



Accelerated Learning Academy New Student Enrollment Packet

Welcome to Accelerated Learning Academy! The following forms are required for new enrollment in our school. The pre-enrollment checklist on page two (2) will assist you in gathering and completing the necessary documents.

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

Salt River Schools and the Accelerated Learning Academy do not discriminate on the basis of race, color, national origin, sex, disability, age, pregnant or parenting students in its programs and activities, including in admission and enrollment. Salt River Schools abides by the procedures mandated by Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA) and will provide eligible students with disabilities a free appropriate public education (FAPE), including following Section 504 plans and Individualized Education Programs (IEPs).

Accelerated Learning Academy
4827 N. Country Club Dr., Scottsdale, AZ 85256
(Physical Address)
ALA.SaltRiverSchools.org
Ph: 480-362-2130 | Fax: 480-362-2159



PRE-ENROLLMENT CHECKLIST

Accelerated Learning Academy

Please note: Students 18 and older may sign in the designated parent/guardian signature fields.

- ☐ # _____ o _____ - _____ h _____
- ☐ " _____ # _____ . _____ . _____ . _____ . _____
- ☐ # _____ @ _____
- ☐ h _____ k _____
- ☐ u _____ †@ _____ o _____ - _____ # _____
- ☐ u _____ @ _____ # _____ . _____
- ☐ 8 _____ # _____ . _____ h _____ # _____ \ _____ v _____ . _____
- ☐ † _____ v _____ . _____
- ☐ o _____ . _____ . _____ . _____ . _____
- ☐ \ _____ u _____
- ☐ @h _____ o _____ - _____ h _____ @ _____ . _____
- ☐ -o- _____ - _____ o _____ - _____ ° _____ - _____ 8 _____
- ☐ # _____ k _____ @ _____ . _____ . _____ . _____

Teacher/Classroom: _____ ID: _____ SAIS ID: _____ School Year: ____ - ____
Advocate/Other: _____

A. STUDENT ENROLLMENT APPLICATION

PLEASE PRINT CLEARLY

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

Student's Preferred Name: _____

School: _____ Grade Entering: _____

Birthdate: _____ Adult Student (18+) ☐ 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: _____

Ethnicity (check one):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check all that apply):

- ☐ Black or African American ☐ White
☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaskan Native
☐ Other ☐ Asian

Tribal Affiliation: _____ Enrollment Number: _____

B. PARENT/LEGAL GUARDIAN INFORMATION

The information provided 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: _____ Parent #1 in Military: ☐ Yes ☐ No

Student lives with Parent/Guardian #1: ☐ Yes ☐ No Parent/Guardian #1 has custody of Student: ☐ Yes ☐ No
☐ SAME AS STUDENT

Address/City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____

Parent/Guardian #2 Name: _____ Sex: ☐ Female ☐ Male

Relationship to Student: _____ Parent #2 in Military: ☐ Yes ☐ No

Student lives with Parent/Guardian #2: ☐ Yes ☐ No Parent/Guardian #2 has custody of Student: ☐ Yes ☐ No
☐ SAME AS STUDENT

Address/City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Email: _____

ECEC FAMILIES ONLY - Please choose a code word in case you need to ask someone to pick up your child who is not listed on this form: _____

C. EMERGENCY CONTACTS

The contacts listed below may assume responsibility for your child if the parent/guardian cannot be reached, they will be allowed to check your child out of school. A **minimum of two (2)** emergency contacts must be listed. **Emergency contacts must be at least 18 years of age.**

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2	EMERGENCY CONTACT #3	EMERGENCY CONTACT #4	EMERGENCY CONTACT #5
Name (First & Last)					
Relationship to Child					
Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alt. Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

D. STUDENT LEGAL CONSIDERATIONS

Please mark any items below that apply to this student and provide the school with copies of the related documents. ALA STUDENTS: Consent for Release of Information will be collected.

- ☐ **No** legal considerations exist for this student (please go to section F.)
- ☐ Student is in foster care
- ☐ Court Appointed Custody
- ☐ Power of Attorney
- ☐ Student Not Living with Biological Parents
- ☐ Student has an injunction Against Harassment (Please list unauthorized persons in Section E.)
- ☐ Student has an Order of Protection (Please list unauthorized persons in Section E.)
- ☐ Student is covered by a Court Order Regarding School
- ☐ CPS Safety Plan

E. UNAUTHORIZED PERSONS

I have court papers on file at the school preventing the following person(s) from picking up and/or having contact with my child.

	Name	Relationship to Child	Staff Initials	Effective Date	Limitations May not:
1.	_____	_____	_____	_____	<input type="checkbox"/> Pick up <input type="checkbox"/> Contact
2.	_____	_____	_____	_____	<input type="checkbox"/> Pick up <input type="checkbox"/> Contact

Parent/Legal Guardian or
Adult Student Signature: _____ Date: _____

F. SPECIAL EDUCATION PROGRAMS

1. Has this student ever participated in special education classes or programs?

☐ Yes ☐ No

2. If yes, please choose all that apply.

☐ Emotional/Behavioral

☐ Gifted/Talented

☐ Learning Disabilities ☐ Physical Disabilities ☐ Speech/Language ☐ Visual Impairment ☐ Hearing Impairment

☐ Other

Does this student have a current IEP or IFSP?

☐ Yes ☐ No

Does this student have a current MET report?

☐ Yes ☐ No

Does this student have a current 504 plan?

☐ Yes ☐ No

G. ENROLLING PARENT/GUARDIAN/ADULT STUDENT SIGNATURE

I affirm all registration & emergency information on this form is accurate and understand it is my responsibility to notify the school in writing of any changes. I further affirm, by signing below, that I am a legal Arizona resident.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE ADDED TO WAIT LIST: _____

ENROLLMENT DATE: _____

ENROLLMENT CODE: _____

DATE ENTERED IN SIS (INITIAL): _____

CLASSROOM: _____

ADVOCATE: _____

MEETING DATE: _____

MEETING WITH: _____

STUDENT RECORDS REQUEST

Authorization for Release & Request of Student Records to:

Accelerated Learning Academy
480-362-2130 (Phone) | 480-362-2159 (Fax)
Leah.James@saltriverschools.org (Registrar)

Student Information:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY AUTHORIZE THE ABOVE REFERENCED SCHOOL TO RELEASE THE FOLLOWING RECORDS TO SALT RIVER SCHOOLS.

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

All mailed correspondence must be marked attention to the school referenced above and addressed to:

MCKINNEY – VENTO HOMELESS ELIGIBILITY QUESTIONNAIRE

NAME OF SCHOOL: Accelerated Learning Academy

This questionnaire is intended to address the McKinney-Vento Homeless Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (check one box in Section A or Section B)

SECTION A	
<input type="checkbox"/> u	does not lack
<input type="checkbox"/> #	
STOP: If you checked SECTION A, you DO NOT need to complete the remainder of this form.	

SECTION B	
<input type="checkbox"/> u	
<input type="checkbox"/> o	doubled-up
<input type="checkbox"/> O	
<input type="checkbox"/> O	
<input type="checkbox"/> h	
<input type="checkbox"/> O	
<input type="checkbox"/> @	
CONTINUE: If you checked a box in SECTION B complete #2 and the remainder of this form.	

2. The student lives with:

<input type="checkbox"/> .	<input type="checkbox"/> *
<input type="checkbox"/> .	<input type="checkbox"/> *
<input type="checkbox"/> .	
<input type="checkbox"/> .	
o)	_____o _____ <input type="checkbox"/> u <input type="checkbox"/> 7
h O 8	
o V	_____
#	_____
h	_____
h O 8	_____o o _____) _____
@	_____o _____7 _____o _____h _____k

School Official Use Only – Campus Administrator's determination of Section B circumstances:



Dear Salt River Schools Families:

Families who have been with Salt River Schools for years know that we do not charge families for meals, even if they don't meet the eligibility requirements for free and reduced meals. The Community graciously covers these costs to ensure all students were provided healthy meals every school day.

Salt River Schools participates in the National School Lunch Program and the School Breakfast Program. As part of this program, Salt River Elementary School and the Accelerated Learning Academy will offer healthy meals every school day at NO COST to students due to the implementation of the Community Eligibility Provision for school year 2023-2024. Students may participate in these meal programs without having to pay a fee or submit a household application. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

If your family needs food assistance outside of the school day, consider applying for Supplemental Nutrition Assistance Programs or other assistance benefits. Contact your local assistance office or call 1-855-432-7587 for more information.

If you have other questions or need help, call Shannon Reina, Salt River Schools Food Services Manager, at **480-362-2077**.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov This institution is an equal opportunity provider.

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

Student’s Legal Name: _____

HISTORY OF STUDENT DISCIPLINE

Has this student been expelled from a school? ☐ No ☐ Yes

Date(s) of Expulsion: _____ School Name: _____

Length of Expulsion: _____

Reason of Expulsion: _____

SCHOOL HISTORY INFORMATION

1. Name of *last* school attended: _____ Dates: _____
2. Type of school: ☐Public ☐Private ☐Charter ☐Vocational ☐Alternative ☐Correctional Facility
☐Other: _____
3. Has this student ever attended a Salt River Community School? ☐No (Go to #4) ☐Yes (please answer 3.a. & 3.b.)
a. If yes, which school? ☐ECEC ☐SRES ☐SRHS ☐ALA
b. Please indicate for which grades? _____ Years attended: _____
4. Please list *all* schools attended:

School Name	City, State	Years Attended



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)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas

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

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

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

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

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

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

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

Attestation Statement

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

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

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

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

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

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

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

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



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

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

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



State of Arizona Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ 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 card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____ Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____, By _____

My Commission Expires: _____

Notary Public



STUDENT HEALTH HISTORY

The information provided is confidential and is necessary for the health and safety of the student to assist in promoting optimal healthcare to facilitate the academic success of each student. Thank you for your time. Must be completed and signed by a parent/legal guardian.

Student Name: _____ Date of Birth _____

Parent Name: _____ Phone Number: _____

Name of Family Physician: _____ Phone Number: _____

Name of Clinic/Hospital: _____ Phone Number: _____

I give my permission for my child to receive the following over-the-counter medication: (initial your selection)

- ☐ A standard dose of Ibuprofen (e.g. Motrin) or Acetaminophen (e.g. Tylenol) may be given every 4-6 hours for the temporary relief of minor aches and pains.
- ☐ Throat lozenges/cough drops for cough or minor throat irritation.
- ☐ Antacid for upset stomach without fever or indigestion after eating, with no fever.
- ☐ Benadryl for minor allergic reactions.
- ☐ The following items may be used as needed for first aid: triple antibiotic ointment, hydrocortisone cream (anti-itch), sting swabs applied to insect bites/stings, eye drops, dental wax (for braces), petroleum jelly for itchy skin, external analgesic balm (e.g. Bengay) for muscle pain of known origin.

Please use the space below to indicate specific over-the-counter (non-prescription) medications/brands that your child must use (or, cannot use), or any other preferences you might have that aren't listed above.

☐ I **do not** permit my child to receive over-the-counter, non-prescription medication.

PLEASE INITIAL YOUR SELECTION(S):

- ☐ I give my permission to have my child receive a hearing and vision screening and height/weight measurements.
- ☐ I give permission for staff to apply sunscreen to student.
- ☐ If emergency service involving medical action or treatment is required and the parent/guardian cannot be reached, then I hereby consent for the child named above to be given medical care and/or be transported by the emergency response unit.

Parent/Legal Guardian Signature: _____ Date: _____

STUDENT HEALTH HISTORY - *Continued*

Student's Name:	Grade:	Date Completed:
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DISEASE/DISORDER HISTORY OR ILLNESS - Please check any of the following that apply:

Allergies/Environmental			Convulsions/Epilepsy/Seizure			Hepatitis or Liver Problem		
Allergies/Food			Developmental Disorder			Hypertension		
Allergies/Insect Stings or Bees			Dizziness or Fainting			Immune System Disorder		
Allergies/Latex			Diabetes			Mobility Limitation		
Allergies/Medications			Dietary Restriction			Psychological/Emotional Problem		
Allergies/Other			Digestive/Bowel Disorder			Scoliosis		
Asthma/Breathing Disorder			Eating Disorder			Skin Condition		
Behavioral Disorder			Endocrine Disorder			Urinary/Bladder/Kidney Disorder		
Bladder/Kidney Disorder			Head or Spinal Injury			Speech Disorder		
Bleeding/Clotting Disorder			Headaches/Migraines			Surgery or Hospitalization		
Bone/Joint/Muscular Disorder			Hearing Problem			Vision or Eye Disorder		
Cancer			Heart Defect or Disease			Other (explain below)		

Was a medical evaluation performed for any condition/disorder? ☐ No ☐ Yes

Is the student currently under medical treatment or have chronic health conditions that may require a care plan? ☐ No ☐ Yes

If yes, please describe and list the doctor's name, contact information, diagnosis and attach the care/treatment plan.

Student is under a doctor's care for Asthma: ☐ No ☐ Yes* If yes, medications taken: _____

*An *Asthma Action Plan* form will need to be completed by the Doctor to ensure a safe school environment for your child.

My child is under a doctor's care for a Severe Allergy to _____

Describe the allergic reaction: _____

Was an Epi-pen prescribed? ☐ No ☐ Yes (If yes, an *Allergy Action Plan* form will need to be completed by the doctor to ensure a safe school environment for your child.)

My child is under a Doctor's care for Diabetes: ☐ No ☐ Yes Check type: Type 1 _____ Type 2 _____ (If yes, a *Diabetic Medical Management Plan* will need to be completed by the Doctor to ensure a safe school environment for your child.)

My child is under a Doctor's care for Seizures: ☐ No ☐ Yes, describe type and medications taken: _____

A *Seizure Action Care* Form will need to be completed by the doctor to ensure a safe school environment for your child.
All Asthma/Allergy/Diabetes/Seizure care plan forms will be completed by the School Nurse and provided for your signature.

Student's Name:	Grade:	Date Completed:
-----------------	--------	-----------------

MEDICATION HISTORY

Does your child take medication on a daily basis (include homeopathic and nutritional supplements)? ☐No ☐Yes Please list all medications taken and what the medication or supplement is for:

SOCIAL HISTORY

Have there been any changes in your family during the past year, such as:

- Separation, divorce, or remarriage? ☐No ☐Yes
- Death or serious illness? ☐No ☐Yes
- Any other situation, which may affect the student? ☐No ☐Yes

If yes, please explain:

MISCELLANEOUS

Please list any condition and/or restrictions that your child may have which might limit the students' activities in school. Please include any comments that you think might be helpful:

Parent/Guardian/Adult Student Signature: _____ Date: _____





DENTAL SCREENING, SEALANTS AND FLUORIDE VARNISH PERMISSION FORM

We are pleased to be able to offer **FREE** Dental Screen, Sealant and Fluoride Varnish program to **all students who have a current chart with the River People Health Center's Dental Clinic**. Upon screening, if more dental work is needed, a note will be sent home. A dentist will examine your child's teeth before the sealants are applied. A provider will apply the sealants at the school. If you have any questions, please call your school nurse.

Fluoride Varnish has been used to strengthen teeth and prevent tooth decay for over 40 years. The American Dental Association recommends using fluoride products to prevent tooth decay. Fluoride varnish is a quick way to prevent tooth decay as well as stop small cavities from becoming big cavities. It takes less than a minute to apply fluoride varnish. The varnish dries immediately, so the child does not swallow fluoride. Varnish may stain the teeth yellow for a day or two, but the protection lasts for 3 to 4 months. **All products are latex free.**

Dental Sealants are a plastic coating that is painted on the crown (top) of molars to prevent tooth decay. The American Dental Association recommends dental sealant for children and young adults. Sealants can be applied as soon as the molars come in. Application of the sealant is painless and the teeth that are to be sealed will be cleaned and dried. A special light is used to harden the plastic. Food and drink can immediately be consumed after receiving the sealant.

STOP: DOES YOUR STUDENT HAVE A CURRENT CHART WITH THE RPHC DENTAL CLINIC?

YES

NO

If NO, do NOT fill out this form.

I give my permission for my child to receive:

☐ **Fluoride Varnish:** *I have read the information above, and understand that I am giving permission for dental procedures that have been shown to prevent tooth decay.*

☐ **Sealants:** *I have read the information above, and understand that I am giving permission for dental procedures that have been shown to prevent tooth decay.*

☐ **No services needed at this time.**

Print Student's Full Name: _____ Date of Birth: _____

Is the student allergic to anything? ☐ No ☐ Yes, to the following: _____

Is the student being treated by a doctor for anything? ☐ No ☐ Yes, for the following: _____

Is the student on any medication? ☐ No ☐ Yes (please list): _____

Parent/Guardian or Adult Student Signature: _____ Date: _____



PERMISSION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

Student's Name: _____

Date of Birth _____

I, _____ (*printed first and last name*), the parent/legal guardian of the student listed above, give consent for my child's health care providers to release information regarding the results and treatment plan of any or all of the following exams or screenings to the Salt River Schools Health Office. I authorize my child's health care providers to exchange information pertinent to the daily health care plan for my child with the Health Office staff at Salt River Schools.

- Physical exam
- Immunization record, schedule
- Dental exam
- Nutrition assessment and diet plan
- Developmental screenings
- Mental health/Behavioral screening
- Vision screening & follow-up treatment
- Hearing screening & follow-up treatment
- Emergency/Urgent care visit notes
- Health Action Plans

By doing so, I acknowledge the medical providers and the Salt River Schools Health Office will communicate with one another to deliver the necessary documents to serve my child. I also acknowledge that any health information shared about my child will remain confidential and may be accessed by health staff at any school site within Salt River Schools (specifically, the Early Childhood Education Center, Salt River Elementary School, and the Accelerated Learning Academy).

I certify that I am the legal parent and/or legal guardian of the above-mentioned child. I authenticate there is no applicable court order prohibiting my contact with the above-named child, restricting access to confidential information about my child.

If I am a guardian, I certify that there is a valid court order granting me guardianship of the above-named child. I can attest that the order remains valid at the date of this request and that the order has not been vacated, superseded, or dismissed.

I acknowledge the information to be released, and I understand that I may revoke this consent at any time. I hereby waive Salt River Schools from any legal liability for the transfer of the requested information.

Parent/Guardian/Adult Student Signature _____

Date _____



**Accelerated Learning Academy
Student Agreement/Commitments
2023-2024 School Year**

I, _____, agree to the following student commitments for the 2023-2024 Accelerated Learning Academy school year.

I acknowledge that I will be expected to maintain the following standards and goals:

Academic Goal:

- The student will pass assigned “live” and computer-based classes assigned to them each quarter at 70% or higher.
- The student will earn a minimum of 2.0 credits (4 classes completed) each quarter. There is no maximum amount of credits.
- The student will be in the assigned class, working toward credit completion while on campus.

Attendance Goal:

- The student will maintain 90% or higher attendance rate at all times.
- The student will attend school during his/her assigned scheduled hours. Attendance hours will be documented from 8:30am – 2:45pm (and from 8:30 - 12:35 during the half day schedule).
- Students who miss 10 consecutive unexcused days per quarter will be withdrawn. Students who miss 10 total days (unexcused) per semester (18 weeks) will be withdrawn.
- The school must be notified in advance or at the time of any absence by the adult student, parent or legal guardian. If no communication is made to the school for the reason of absence, the school secretary will attempt to contact adult student, parent/guardian of minor for the reason of absence and will document the information. No communication will result in the student being given an unexcused absence for the day.
- Excusable Absences: Illness, doctor/health appointments, bereavement, family emergencies and cultural.

Conduct Goal:

- The student will comply with the school code of conduct as outline in the student handbook and with all SRPMIC laws.
- The student will comply with the school dress code, as outline in the student handbook (see Dress Code Policy).

I am aware that students who are dropped for failure to comply with the student contract are not eligible to re-enroll at Salt River Accelerated Learning Academy for one full quarter.

Student Signature _____

Date _____

Parent Signature _____

Date _____

Student Expectations & Handbook Policies Agreement

My signature at the end of this agreement indicates that I understand the primary components that are found in the 2023-2024 ALA Student/Parent Handbook. My initials next to each item below indicates that I have reviewed each item and am committed to abiding by these expectations to remain a student at the ALA:



1. Campus Expectations

_____ Each student is expected to be on campus, in his/her assigned classroom during his/her scheduled hours.

_____ Laptop usage is monitored. If students are caught googling answers for the Edgenuity courses, a referral will be made to the office for disciplinary action.

_____ Adult students (18 years or older), may leave campus for lunch and must sign in and out. If this privilege is abused, it can be taken away at any time. Minor students are not allowed to leave campus for lunch.

_____ Cell phone use: Cell phone use may only occur outside of a classroom. If a phone call needs to be made or taken, the student must do so outside of the classroom. Cell phone use during class time may be allowed at the discretion of the teacher. Students are expected to comply with all teacher or staff requests regarding their cell phone usage.

_____ Head phone use: wireless/Bluetooth earbuds are not allowed. Students are required to use school issued wired headphones to listen to the lectures in their courses.

_____ Language on Campus: Students are expected to use respectful, classroom appropriate language at all times while on campus. Profanity will not be tolerated and a student's inability to refrain from using profanity on campus may result in a referral to the office.

_____ There are designated breaks during school time in between classes. These breaks should be used for personal time, restroom breaks, phone calls, etc. Breaks during instructional time must be less than 3 minutes in duration and the student must not disrupt other classrooms or students. If more than 3 minutes of class period is missed, students may be marked absent.

2. Attendance & Earning Credits

_____ All students are required to arrive on campus during their assigned time and stay for the duration of their entire class schedule.

_____ Students may not randomly choose to work on their classes where they desire; students must attend the class that is assigned to them on their class schedule. Failure to do so will result in a student being marked absent for that class.

_____ To promote student responsibility, students are expected to set goals and track their own attendance with support from their teachers.

_____ If a student is out of their assigned classroom for more than 3 minutes of the class time, the student may be counted as unexcused for the entire scheduled class.

_____ After 10 consecutive days of unexcused absences, students will be dropped for lack of attendance.

_____ After an accumulated 10 days of unexcused absences per semester (18 weeks), students will be dropped for lack of attendance.

_____ Five (5) unexcused periods equals one unexcused day of absence.

Student Expectations & Handbook Policies Agreement

3. Signing In and Out

_____ If leaving campus for any reason, each student is required to sign out at the front office. Upon return to campus on the same day, students must sign back in at the front office.

_____ Adult students (18 and over) may sign themselves out.

_____ Adult students leaving campus for lunch must sign in and out. ** See Lunch Open Campus Agreement

_____ Minor students (17 and younger) may not leave campus at any time unless being checked out by authorized person.

_____ Students under the age of 18 (minor) must be signed out at the front desk by parent/legal guardian or authorized person (per SIS contact information), if the student is leaving campus prior to the student's assigned end of day schedule. A minor student will not be allowed to leave campus until a parent/legal guardian/authorized person signs them out at the front desk. Any authorized person attempting to sign out or pick up a minor student will be denied access to the student, unless written documentation is received from the parent/legal guardian.

Student signature (minor) _____

Date _____

Parent/Guardian (of minor) _____

Date _____

Adult Student (18-21) _____

Date _____





STUDENT RELEASE **OPT-OUT** FORM

Student Name: _____

Grade: _____

Student ID#: _____

THE PURPOSE OF THIS FORM IS TO GIVE THE PARENT OR GUARDIAN AN OPPORTUNITY TO **OPT OUT** OF ANY OF THE ITEMS LISTED BELOW. IF SALT RIVER SCHOOLS DOES NOT RECEIVE THIS FORM WITHIN FOURTEEN (14) CALENDAR DAYS FROM YOUR RECEIPT OF THIS FORM, SALT RIVER SCHOOLS WILL ASSUME CONSENT TO THE RELEASE OF THE CATEGORIES OF INFORMATION CONTAINED IN THIS FORM.

SIGNATURE REQUIRED ONLY IF YOU DO NOT WANT YOUR CHILD TO BE PHOTOGRAPHED OR FILMED.

If you agree to allow your child to be part of the Salt River Schools media efforts, you do not need to sign this form.

Student Information Release

This gives consent for the release of student information/imagery as it applies to school-related activities, such as: yearbook, marquee information, parent organizations/committees, athletics, student-led news media production, musical and art programs, honors and awards, drama productions, graduation/commencement, etc. *This release shall not apply to confidential student records, such as test scores, transcripts, and evaluations.* Consent will remain in effect for the current school year or until permission is revoked by parents/guardians, requesting in writing such a revocation. Information may include: student name; parent name; tribal affiliation(s); school/class/grade level/teacher's name; weight and height, if the student is a member of an athletic team; awards received; extracurricular participation; and honors and achievements.

☐ I DO NOT Give Consent _____ Initial

Student Media (Photo/Video/Voice) Release

(All school-sponsored activities and promotions, except athletics.)

There are times when Salt River Schools may be featured in various media. Journalists, photographers and/or film crews from TV, radio stations, internet, newspapers or magazines may wish to photograph and/or film your child in relation to a story about our schools or students. Classrooms might also participate in video-conferencing on the internet. Salt River Schools may also promote its business, activities and programs using student imagery/voice. Salt River Schools are also visited by Community and public organizations or partners who are providing services to students; these organizations or partners may wish to photograph your child and may want to use the photograph and/or your child's name and the name of the school in their publications and informational materials. Students have the right to refuse participation and Salt River Schools' staff will work to ensure media representatives respects these wishes as much as possible. If no refusal is made, your student's name, grade and other (non-confidential) information may be included in the final media product. Unless otherwise noted, all rights and copyrights to media materials (photographs, videos, etc.) and related projects are the property of the outlet that recorded the media (i.e. Salt River Schools owns the photos and videos its staff or contracted vendors record of students at school events and sites).

This gives consent for the student's photo/video/voice to be used by representatives of the media and for use in various media, such as newspapers, television, radio broadcasts, internet podcasts, press releases, school/Division newsletters, Division website and social media sites (i.e. Facebook, YouTube, Instagram and LinkedIn, etc.), school plays and contests. This does not include athletic events, which are considered public events.

☐ I DO NOT Give Consent _____ Initial

The information I have provided on this form is accurate and true. I hereby certify that I am the parent or legal guardian (with legal custody, if separated or divorced; copy of Court paperwork must be on file) of the above named student.

Student's Name (Printed): _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____ Date: _____

Technology Acceptable Use Agreement

For Student(s) and Parent(s)

1. Introduction: Electronic information resources are available to students and parents, who are assigned a resource access account. These resources included, but are not limited to the following items, access to electronic devices, Internet access and access to various Education Division related resources. Our goal in providing resource access to students and parents is to promote educational excellence by facilitating resource use, innovation, communication and acceptable use.

2. Terms and Conditions of this Acceptable Use Agreement: The student and/or parent signature at the end of this Acceptable Use Agreement is legally binding. The signature also indicates the student and/or parent has carefully read and understands the terms and conditions of appropriate use and thereby agrees to abide.

- a) **Acceptable Use:** Acceptable use means that student and/or parent uses the Education Division provided resources and connectivity to third party resources, such as the internet, in an appropriate manner, abiding by the rules and regulations as described in this agreement.
- b) **Privileges:** The use of electronic information resources is a privilege, not a right. Inappropriate use of resources provided by the Education Division may result in disciplinary action (including but not limited to suspension of account privileges or possible expulsion), and/or referral to legal authorities. Education Division Administration, Site Leaders, and/or the Education Division Information Technology Department, may limit, suspend or revoke access to electronic resource access at any time.
- c) **Resource Access Etiquette:** Each student and/or parent is expected to abide by the generally accepted rules of user etiquette. These rules include, but are not limited to the following:
 - **Be polite.** Never send or encourage others to send abusive messages. Use appropriate language. (Items that are written, sent, or received on an isolated terminal have the potential to be viewed globally.)
 - **Use electronic communications appropriately.** There shall be no sales, advertisements or solicitations, chain letters, etc. are allowed. Communication is not guaranteed to be private. Anyone making use of Education Division's technology resources has potential access to a variety of communications based systems. Activities relating to or in support of illegal or inappropriate activities are considered a violation of this agreement and therefore must be reported to the Education Division Administration, Appropriate Education Division Site Leader(s) and / or the Education Division Information Technology Department.
 - **Tolerance.** There is zero tolerance for the act(s) of bullying, sending or receiving explicit materials, sending or receiving explicit messages, copyright infringement, representing another's work as one's own work or disruption of the Education Division Technology resources.
- d) **Unacceptable Network Use:** Transmission or intentional receipt of any inappropriate material or material in violation of law, Community or Education Division policy is strictly prohibited. This includes, but is not limited to: material protected by federal law; copyrighted material; threatening or obscene material; material protected by trade secrets; commercial activities by for-profit institutions; use of product advertisement or political lobbying, including lobbying for public office; the design or detailed information pertaining to explosive devices, criminal activities or terrorist acts; sexism or sexual harassment; pornography; gambling; illegal solicitation; racism; and inappropriate language or images of any type. Illegal or inappropriate activities, including games, use of the technology resources in any way that would disrupt use by others, or activities of any kind that do not conform to the rules, regulations and policies of the SRPMIC Education Division, are forbidden. It is unacceptable to participate in any activity such as the exchange of information or graphics sent or received that include/suggest sexting, pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and/or other listings previously described in this user agreement.
- e) **Transportation of Community Information:** No student and/or parent may duplicate any portion of Community owned, stored or held electronic information for the purpose of transportation beyond SRPMIC Community property without proper permission from the Education Division Administration and permission from SRPMIC and /or Office of General Counsel via written/electronic communication or contract. Exemptions do apply to student and/or parent work that falls under activities or assignments related to completion of school work, commonly referred to as "homework assignments".
- f) **Vandalism:** Vandalism is defined as any malicious attempt to harm or destroy any electronic data, property of the Education Division or of any other Community owner assets. Vandalism also includes, but is not limited to abusive overloading of data on the server, intentional uploading, downloading or creation of computer viruses, spyware, malware or other malicious software. Any engagement in vandalism constitutes unacceptable use and will subject the student and/or parent to appropriate disciplinary action.

- g) **Security:** Securing SRPMIC Education Resources is a high priority. You understand and agree that you shall attempt to use any other resource access account, beyond your assigned account, local or remote to access any system(s), device(s) or resource(s) while accessing the SRPMIC Education network(s). Any security concern shall be reported to Education Division Administration, Appropriate Education Division Site Leader, and / or the Education Division Information Technology Department, no later than 24 after the observed occurrence. SRPMIC Education Division makes reasonable effort to comply with CIPA and other regulations for filtering internet based content which may be available to students or parents. However, in the event students and/or parent are able to access dangerous or inappropriate material, students and/or parents must take responsibility for their own safety by exercising safe browsing and by reporting any inappropriate content he/she finds to the Education Division Administration, Appropriate Education Division Site Leader, and / or the Education Division Information Technology Department no later than 24 after the observed occurrence.
- h) **Privacy:** It is required that students and/or parents not reveal personal information which may not be limited to; however, does include the following: home address, phone numbers, password, credit card numbers or social security number, etc.; this also applies to information of organizations including but not limited to the SRPMIC Community and the SRPMIC Education Division. It is understood that all communications, internet browsing and data accessed or created are subject to review, monitoring and auditing. Also, should I choose to "publish" on the Internet, I will make certain I have obtained at a minimum proper permission from the Education Division Administration and possibly may also be required to acquire permission from the SRPMIC Community, SRPMIC Education Board and / or Office of General Counsel, where applicable.

3. Student and/or Parent Signature of Agreement: Rules of conduct are described in this "Salt River Pima-Maricopa Indian Community Schools Technology Acceptable Use Agreement for Student(s) and Parent(s)" apply when making use of SRPMIC Education Technology resources. This applies to but is not limited to usage while located at Community facilities or Education Division Community schools or while remotely accessing the Community School Resources. I understand any violations of the above provisions will result in the loss of my user resource access account and may result in further disciplinary and/or legal action, including but not limited to suspension or expulsion, or referral to legal authorities. I therefore agree to maintain acceptable standards and to report any misuse of technology resources to the appropriate persons mentioned in this document.

I have read this Acceptable Use Agreement and understand that all electronic communications, internet browsing and data accessed or created while using Education Division issued electronic devices or while using Education Division Networks are subject to review, monitoring, logging and auditing. I hereby agree to comply with the above described conditions of this entire document.

Print Student Name

Student Signature

Date

Parent/Guardian Signature (if under 18 years old)

Date

Rev 7.8.2014

Household Literacy & Culture Survey

Participation in this survey is *OPTIONAL* but strongly encouraged and will **not** be considered in making enrollment decisions.

Native Youth Community Projects (NYCP) is a four-year grant awarded to Salt River Schools. Our goals and objectives focus on education and literacy, culture, and Community.



Thank you for taking the time to complete this survey. All responses are confidential and will help us provide the appropriate literacy and cultural resources to the Community.

1. About **how many books and magazines** are available to read in your household?

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 26-50 |
| <input type="checkbox"/> 1-10 | <input type="checkbox"/> 51-100 |
| <input type="checkbox"/> 11-25 | <input type="checkbox"/> 100+ |

2. During a typical week, how often do you or a family member **practice literacy** with a child (this could look like **reading** a book/magazine to a child, **telling a story** to a child from memory or making it up on the spot, or even **singing** a song to or with a child).

- ☐ 7 days (every day) ☐ 3-6 days ☐ 1-2 days ☐ never

3. During a typical week, how often do you **read for your own enjoyment**?

- ☐ 7 days (every day) ☐ 3-6 days ☐ 1-2 days ☐ never

4. On a scale of 1-5, with 1 being "Not Important" and 5 being "Very Important," how important is it for students to **continue their education** beyond high school?

- ☐ 1 (not important) ☐ 2 ☐ 3 (neutral) ☐ 4 ☐ 5 (very important)

5. On a scale of 1-5, with 1 being "Not Familiar" and 5 being "Very Familiar," how familiar are you with the **scholarship and college/career opportunities** available to Community members (for instance from the Salt River Higher Education Program)?

- ☐ 1 (not familiar) ☐ 2 ☐ 3 (neutral) ☐ 4 ☐ 5 (very familiar)

6. What types of **Native language and culture activities** do you and your family participate in? Mark all that apply.

- ☐ Language learning/practicing/use
- ☐ Arts & crafts
- ☐ Reading/listening to culturally relevant stories
- ☐ Creating culturally relevant media (books, social media, etc.)
- ☐ Family/Community traditions and ceremonies
- ☐ Other (please specify) _____

7. **How often** do you and your child(ren) participate in the Native language and culture activities?

- ☐ Daily ☐ Weekly ☐ Monthly ☐ A couple times per year ☐ Never

Thank you for your time. For more information, please email Literacy@SaltRiverSchools.org

Office Staff: Once the survey is complete, please return to Trinidad Yazzie at SRHS. Do not file in the student file.