



2020 ALA Summer School Enrollment

Welcome to Salt River Schools! The following forms are required for enrollment in our summer school program.

Thank you for your interest in Salt River Schools! We hope you and your student have a successful and enjoyable educational experience.

FOCUS, ACCOMPLISH, ACHIEVE!

Accelerated Learning Academy

Phone: (480)362-2130

Fax: (480)362-2159

10005 E. Osborn Road • Scottsdale, AZ 85256 • www.saltriverschools.org

2020 ALA SUMMER SCHOOL

Student Name: _____ Date: _____

Current Grade Level (School Year 2019-2020): _____

REVIEW & SIGN THE ATTACHED PAGES VIA EMAIL, MAIL OR PHONE:

- EMAIL TO leah.james@saltriversschools.org
OR
- MAIL APPLICATION TO: SALT RIVER ALA 10005 EAST OSBORN ROAD, SCOTTSDALE, AZ 85256
OR
- CALL LEAH JAMES AT 480-362-2176 TO REGISTER VIA PHONE
- REGISTRATION DEADLINE IS MAY 22, 2020

2020 Summer School Student Information Agreement

1. Summer School Structure and Earning Credit

- a. Summer school will be online taught by ALA teachers using Edgenuity as our online resource
 - i. Only currently enrolled ALA students will be accepted for summer school
- b. Summer school runs Monday through Thursday, from June 1st through June 25th, teachers will not be available on Fridays for assistance
 - i. Please note: due to the SRPMIC Day there will be no school on June 15th
- c. Students must register for one virtual online session: 8:00 AM to 12:00 PM or 12:00 PM to 4:00 PM
 - i. Students work hours may vary, however they must continually work in order to complete their assigned course within the 16 days
 - ii. Students will have email or phone access to their teacher during their assigned class time, if assistance is needed outside assigned hours, staff will respond the next day
- d. Access to a Wi-Fi connection is required, if you need assistance please contact Jama Nacke, Principal, at 480-362-2130 or jama.nacke@saltriversschools.org
- e. Students **must take** and **turn in notes** in order to access quizzes and receive credit for the completed course
 - i. Notes may be submitted through email, photos or drop-off arrangement
 - ii. Teachers will communicate with each student individually to arrange the most effective turn in manner
 - iii. Edgenuity guided notes, when available, can be provided per student request
- f. Students will be registered in one of the classes they did not complete during the spring quarter, ALA will determine the class. If the assigned class is completed and time allows, another class may be assigned at the decision of staff and student

My signature below indicates that I have read, understand and agree to the 2020 Summer School Student Agreement.

Student Signature: _____ Date: _____

Parent/Guardian (of minor students) Signature: _____ Date: _____

Minor Student ☐

Adult Student ☐

STUDENT ENROLLMENT APPLICATION ALA SUMMER SCHOOL 2020

PLEASE PRINT CLEARLY

Student's Legal Name: _____
Last Name First Name Middle Name

Student's Preferred Name: _____

Date of Birth: _____ Place of Birth: _____ Sex: Female ☐ Male ☐
City State

Street Address (must match AZ proof of residency): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than street address): _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Cell or Best Phone to reach you: _____ Email Address: _____

PLEASE INDICATE WHICH SESSION YOU WILL ATTEND:

☐ Morning Session (8:00 AM – 12:00 PM)

☐ Afternoon Session (12:00 PM – 4:00 PM)

The information provided below will be used for emergency and communication purposes. Students 18 years and older must provide personal contact information including address, contact phone number(s) and email.

PARENT/GUARDIAN #1 NAME: _____ Sex: Female ☐ Male ☐

Relationship to Student: _____ Student lives with parent/guardian #1: ☐ Yes ☐ No

Home Phone: _____ Parent/Guardian has custody of student: ☐ Yes ☐ No

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

PARENT/GUARDIAN #2 NAME: _____ Sex: Female ☐ Male ☐

Relationship to Student: _____ Student lives with parent/guardian #1: ☐ Yes ☐ No

Home Phone: _____ Parent/Guardian has custody of student: ☐ Yes ☐ No

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____