

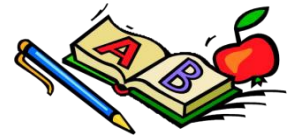


AMERISCHOOLS ACADEMY CHECKLIST

We are gathering the following data to better support your child's educational needs.

Documents Required for Initial enrollment of your student:

- Arizona Residency Documentation Form including a copy of establishing document.
- Military Identifier
- Proof of Birth - Birth Certificate (or other reliable proof of the student's identity and age, including the student's baptismal certificate, an application for social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate) ***required within 30 days of enrollment.*



Documents for Initial registration of your student:

- Permission of Over-the-Counter Medication
- Authorization Health, Medication & Emergency Form
- PHLOTE Home Language Survey
- Parent Signature Page

Please review all pages before signing Parent Signature Page.

- ✓ Attendance Policy
- ✓ Internet Policy
- ✓ School Dress Code & Uniform Policy
- ✓ Supplemental Instruction Policy

Documents for attendance of your student:

- All enrollment and registration documents
- Immunization Record
- Withdrawal Form from Previous School *** required if transferring from another Arizona Public School*



School Calendar and Parent/Student Handbook information online at
www.amerischools.org



AMERISCHOOLS ACADEMY

Student Registration Form

Office Use Only

Student's Full Name _____

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Date Tested Á	_____

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Birth Date _____

Office use only
Proof of Age

Office use only
Birth Cert. #

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BC# verified on previous enrollment

Country of Birth _____ State of Birth _____ City of Birth _____

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. This section is optional. However, if both questions are not answered, school personnel are required to make selections for both.

Is the student Hispanic or Latino? (Optional) (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? (Optional) (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.)

Primary Contact Information #1 - (Primary Parent/Legal Guardian Living in Household)

Mothers Name _____ Fathers Name _____
Mothers Phone _____ Fathers Phone _____

(Primary Contact First Name) _____ (Primary Contact Middle Name) _____ (Primary Contact Last Name) _____

Residential Address _____ City _____ State _____ Zip Code _____

Office Use

Proof of AZ Resident _____

Alternate mailing address (Only a PO B ox is acceptable)

Address _____

Home # _____ Cell# _____

Work # _____

Emergency # _____

Primary E-mail Alert address _____



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.

Additional Contact Information – (List in Priority Call Order)

Emergency Contact Information #1

(Legal Last) (Legal First) (Legal Middle Initial)

Street Name _____ City _____

Zip _____ Can pick up student? Yes No

Cell # _____ Work # _____

Home _____ Emergency # _____

Primary Email address _____

Relationship to student _____ Lives with? Yes No

Emergency Contact Information #2

(Legal Last) (Legal First) (Legal Middle Initial)

Street Name _____ City _____

Zip Code _____ Can pick up student? Yes No

Cell # _____ Work# _____

Home # _____ Emergency# _____

Primary E-mail address _____

Relationship to student _____ Lives with? Yes No

Previous School _____ Grade Level last completed _____

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



AMERISCHOOLS ACADEMY

Student's Name: _____ Date of Birth: _____ Grade Level _____

Parent/Guardian's Name: _____ Phone: _____ Cell Phone: _____

Address: _____ City _____ State _____ Zip _____

This information is to provide services for your child.

Does this student have a current **Individualized Education Plan?** (Optional) Yes No

Does the student have a **504 Plan?** (Optional) Yes No

Has this student ever been expelled or suspended? (Optional) Yes/ No School/Date

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)

AmeriSchools requires student and families to comply with School Policies.

- ✓ I have read and understand COPA, OPT-OUT, FERPA and give permission for my child participating in online instruction.
- ✓ I have read and agree to abide by the Internet User Agreement for the system of schools. I understand that my child's computer access can be terminated and that I may face disciplinary consequences for violating the agreement.
- ✓ I have read and agree to the Dress Code and Uniform Policy that has been set in place by AmeriSchools Academy.
- ✓ I have read and acknowledged the attendance policy and agree to comply.
- ✓ I certify by my signature, that I am either the parent or legal guardian of this child and that the information in enrollment packet is true, accurate and up to date.

Parent or Guardian _____
(Please print name here)

▶ Parent/Guardian Signature: _____ Date: _____

To better understand your child 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? _____

How did you hear about AmeriSchools Academy?

- Mailing
- Newspaper
- Flyer
- AmeriSchools Website
- Passing By
- Word Of Mouth
- Yellow Pages
- Great Schools Website
- Other: _____



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 Teaspoon Stomach Relief (generic Pepto, 250 mg Bismuth Subsalicylate)
- 2 Teaspoons 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

HEALTH & MEDICATION INFORMATION FORM

The parent or guardian completes this form.

Students First Name: _____ Students last Name: _____

Student's Date of Birth: _____ Sex: _____

Student's Address _____ City: _____ State: _____ Zip: _____

Name of Mother or Legal Guardian: _____ Phone: _____ Cell: _____

Name of Father or Legal Guardian: _____ Phone: _____ Cell: _____

Emergency Contact _____ Phone: _____ Cell: _____

Condition	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 Disorder			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		

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

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: _____

My child is currently under the care of a physician/doctor for a **Chronic Medical Condition?** _____

Any medication, prescribed or over-the-counter, must be checked in at the Front Office and have a filled out Medication Permission Slip. 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: _____

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: _____



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)

COPA & FERPA

THE CHILDREN'S ONLINE PROTECTION ACT (COPA) POLICY ADOPTED TO CONFORM TO FEDERAL STATUTE

The Children's Online Protection Act (herein after COPA) details what the AmeriSchools Academy (hereinafter Academy) as a website operator is to include in a privacy policy that protects the health and safety of children. The following policy subsections mirror the COPA statute provision.

COLLECTION OF PERSONAL INFORMATION

Students and individual family members may be asked to provide personal information at any time in using online services provided by the Academy. Personal information may be requested from students that currently attend, have previously attended, applied to attend or are interested in website services. The collection of personal information purposely directs attention relevant to academic and social activities sponsored by the Academy, including auditing and data analysis functions.

OP-OUT

Individuals participating in website services are to contact the Business Office at any time to update or change personal information or op-out of website participation.

COMMUNITY PRIVACY

As members of the learning community of the Academy, personal information may be shared with other community members. The online and print directories are examples of points of contact. Athletic and club mailing lists are additional examples. Such information is proprietary for the Academy, not to be utilized for personal gain, sold or transferred to a third party and not to be used beyond the context of Academy related functions. As a means to fully comply with COPA provisions, all communications by members of the learning community are to be treated as confidential.

DISCLOSURE OF PERSONAL INFORMATION TO THIRD PARTIES

The Board for the Academy clearly adheres to COPA and a parallel document referenced as Family Educational Rights and Privacy Acts (FERPA). Each document contributes to the protection of personal information and the dissemination of such information permissible by law. Documents containing personal information are exemplified as registration materials, health form documents, academic assignments as well as third party vendors selectively providing services requested by a parent or an Academy staff member. Online website operators must clearly abide by the COPA and FERPA statutes. Each document clearly mandates legitimate educational interests and the protection of personal information of all children attending the Academy.

As a means to fully comply with COPA provisions, the Board requires an op-in permission document for all students under thirteen years of age participating in online instruction. Parent permission is to be instituted in an appropriate form as part of the registration packets utilized to enroll students. Reasonable accommodations are to be instituted for any student that is not permitted to participate in a specific online initiative. In this circumstance the parent and student are to work directly with the teacher as a solution to the parent's choice.

ANSWERS FOR QUESTIONS CONCERNING COPA AND FERPA STATUTES

Answers relating to federal statutes protecting personal information are to be addressed by contacting the Business Office for the AmeriSchools Academy, 1150 North Country Road, Suite 100, Tucson, Arizona 85716, phone number 1-520-296-1100 and E-mail address: ctowner@amerischools.org.

Parent/Guardian must sign the Parent Signature Page before students online computer instruction.



AMERISCHOOLS ACADEMY 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. (***Please Check Only ONE Option***)

Student's Name: _____ Grade: _____

- 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: _____

.....

COMMUNITY EXPLORATION PERMISSION SLIP

AmeriSchools Academy has several 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

ATTENDANCE POLICY

Admission, Placement and Attendance

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 prior to the application deadline; and
 - (2) meeting the age requirement (age 5 prior to September 1ST).
- 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 are to be chosen by lottery for admission during the first week following Labor Day recess.a

II. Placement

Capacity Limits

- Capacity limits are set annually by the Chief Executive Officer or designee 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).

Placement

- Placement in each academic program, class, grade level or building occupied by students with varying instructional needs determines capacity limits. Successful placement directly relates to high standards for academic and behaviors of students.

III. 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 in Arizona.
- By law, Arizona Revised Statute §15-803, excessive absences are those that exceed 10% of the attendance days for instruction. Students under the age of 16 may ONLY be withdrawn from school after ten consecutive unexcused absences from school.

Parent/Guardian must sign Parent Signature Page that you have read and understand Policy.



AMERISCHOOLS ACADEMY

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.

Parent/Guardian must sign the Parent Signature Page before students computer use.



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. Minimally proficient to partial proficient 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
5. Students identified based on 3rd grade MOWR (Move on With Reading)

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.