affidavit of Shared Residence

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

Persons who reside with me: \_\_\_\_\_  
\_\_\_\_\_

Location of my residence: \_\_\_\_\_

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

- \_\_\_ Valid Arizona Driver's License, Arizona Identification Car or Motor Vehicle Registration
- \_\_\_ Valid US Passport
- \_\_\_ Real Estate Deed or Mortgage Documents
- \_\_\_ Property Tax Bill
- \_\_\_ Residential Lease or Rental Agreement
- \_\_\_ Water, Electric, Gas, Cable or Phone Bill
- \_\_\_ Bank or Credit Card Statement
- \_\_\_ W-2 Wage Statement
- \_\_\_ Payroll Stub
- \_\_\_ Certificate of Tribal Enrollment or Other Identification Issued by a Recognized Indian Tribe Documentation from a State, Tribal or Federal Government Agency (Social Security Administration, Veterans Administration, Arizona Department of Economic Security)

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

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

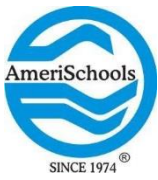
### Acknowledgement

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

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

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

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



# AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT: Records Request**

**STUDENT NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**SAIS #** \_\_\_\_\_ **LAST GRADE COMPLETED** \_\_\_\_\_

I hereby request and authorize that the following information

- |                                                                                                             |                                                              |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> <b>STUDENT EDUCATIONAL RECORDS</b><br>(Withdrawal Grades/Transcripts/Report Cards) | <input type="checkbox"/> <b>IEP ( IF APPLICABLE)</b>         |
| <input type="checkbox"/> <b>STATE/LOCAL TEST SCORES</b>                                                     | <input type="checkbox"/> <b>BIRTH CERTIFICATE</b>            |
| <input type="checkbox"/> <b>HEALTH/IMMUNIZATION RECORDS</b>                                                 | <input type="checkbox"/> <b>PSYCHOLOGICAL REPORTS</b>        |
| <input type="checkbox"/> <b>DISCIPLINE RECORDS</b>                                                          | <input type="checkbox"/> <b>SOCIOLOGICAL HISTORY REPORTS</b> |
| <input type="checkbox"/> <b>ATTENDANCE RECORDS</b>                                                          | <input type="checkbox"/> <b>EDUCATIONAL REPORTS</b>          |
|                                                                                                             | <input type="checkbox"/> <b>OFFICAL WITHDRAWAL FORM</b>      |

To release **and/or** exchange records with (Name of person, activity, division, agency, and department):

Sent to the address indicated below:

**AMERISCHOOLS ACADEMY**

Attention: Registrar

Authorized Signature: \_\_\_\_\_

**Parental Permission is not required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)**

**For Official Use Only**

Date 1<sup>st</sup> Request Sent \_\_\_\_\_ 2<sup>nd</sup> Request Sent \_\_\_\_\_ Received \_\_\_\_\_



# **AMERISCHOOLS ACADEMY**

## **SUPPLEMENTAL INSTRUCTION POLICY**

AmeriSchools Academy provides instruction to supplement a student's education. Student eligible for services are those students we identify as in danger of academic failure. We have established the following criteria to identify students:

1. Approaching or falling far below on State Mandated Testing in reading or math.
2. Failing grades on recent report card in reading or math.
3. Scoring below 70% on AmeriSchools benchmark assessment tool
4. Recommendation of teacher, parent, or student

Supplemental instruction will be in small increments on consecutive days.

It can include time during the school day as well as before or after school.

Supplemental Instruction will differ from instruction in the general classroom for identified students.

## STUDENT INTERNET POLICY AGREEMENT

### ***ELECTRONIC INFORMATION SERVICES USER AGREEMENT***

**ACCEPTABLE USES:** I understand and agree as follows:

1. The EIS service for the system of schools has been established for educational purposes. The term educational purposes include: classroom activities, career or professional development, limited high-quality personal research and other work related purposes. I may not use the service for entertainment purposes (unless specific permission is given for this purpose), commercial purposes or political lobbying. I am expected to follow the rules set forth in the disciplinary code of the system of schools and the law. In addition to this User Agreement, use of the EIS service is governed by such Board policies and administrative rules, as deemed necessary, copies of which are available at each school site.
2. The EIS service has **not** been established as a public access service or a public forum. Therefore, the administration of the system of schools has the right to place reasonable restrictions on the material accessed or posted through the EIS Service. I am expected to follow the rules set forth in the policies of the system of schools and administrative rules and the law. I realize that all E-mail can be recorded and stored along with the source and destination of the E-mail, and that messages are **not** necessarily deleted when I delete them.

**UNACCEPTABLE USES.** To prevent unacceptable use of the EIS service, I understand and agree as follows:

#### **1. PERSONAL SAFETY OF THE SAFETY OF OTHERS. (APPLICABLE TO STUDENTS ONLY)**

- a. I will not post personal contact information about myself or others (i.e. names, addresses, telephone numbers, school address, etc.) unless I have prior permission from a staff member, parent or guardian to do so.
- b. I will not meet with someone I communicate with online without my parents or guardians approval and involvement.
- c. I will promptly inform a staff member or the site administrator if I receive any message that is inappropriate or makes me feel uncomfortable.

#### **2. ILLEGAL ACTIVITIES**

- a. I will not attempt to gain unauthorized access to the EIS service or any other computer system through the EIS service or go beyond my authorized access. I will not attempt to log in through another person's account or access another person's files without their express permission.
- b. I will not attempt to disrupt the EIS service or destroy data by spreading viruses or by any other means.
- c. I will not use the EIS service to engage in any other illegal or inappropriate acts (drug or alcohol purchase, distribution or sale, criminal gang activity, threatening conduct, firearm or explosive purchase, etc.)

#### **3. PLAGIARISM AND COPYRIGHT INFRINGEMENT**

- a. I will not plagiarize works I find on the Internet. Plagiarism is taking the ideas or writing of others and presenting the material as if this material were mine.
- b. I will respect the rights of copyright owners. Copyright infringement would occur if I inappropriately reproduce a work that is protected by a copyright. If a work contains language that specifies appropriate uses of that work, I will follow those requirements. If I am unsure of whether I may use a work, I will request permission from the copyright owner.

#### **4. SYSTEM SECURITY**

- a. I am responsible for my individual account. I will not provide my password to another person or use another person's password unless I have prior written permission to do so from my teacher (for a student) or an EIS service administrator (for a staff member)
- b. I will not permit another person to use my account or use another person's account unless I have obtained prior permission to do so from my teacher (for a student) and an EIS service administrator (for a staff member).
- c. I will immediately notify my teacher or the EIS service administrator if I have identified a possible security problem.
- d. I will not download any software unless I have obtained prior, written permission to do so from my teacher (for a student) and an EIS service administrator (for a staff member).
- e. I will follow the virus protection procedures maintained by the system of schools when downloading software I have been given prior written permission to download, to protect against the inadvertent spread of computer viruses.
- f. I will not attempt to harm or destroy data of another user or any other agencies or networks connected to the EIS service. This includes, but is not limited to, uploading or creating computer viruses.

#### **5. LANGUAGE**

- a. I will not use obscene, lewd, vulgar, rude, inflammatory, threatening or disrespectful language.
- b. I will not post information that could cause damage or danger of disruption to the educational environment or operations of the system of schools.

- c. I will not engage in personal attacks, including prejudicial or discriminatory attacks on individuals or groups. I will not harass others. Harassment is defined as persistently acting in a manner that distresses or annoys another person. If I am told to stop sending the messages, I will immediately stop.
- d. I will not knowingly or recklessly post false or defamatory information about a person or organization.
- e. I will not post chain letters or engage in spamming (sending unnecessary messages to a large number of people).

## **6. INAPPROPRIATE TRANSMISSION OF AND ACCESS TO MATERIALS**

- a. I will not transmit or access material that is profane or obscene (i.e. pornography), that advocates illegal acts or that advocates violence or discrimination towards others (i.e. hate literature). A special exception may be made for staff members or high school students who wish to access hate literature if the purpose is to conduct research. In this situation, the researcher must obtain consent from the Chief Executive Officer, staff member and parent or guardian.
- b. If I mistakenly access inappropriate information, I will immediately inform a staff member (for a student) or my site administrator (for a staff member) so that either knows I did not intentionally access the information.

## **7. GENERAL NETWORK ETIQUETTE**

- a. I will be brief.
- b. I will minimize spelling errors and make sure my message is easy to understand and read.
- c. I will use accurate and descriptive titles in my communications, so people will know what the communication is about before others read it.
- d. I will select the most appropriate audience for my message, not the widest.
- e. I will remember that humor and satire is very often misinterpreted.
- f. I will remember that if I post to multiple groups, I will specify all groups in a single message.
- g. I will cite references for any facts I present.
- h. I will not attack correspondents; I will persuade them with facts.
- i. I will exercise good judgment and care to ensure that I do not re-post messages or otherwise use the EIS service in a manner that will embarrass, hurt or harm others.

## **8. RESPONSIBILITY FOR COST OF UNAUTHORIZED ACTIVITIES**

**I WILL BE AND MY PARENTS OR GUARDIAN WILL BE (FOR MINOR STUDENTS) RESPONSIBLE FOR ANY COSTS ARISING OUT OF MY UNAUTHORIZED USE.**

### **MY RIGHTS**

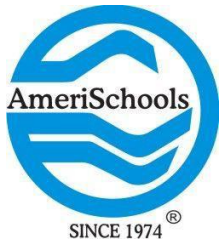
I understand that the system of schools may restrict my speech for educational or business reasons. The system of schools will not restrict speech on the basis of a disagreement with personal opinions. I understand and agree that:

- 1. I have no right of privacy with respect to the EIS service, including software, E-mail or Internet access. My parents or guardian can request to see the contents of any E-mail files at any time (applies to students only).
- 2. Routine maintenance and monitoring of the EIS service may lead to discovery that I have violated policies, administrative rules, this User Agreement of the system of schools or the law.
- 3. As individual search will be conducted if there is a reasonable suspicion, I have violated this User Agreement, the policies, and administrative rules of the system of schools or the law. The investigation will be reasonable and related to the alleged violation.
- 4. The system of schools will cooperate fully with local, state or federal officials in any investigation related to any alleged illegal activities conducted while using the EIS service.
- 5. If I am alleged to have violated this Agreement, policies or administrative rules of the system of schools or the law concerning my use of the EIS service, I will be provided with notice of the alleged violation and an opportunity to present an explanation of what occurred. If the alleged violation also involves a violation of other provisions of the disciplinary code of the system of schools, this additional issue will be handled in a manner described in the disciplinary code.
- 6. The system of schools reserves the right to restrict or revoke my use of the EIS service at any time, if deemed within the best interest of the system of schools.

### **DISCLAIMER OF LIABILITY**

The system of schools makes no warranties of any kind, expressed or implied, for the services provided. The system of schools shall not be liable for damages I may have suffered because of my inappropriate use of the EIS service, copyright violations, mistakes or negligence. The system of schools shall not be responsible for any costs I incur without the prior written permission of the administration. The system of schools shall not be responsible for ensuring the accuracy or usability of any information found on the Internet. The system of schools shall not be responsible for ensuring the accuracy or usability of any information found on the Internet. The system of schools shall not be responsible for any damages I suffer while using the EIS service, such as loss of data, malfunctions, delays, non-deliveries or service interruptions caused by the service or by my errors or omissions. Use of any information obtained via the information service is at my own risk. Parents, guardians, students and staff members can be held financially responsible for any harm to the EIS service as a result of intentional misuse.





# AmeriSchools Academy

## INTERNET USER AGREEMENT FOR STUDENTS

This User Agreement must be signed before the student may receive an access account. When signed, this document becomes a legally binding contract.

### STUDENT SECTION:

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

ID: \_\_\_\_\_ Grade: \_\_\_\_\_ School Site: \_\_\_\_\_

I have read and agree to abide by the User Agreement for the system of schools. I understand that my account can be terminated and that I may face disciplinary and/or legal consequences for violating the agreement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT OR GUARDIAN SECTION (MUST BE SIGNED IF STUDENT IS UNDER 18 YEARS OF AGE)

I have read the user Agreement maintained by the system of schools and have discussed the agreement with my child. I give the administration of the system of schools permission to issue an account so that my child may access the EIS service.

I release the system of schools and the staff members from any and all claims and damages of any nature arising from my child's use, or inability to use, the EIS service, including but not limited to, claims that may arise from the unauthorized use of the EIS service to purchase products or services.

I have instructed my child regarding any restrictions I wish to impose against accessing materials that are in addition to the restrictions set forth in the User Agreement of the system of schools. I have emphasized to my child the importance of following the rules for personal safety. I accept full responsibility for supervision if and when my child's use of the EIS service is not in the school setting.

I understand that the information service may occasionally require new registration and account information for my child to continue the service. I will notify the site administrator of any changes in any account information concerning my child.

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

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



# AMERISCHOOLS ACADEMY

## UNIFORM POLICY AGREEMENT

### UNIFORM POLICY

**SHIRTS-** Families must purchase shirts through the school office. AmeriSchools Academy tee shirt or polo must be worn.



**BOTTOMS-** Shorts or pants must be navy or khaki colored without any lettering or logos.

- Elementary (grades K-5) - Girls may wear shorts, skirts, skorts, jumpers and capri pants that meet length requirements. Tights must be plain white or navy blue.
- Middle School (grades 6-8) . Bottoms must measure no shorter than one (1) inch above the knee. Overalls and baggy style pants are not permitted for any student. For example: a student with a 28 inch waist should wear 28/30 inch waist pants, not pants with a 46 inch waist.

**SHOES-** Sneaker type shoes with a closed heel and toe are required. Sandals, flip flops, Heelys (shoes with wheels) or slip on shoes are not allowed at any time; this includes dress down days and buy a dress up day.

**SWEATSHIRTS/JACKETS/UNDERSHIRTS-** During the cooler months, students may wear white or navy blue sweatshirts/undershirts without any logos or lettering inside the building. Jackets for outdoor play may be any color/style.

**CAPS/HOODS-** Students may not wear any type of covering on their heads. This includes, but is not limited to: caps, hoods and bandanas.

- Dress code will be enforced each day, unless special permission is given by the teachers to %Dress Down+on a specific day.
- %Dress up Passes+are to be redeemed on FRIDAYS ONLY!
- Parents will be contacted if a student reports to school out of dress code and will be expected to provide dress code appropriate clothing for their child before they report to class.

***I hereby certify that I have read and understand the above information regarding The AmeriSchools Academy Uniform Policy.***

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