

NEW STUDENT REGISTRATION 2016-2017

It is your responsibility to fill out the enrolment packet entirely. Any missing or false information could affect your eligibility to enroll

Print Student's Name _____ Completion Date _____
Grade During the 2016-2017 School Year _____
Parent Signature _____

All students must have the following information within 10 days of enrollment in order to register at Vail Academy and High School. (Students transferring from another VSD school may not need to provide this information. We will receive it in your child's file once he/she is enrolled.)

- Immunization Records - Upon enrollment, Vail District schools require up to date immunizations records. Pursuant to A.R.S 15-843, a student shall not attend school unless documented proof of immunization has been provided.
- Birth Certificate – The 1987 Legislature passed a law designated to help trace the location of any child who is reported missing. So that schools may assist in this effort, A.R.S Sec. 15-828 requires that you, the parent or guardian of the child you are enrolling in our District provide one of the following to this office:
 1. An original birth certificate.
 2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a Social Security number, or original school registration records and an affidavit explaining the inability to provide a certified copy of the birth certificate.
 3. A letter from the authorized representative of an agency having custody of the pupil certifying that the pupil has been placed in the custody of the agency as prescribed by law.

Birth Certificate and Immunizations Information must be provided no later than 30 days from the enrollment date.

- **Proof of Legal Guardianship/Custody**-If divorced, legal documentation of custody agreement must be provided upon enrollment. If a guardian other than a natural parent will be registering the student, a court document showing current guardianship must be provided at time of registration.
- **Residence Verification Form** – A.R.S. 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residence upon enrollment in an Arizona public school. Parent/Legal Guardian must provide a least two (2) forms of current verification upon enrollment. Documents presented must be in your name and legal residence. Two Proof of Residency will be necessary for families seeking priority based on residency. Two proof of residence-Mortgage agreement or rental agreement, AND a utility or phone bill.
- **Withdrawal Form** from Previous School (Kindergarteners are not included)

TO BE COMPLETED BY VAHS OFFICE STAFF					
RESIDENT _____	SITE/EMPLOYEE _____	OUT OF DISTRICT _____	VAHS SIBLING (AS OF 2/13/2016, NOT A SENIOR) _____	VAHS EMPLOYEE _____	
GRADE _____	ENTRY DAY _____	ENTRY CODE: _____	EMPLOYEE INITIALS: _____	DATE: _____	

Vail Academy and High School

PARENT AND STUDENT CONTRACT

By having clear expectations from the beginning we hope to have a better partnership with the families who choose VAHS.

As a parent or student we understand that we have choices on where to attend school. We recognized that the Vail School District has empowered us with making the decision as to which school setting is best for us. We realize that by choosing Vail Academy and High School we are selecting a school that has high expectations for both academics and behavior: and that the school also has expectations of us.

Please read each statement below and initial next to each indicating your understanding and acceptance of them. Students in grade 6 or higher must also initial each of these statements (only one parent needs to initial).

_____ We are **choosing** to enroll at VAHS, and realize it is not our 'assigned' neighborhood school.

_____ We understand that there will be homework on most evenings (in addition to nightly reading in grades K-5) and will support the established policies of the classroom teacher in making homework a daily routine.

_____ We will support the school community by attending and participating in events that are offered by the school.

_____ We realize that many school events will require parent chaperones, and that if parents do not participate, events for the students maybe cancelled.

_____ We understand that in order to be academically successful, hard work and attendance matter. If grades begin to fall below the expectations set by the school or absences become excessive, **we may be required to attend Saturday school or parents may be expected to attend class with their student.**

_____ **We realize that VAHS requires 5 years of high school math (class of 2019 and later) and two honors or advanced placement requirements to graduate.**

_____ **We understand and support the dress code and code of conduct which are more stringent than other VSD schools. We want a school with higher standards.**

We realize that Vail Academy and High School is a unique opportunity. We support the high expectations of the school and will support those efforts in our home. **If we fail to support the statements above we may need to withdraw from VAHS and select another school setting.**

Print Parent Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Print Student Name

Student Signature (grades 5-12)

Date

Vail Academy and High School Student Information (2016-2017)

Student Information

Custodial Alert: () Yes () No

Temporary Guardianship () Yes () No

Student lives with: () Both Parents () Mother () Father () Legal Guardian **If yes, must provide court documentation.**

Student's Last Name: _____ Student's First Name: _____ MI _____

Grade Level _____ Gender: M F DOB: _____ Ethnicity: () W () H () B () A () I

Special Medical Considerations/Allergies: _____

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(where all correspondence will be sent)

Email: _____

Parent Information

Parent's Marital Status: () Married () Single () Divorced () Widowed () Separated

Mother's Name: _____ Employer: _____

Mother's Contact Info: Home #: _____ Work #: _____ Cell #: _____

Father's Name: _____ Employer: _____

Father's Contact Info: Home #: _____ Work #: _____ Cell #: _____

Step Mother's Name: _____ Employer: _____

Step Mother's Contact Info: Home #: _____ Work #: _____ Cell #: _____

Step Father's Name: _____ Employer: _____

Step Father's Contact Info: Home #: _____ Work #: _____ Cell #: _____

Legal Guardian's Name: _____ Employer: _____

Legal Guardian's Contact Info: Home #: _____ Work #: _____ Cell #: _____

Other Emergency Contact Info. (Someone other than listed above)

Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

Family Information

<u>Brothers</u>	<u>Date of Birth</u>	<u>Sisters</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

Previous School Information

Has your child ever previously attended an Arizona school? () Yes () No

Last School Attended: _____ Last Date Attended: _____ MO _____ YR

Address, City & State: _____

Has your child attended Kindergarten: () Yes () No Year Attended Kindergarten _____

Signature of Parent/Guardian: _____

RACE and ETHNICITY DATA COLLECTION FORM

In accordance with Federal guidelines, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Student Name: _____ Grade Level 2016-2017: _____

Parent/Guardian Signature: _____

Race/Ethnicity Two-Part Question: Please answer BOTH questions.

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

Part 1: Ethnicity Is this student (or is the respondent) Hispanic or Latino? (Choose only one)

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

Part 2: Race What is the student's (or respondent's) race? (Regardless of how respondent answered the first question, choose one or more.)

- American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- 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, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)



State of Arizona
 Department of Education
 Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
 Home Language Survey**
 (Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

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

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

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

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

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

VAIL UNIFIED SCHOOL DISTRICT FERPA Designation of Directory Information

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that school districts, with certain exceptions, obtain a parent's written consent prior to the disclosure of identifiable information from your child's educational records. However, the district may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary. *The primary purpose of directory information is to allow school districts to include this type of information from your child's education records in certain district publications (i.e., drama or music programs, school newspaper, graduation programs, sports statistics listed in programs), newsletters, broadcasts, yearbook, website.* A written explanation of the provisions of the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g) can be found at the Arizona Department of Education website www.azed.gov/wp-content/uploads/PDF/SA09.pdf.

Certain information about district students is considered "directory information" and will be released in order to promote school programs and student achievement, unless the parent or guardian objects to the release of the directory information about the student. If you do not want Vail Unified School District to disclose directory information from your child's education records for the purposes identified herein without your prior written consent, you must notify the district in writing through this registration/annual re-enrollment process. You can change your election at other times by submitting your wishes in writing to the school.

Vail Unified School District has designated the following information as "directory information":

Name	Address	Telephone Listing
Electronic mail address	Date of Birth	Place of Birth
Photograph	Grade Level	Dates of Attendance
Honors & Awards Received	Enrollment Status (part or full time)	Major field of Study
Participation in officially recognized activities & sports	Weight & Height of members of athletic teams	Most recent educational agency or institution attended

Example of how this information would be used: Jane Doe, a 14-year old (DOB) freshman at Cienega High School (enrollment status), recently had her artwork chosen to be displayed at the Youth Art Month State Capitol Exhibition (awards and honors received). Originally from India (place of birth), Doe joined the VSD in first grade (dates of attendance); she attended Acacia Elementary and Old Vail Middle School (most recent educational institution attended). Doe is also involved in Student Council and is on the tennis team (participation in officially recognized activities and sports). Congratulations Jane!



Option 1: YES, my student's limited information as listed above can be used to promote school programs and student achievements for school/district sponsored publications, websites and educational programming, such as stated above.



Option 2: NO, I do not want ANY of my student's limited information as listed above to be used to promote programming, such as stated above. Please understand that this means your student will not be in the yearbook, featured in any publications, newsletters, broadcasts, websites.

Student Name:	Grade Level:
Parent/Guardian Name (printed)	Teacher Name:
Parent/Guardian Signature:	Date:

For Office Use Only:

Entered into PowerSchool (initials):	Date Entered into PowerSchool:
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VAIL UNIFIED SCHOOL DISTRICT

FERPA Designation of Directory Information – High School

(This is a double sided form, if this form is not returned by August 31st – consent to release information will be assumed.)

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that school districts, with certain exceptions, obtain a parent’s written consent prior to the disclosure of identifiable information from your child’s educational records. However, the district may disclose appropriately designated “directory information” without written consent, unless you have advised the District to the contrary. *The primary purpose of directory information is to allow school districts to include this type of information from your child’s education records in certain district publications (i.e., drama or music programs, school newspaper, graduation programs, sports statistics listed in programs), newsletters, broadcasts, yearbook, website.* A written explanation of the provisions of the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g) can be found at the Arizona Department of Education website www.azed.gov/wp-content/uploads/PDF/SA09.pdf.

Certain information about district students is considered “directory information” and will be released in order to promote school programs and student achievement, unless the parent or guardian objects to the release of the directory information about the student. If you do not want Vail Unified School District to disclose directory information from your child’s education records for the purposes identified herein without your prior written consent, you must notify the district in writing through this registration/annual re-enrollment process. You can change your election at other times by submitting your wishes in writing to the school.

Vail Unified School District has designated the following information as “directory information”:

Name	Address	Telephone Listing
Electronic mail address	Date of Birth	Place of Birth
Photograph	Grade Level	Dates of Attendance
Honors & Awards Received	Enrollment Status (part or full time)	Major field of Study
Participation in officially recognized activities & sports	Weight & Height of members of athletic teams	Most recent educational agency or institution attended

Example of how this information would be used: Jane Doe, a 14-year old (DOB) freshman at Cienega High School (enrollment status), recently had her artwork chosen to be displayed at the Youth Art Month State Capitol Exhibition (awards and honors received). Originally from India (place of birth), Doe joined the VSD in first grade (dates of attendance); she attended Acacia Elementary and Old Vail Middle School (most recent educational institution attended). Doe is also involved in Student Council and is on the tennis team (participation in officially recognized activities and sports). Congratulations Jane!

**Access to Student Information
By Military or College Recruiters**

Our district receives funds from the federal government under the *No Child Left Behind Act of 2001*. These funds are used in a variety of ways to provide additional help to students in greatest academic need. The law also requires that districts receiving these funds must, upon request, provide to military recruiters, colleges and universities, access to names, addresses and telephone listings of secondary students.

It is important for you to know that a secondary school student or his/her parent or guardian may request that the student's name, address and telephone number NOT be released by the district *without prior written parental consent*. If you would like to make such a request, please complete the following and return it to your child's school.

Please complete the consent portion of this form (front/back) and return the entire form to the school.

To be completed by a Parent/Guardian:

'I understand the district must provide access to military recruiters and colleges or universities of student names, addresses and telephone listings. I am aware the district will provide this information upon request, unless I require that such information not be given.'



Option 1: YES, my student's limited information as listed above can be used to promote school programs and student achievements for school/district sponsored publications, websites and educational programming, such as stated above. I do NOT object to the release of my student's information and have read and understand the statement above.



Option 2: NO, I do not want ANY of my student's limited information as listed above to be used to promote programming, such as stated above. Please understand that this means your student will not be in the yearbook, featured in any publications, newsletters, broadcasts, websites. I DO object to the release of my student's information and have read and understand the above statement.

Student Name:	Grade Level:
Parent/Guardian Name (printed)	
Parent/Guardian Signature:	Date:

For Office Use Only:

Entered into PowerSchool (initials):	Date Entered into PowerSchool:
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Vail Academy and High School

New Student – Classroom Placement Form

Student's Name _____ 2016-2017 Grade: _____

Date of Entry: _____ Age: _____ Sex: M F

Previous School: _____ City: _____ State: _____

Home Phone: _____ Parent Work Phone: _____

Academic Standing: Please inform us as to how your child performs academically so that we may place him/her in the best learning environment possible.

Above Average

Average

Below Average

The student's IEP, 504 Plan and/or other special education documentation must be provided at time of enrollment. Failure to answer this question honestly will result in an invalid application and your child's application will be rejected..

Is your child currently enrolled in a special education program or have a 504 Plan? _____

If yes, please explain.

Is your child currently enrolled in a gifted program? _____ If yes, please explain.

Does your child have any physical restrictions, medical needs, or special concerns, which might affect their classroom performance?

Glasses _____, Vision _____, Hearing _____, Allergies _____, Other _____

Explain: _____

Has your child been diagnosed with ADD/ADHD? Yes No

Explain: _____

Does your child take any medications regularly? _____

Explain: _____

Office Use Only: Copied and give to Dept: _____ Date _____

**Vail School District
Residence Verification Form**

A.R.S 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This policy is written to assist district and charter schools in meeting the legal requirements of the statute. This form has been prepared to help you verify your residence.

Student Name: _____

Parent/Legal Guardian Name: _____

Legal Residence Address: _____

Parent/Legal Guardian must provide at least two (2) forms of verification at time of enrollment. Documents presented must be in your name and legal residence.*

The information supplied, as a whole, must indicate clearly and reasonably that your legal residence is within Vail/Arizona boundaries, unless Open Enrollment has been granted. **Falsification of information will be grounds for the immediate withdrawal of the student(s) from school.**

All verifications are subject to final approval by the District. The District reserves the right to investigate the claim residency status and to require additional documentation to prove residency within the District or State. **Provide one proof of residence in the name and address of the parent/guardian from each section.**

Section I

- _____ Valid Arizona driver's license, AZ identification card or motor vehicle registration
- _____ Valid U.S. Passport
- _____ W-2 wage statement (recent)
- _____ Current payroll stub with address (PO Box not acceptable)
- _____ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address
- _____ Documentation from state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ 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.

Section II

- _____ 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

Parent/Guardian Signature: _____ **Date:** _____

*The residence of a student is the residence of the person having legal custody of the student, except as provided in A.R.S. 15-824(B) and in A.R.S. 15-825. Residency of the parent/guardian or surrogate may be determined by showing the individual's presence and intent to remain in the District. Vail Governing Board Policies, JF, JFAA and JFAB relate to the admission of the student.

Verified by: _____	School: _____	Date: _____
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Field Trip Permission Form

My child has my permission to attend school-sponsored field trips.

I understand that transportation will be by school bus and that the teacher will supervise these trips.

Yes _____

No _____

Student Name: _____

Parent/Guardian Name: _____

Notice of Nondiscrimination

Vail Unified School District #20 does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability in admission or access to, or treatment or employment in, its education programs or activities. Inquiries concerning Title VI, Title VII, Title IX, Section 504, and Americans With Disabilities Act may be referred to the Superintendent, Calvin Baker, or John Carruth, Assistant Superintendent and Title IX and Section 504 Coordinator, 13801 E. Benson Hwy., Vail, AZ 85641, 520-879-2000.

Aviso de No Discriminacion,

Vail Distrito Escolar Unificado de # 20 no discrimina por motivos de raza, color, origen nacional, sexo, edad, religión o discapacidad en la admisión o acceso o tratamiento o empleo en sus programas educativos o actividades. Las preguntas relacionadas con el Título VI, Título VII, Título IX, Sección 504, y Americanos con Discapacidades podrá someter a la Superintendencia, Baker Calvin o John Carruth, Asistente del Superintendente y el Título IX y la Sección 504, 13801 E. Benson Highway., Vail, AZ 85641, 520-879-2000.



TRANSPORTATION RULES

*Vail Unified School District Transportation Department
520-879-2475*

Bus Stop Information

1. Students will use the assigned bus stop and arrive 5 minutes prior to leave time.
2. The student's parent/guardian must call in requests for using a different stop on their assigned route to their school's office before 1:30pm (early release days by 10:30am). No other passes will be issued.
3. School buses and bus stops are school "safety zones" and misconduct will be treated quickly and lawfully if necessary.
4. High School Students are required to present their current school ID to the driver (everyday).

Arizona Transportation Regulations R17-0-104 (D)

1. Passengers shall comply with all instructions given by the School Bus Driver.
2. Passengers will sit with their backs against the seat backs, their legs facing towards the front of the school bus and clear of all aisles when the bus is in motion.
3. No animals, insects, or reptiles (the exception of service animals, as defined in A.R.S. § 11-1024(J)).
4. No glass objects.
5. No alcohol, tobacco, controlled substance, weapons including an explosive device, gun, knife, scissors, or other weapons as defined by school district policy.

Passenger Conduct

1. Passengers shall not eat, drink, chew gum, or spit on a school bus.
2. Passengers are prohibited from obscene, threatening language or gestures.
3. Throwing of any objects in the bus or out the windows is prohibited and can lead to suspension and possible apprehension by law enforcement.
4. Passengers engaging in physical conflicts will be detained until law enforcement arrives.
5. Students will sit in their assigned seats.

Violations to the Rules, Regulations, and Passenger Conduct will have consequences that correspond to the severity of the misconduct. Consequences include written referrals to possible permanent suspensions from the school bus.

Full transportation rules available at www.vail.k12.az.us/transportation

Thank you for your cooperation in helping us to maintain a safe and efficient environment for our students.

Parent Copy



Transportation Rules

Parent/Guardian and Student please sign and return this page only to school.

I have read and agree to follow the established Rules, Regulations and Passenger Conduct as outlined on page 1 of the Vail Unified School District Transportation Rules document.

Parent/Guardian Name (print)

Student Name (print)

Parent/Guardian Signature Date

Student Signature Date



AUTHORIZATION FOR RELEASE/REQUEST OF STUDENT RECORDS

Date: _____

Name and Address of Previous School:

Phone: () _____

Fax: () _____

I hereby authorize the release of the following information to the Vail School District No. 20, Vail, AZ.

Transcript of Grades

Withdrawal Grades

Health Records

Achievement Test Scores

Attendance Records

Please send records to: Attention Office Manager
Vail Academy & HS
7762 E. Science Park Dr.
Tucson, AZ. 85747

Contact Information: Tricia Kaparoff
Phone: (520) 879-1905
Fax: (520) 879-1901

If the student has received Special Education Services (Speech/Language Services, IEP, Psychological Records, or Resource Support)

Please send records to: Vail School District
Special Education
PO Box 800
Vail, AZ 85641

Student's Name _____ DOB _____ Grade _____

Student's Name _____ DOB _____ Grade _____

Student's Name _____ DOB _____ Grade _____

Parent/Guardian Signature _____

Please Note: Arizona School Districts are required to request records within 5 days of enrollment and to send records within 10 days after receiving a request. School (including private) may not withhold responding to the request due to financial obligation owed by the pupil or his/her parents as defined in A.R.S. 15-828-F. Also note; The Federal Family Education Rights and Privacy Act, Arizona Law, A.R.S. 15-141, states that written consent of the parent/guardian is not required to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

1st Request Sent ___/___/___

2nd Request Sent ___/___/___

Emergency Medical Information

Student Name: _____

Special Medical Considerations/Allergies: _____

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Transportation

Please check all that apply:

My child will walk home.

I will provide transportation for my child.

Before/After Care **VAIL ACADEMY AND HIGH SCHOOL**
7762 E Science Park Drive Tucson, AZ 85747
Phone 520-879-1900 Fax 550-879-1901

Kindercottage

Tucson City Parks and Recreation (KIDCO)

My child will ride the bus:

Bus Route: # _____

Bus Stop: _____

May walk home from bus stop: _____ Yes _____ No

Must be met at bus stop: _____ Yes _____ No

Rv whom:

I certify that the information on this card is correct:

Parent/Guardian Signature _____ Date _____

At the time of enrollment, your child will need to meet Arizona's school immunization requirements.

To attend Vail Academy and High School your child must have the immunizations as outlined below:

Polio (OPV and/or IPV)	4 doses at any age but 3 doses meet requirements for ages 4-6 if at least one was given on or after the 4 th birthday; 3 does meet requirements for 7 years and older if at least one was given on or after the 4 th birthday.
DTP Ages 6 & Under	6 doses at any age, but 4-5 doses meet requirements for ages 4-6 if at least one dose was on or after the 4 th birthday
Ages 7 & Older	4 doses at any age, but 3 doses meet requirements for ages 7-18 if at least one dose was on or after the 4 th birthday. If it has been 10 years since the last DTP your child may need a tetanus booster or Tdap
MMR	2 doses and both must be on or after the 1 st birthday.
Hepatitis B	3 doses
Tetanus Booster (Tdap)	To be given at least ten years from date of last DTP/DTaP or Tdap.
Varicella (chicken pox)	Must have 1 dose. Children over 13 yrs. old should receive 2 doses at least 4 weeks apart. Show proof of immunization or history of varicella disease. Pre-K, Kinder, 1, 2, 3, 7, 8, & 9 th need Varecella (2 grades added each year.)

Please bring a complete copy of your child's shot records with you when you register. If you have any questions please feel free to call the Vail Academy and High School at 879-1903, your family doctor or clinic, or the Pima County Health Department.

Thank you for your help getting your child ready for school!

VAIL ACADEMY AND HIGH SCHOOL
7762 E SCIENCE PARK DRIVE
TUCSON, AZ 85747

MEDICAL INFORMATION

NAME _____ DATE OF BIRTH _____

In an emergency that a parent/guardian cannot be reached, I give permission for the Vail School District to provide medical treatment for my child. I give permission for my child to be transported by whatever means necessary, as determined by the school district personnel, to the nearest emergency medical child as deemed necessary in the opinion of my family doctor or the doctor rendering service.

FAMILY DOCTOR _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

Signature of parent or guardian _____ Date _____ Grade _____

A Health Aide, who has First Aid and CPR training, manages the health office. They cannot diagnose or treat illness but are there to manage minor mishaps and ailments. **Your child should not be in school if they has a fever, a rash of undetermined cause, vomiting or diarrhea, conjunctivitis (pink eye), chicken pox, impetigo, ringworm, or head lice unless they have been treated medically or are symptom free for 24 hours. A child with a temperature of 100 degrees or greater will be sent home.**

No medication brought from home, including over-the-counter medications, will be administered from the Health Office unless there is a written prescription from a Health Care Provider, and the medication is in its original container.

Please check those medications that you give permission for your child to receive through the Health Office.

YES

NO

___ Tylenol (Acetaminophen)

___ Calamine Lotion (For bug bites, rashes)

___ Ibuprophen (For mild & moderate pain)

Signature of parent or guardian: _____

Student Health History

Has your child ever had any of the following? If so please give age of occurrence next to those that apply.

Student Name: _____

Grade: _____

Asthma _____

Heart Condition _____

Allergies _____

Kidney Disease _____

To What _____

Urinary Infection _____

Anemia _____

Orthopedic Condition _____

Chest Condition _____

Rheumatic Fever _____

Seizures _____

Scarlet Fever _____

Tuberculosis _____

Chickenpox _____

Valley Fever _____

Diabetes _____

Frequent Sore Throats _____

Frequent Ear Infections _____

At birth was your child placed in intensive care? _____ If yes, please explain _____

Is your child presently receiving treatment for any medical problems? _____ If yes, please explain. _____

Is your child presently taking medicine on a regular basis? _____ If yes, please explain. _____

Has your child ever had a serious accident or injury, which required him/her to stay in the hospital overnight or longer?
_____ If yes, please explain. _____

Has your child ever had tubes in his/her ears? _____ When? _____

Does your child have any vision problems? _____ What? _____

Does your child have any hearing problems? _____ What? _____

Does your child have any speech problems? _____ What? _____

Does your child wear glasses or hearing aid? _____ What? _____

Are there any restrictions for your child in Physical Education or Physical Activity? _____ If yes, please explain.

List dates and types of immunizations received since last year. _____

Please give any additional information that will be important to the Health History of your child

VAIL ACADEMY AND HIGH SCHOOL

7762 E Science Park Drive

Tucson, AZ 85747

Phone 520-879-1900 Fax 550-879-1901

Documentation of Varicella (Chickenpox) or Varicella Immunization

Student Name: _____

Date of Birth: _____ Grade _____

Has your child ever had chickenpox (circle one answer)?

	Yes (go to #1)	No (go to #2)	Don't recall (go to #1)
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I. Please answer the following questions (circle one answer)

Was your child in "face-to-face" contact with other children who had chickenpox?	Yes	No	Don't recall
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Did your child have a rash on his/her body?	Yes	No	Don't recall
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Did the rash itch?	Yes	No	Don't recall
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Were there blisters present?	Yes	No	Don't recall
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Did scabs appear toward the end of the rash?	Yes	No	Don't recall
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When did your child have chickenpox?
(approximate date)

_____ / _____	Month	Year
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2. If your child has not had chickenpox, has she/he had the chickenpox (varicella) shot?	Yes	No	Don't recall
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If you circled **YES**, please take your child's immunization record to the school nurse so the date of the shot may be recorded in your child's health record.

If you circled **NO** or **DON'T RECALL**, please take your child to their doctor or to the local health clinic to get the varicella shot, then take their immunization record to the school so that this information may be recorded in your child's health record.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____



The McKinney Vento Act: Parent/Student Rights for Those in Transition

Arizona public schools shall provide an educational environment that treats all students with dignity and respect. Every student experiencing homelessness or transition shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applied to all services, programs, and activities provided or made available.

A student may be considered eligible for services under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In temporary shared housing, a shelter, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building
- In temporary or transitional foster care placement

According to the McKinney-Vento Act, eligible students have rights to:

Immediate enrollment: *Documentation and immunization records cannot serve as a barrier to the enrollment in school.*

School Selection: *Eligible students have a right to select from the following schools:*

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled *in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.*

Participate in programs *for which they are eligible, including Title I tutoring programs, Free Lunch in schools with the, National School Lunch Program, Head Start & Even Start Preschool Programs.*

Transportation Services: *A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.*

Dispute Resolution: *If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond and attempt to resolve it quickly. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The McKinney Vento Liaison will assist you in making decision, providing notice of any appeal process, and filling out dispute forms.*

For more information, refer to
<http://www.ade.az.gov/schooleffectiveness/specialpops/homeless> or contact:

*Frank Migali
Homeless Education Coordinator
Arizona Department of Education
1535 W. Jefferson Street
Phoenix, AZ 85007
(602) 542-4963
frank.migali@azed.gov*

McKinney-Vento Eligibility Questionnaire

Name of School _____

Name of Student _____
Last First Middle

Date of Birth ___/___/___ Age: _____ Male _____ Female _____ Grade _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information to help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ___ Yes ___ No

2. Is this temporary living arrangement due to loss of housing or economic hardship?
___ Yes ___ No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living (check one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations (re: car, park, campsite)

Name of Parent(s) Legal Guardian (s) _____

Address _____ Zip _____ Phone _____

Signature of Parent /Legal Guardian _____ Date _____

Please fax/send copy to John Carruth, Assistant Superintendent (520) 879-2001 at the District Office.

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

Date

McKinney-Vento Liaison Signature

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:
 - o 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 other 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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This notice is available in English and Spanish on the ADE website at www.ade.az.gov/ess/resources under forms. For assistance in obtaining this notice in other languages, contact the ADE/ESS at the above phone/address.

Notificación Anual a los Padres con Respecto a la Confidencialidad de los Expedientes Académicos de los Estudiantes

La Ley de los Derechos y Privacidad Educativos de la Familia (Family Educational Rights and Privacy Act o FERPA) es la ley Federal que protege la privacidad de los expedientes académicos de los estudiantes. FERPA les da a los padres ciertos derechos con respecto a los expedientes académicos de sus hijos. Estos derechos pasan al estudiante cuando éste alcanza la edad de 18 años o asiste a una escuela superior al nivel preparatoria. Estudiantes a quienes los derechos han sido transferidos son "estudiantes elegibles."

- Los padres o el estudiante elegible tienen derecho a inspeccionar y revisar el expediente académico del estudiante que es mantenido por la escuela dentro de un período de 45 días a partir de la solicitud hecha al administrador de la escuela. No es obligación de las escuelas proporcionar copias a no ser que sea imposible para los padres o el estudiante elegible revisar el expediente académico sin copias. Las escuelas pueden cobrar una cuota por proporcionar copias.
- Los padres o el estudiante elegible tienen el derecho a solicitar por escrito que la escuela corrija el expediente académico que ellos creen sea inexacto o engañoso. Si la escuela decide no corregir el expediente académico, el padre o estudiante elegible tiene derecho a una audiencia formal. Después de la audiencia, si la escuela todavía decide no corregir el expediente, el padre o estudiante elegible tiene derecho de poner una declaración en el expediente que presenta su punto de vista sobre los datos protestados.
- Por lo general, las escuelas deben tener permiso de los padres o del estudiante elegible por escrito para poder revelar cualquier dato del expediente académico del estudiante.

Autoridades escolares con interés educacional legítimo

- Autoridad escolar es una persona empleada o contratada por la escuela para servir como administrador, supervisor, maestro o personal de apoyo (incluyendo personal de salud, personal policial, abogado, auditor u otros con funciones similares), una persona que sirve en la mesa directiva de la escuela, o padre o estudiante que sirve como miembro de un comité autorizado o que asiste a otra autoridad escolar en sus funciones;
- Un interés educacional legítimo significa que la revisión del expediente es necesaria para cumplir con una responsabilidad profesional para la escuela;

Otras escuelas en las que el estudiante está solicitando inscripción;

Autoridades especificadas para propósitos de auditoría o evaluación;

Partes competentes en relación a asistencia de financiamiento para un estudiante;

Organizaciones conduciendo ciertos estudios por o en nombre de la escuela;

Organizaciones de acreditación;

Para cumplir con una orden judicial o citación emitida de acuerdo con la ley

Oficiales competentes en casos de emergencias de salud y seguridad; y

Autoridades estatales y locales, dentro del sistema de justicia para menores, de conformidad con la ley estatal específica.

Las escuelas pueden divulgar, sin consentimiento, datos de "directorio" tales como nombre del estudiante, dirección, número de teléfono, fecha y lugar de nacimiento, honores y premios, participación en deportes (incluyendo estatura y peso de los atletas) y fechas de asistencia si no son notificados por los padres o estudiante elegible que la escuela no debe divulgar la información sin consentimiento.

La Ley de la Educación de Personas con Discapacidades (Individuals with Disabilities Education Act or IDEA) es una ley federal que protege los derechos de estudiantes con discapacidades. Además de los expedientes académicos normales, los expedientes académicos para estudiantes con discapacidades podrían incluir materiales sobre evaluación y exámenes, datos médicos y de salud, Programas Educativos Individualizados y notificaciones y autorizaciones relacionadas, reportes de progreso, materiales relacionadas con acciones disciplinarias y acuerdos de mediación. Tal información es reunida de un número de fuentes, incluyendo los padres del estudiante y personal de la escuela donde asiste el estudiante. También, con permiso de los padres, se pueden reunir datos de fuentes pertinentes adicionales, tales como doctores y otros proveedores de servicios de la salud. Estos datos son recogidos para asegurar que el menor es identificado, evaluado y provisto de una Educación Pública Adecuada Gratuita de acuerdo con las leyes estatales y federales sobre educación especial.

Cada una de las agencias participantes bajo la Parte B de IDEA debe asegurarse que, en todas las etapas de la recolección, archivo, retención y divulgación de los expedientes académicos a terceras partes, cumpla con las leyes federales de confidencialidad. Además, la destrucción de cualquier expediente académico de un menor con una discapacidad debe ser de acuerdo con los requisitos reglamentarios de IDEA.

Para información adicional o para presentar una queja, puede llamar al gobierno federal al (202) 260-3887 (voz) o al 1-800-877-8339 (TDD) o al Departamento de Educación de Arizona (ADE/ESS) al (602) 542-4013. O puede usted contactar:

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

Este aviso está disponible en inglés y en español en la website del ADE en www.ade.az.gov/ess/resources bajo formas. Para asistencia para obtener este aviso en otros idiomas, contacte al ADE/ESS en el número de teléfono/dirección que se da arriba.