

The information provided below is not a condition of enrollment.



STUDENT INFORMATION

Date: _____ SAIS #: _____ Start Date: _____ System Input: _____

Student Name: _____
Last First M.I.

Address: _____
Street & Apt. City Zip

Gender: _____ DOB: _____ Place of Birth: _____

Student Cell Phone: _____ Student email: _____

Does the student have a probation officer? *If yes, please provide contact information* Yes No

**This question is not a condition of enrollment*

Name: _____ Phone: _____ Email: _____

RACE/ETHNICITY

Student's Ethnicity: Is the student Hispanic or Latino? Yes No Prefer not to say

Race

Please choose at least one. Latino is an ethnic background, not a race. (please check all that apply)

- Asian or Indian Subcontinent Black/African American
- White: European, North African, Middle East Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native: Tribe _____
- Prefer not to say

EDUCATIONAL INFORMATION

Last School Attended: _____ How many credits does the student have? _____

School Type: High School 8th Grade _____ Other _____

Is the above named student:

- Expelled from any school or district? Yes No
- Is pending a due process hearing for expulsion? Yes No

Please check any special services previously received (this information is for continuation of services):

- Special Education 504 Accommodation Gifted/Talented Title 1 English Language Learner (ELL)

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PARENT/GUARDIAN INFORMATION

1) Name: _____ Relationship: _____

Home Phone

Work Phone

Cell Phone

Email address: _____

Address: _____

Street

Apt.

City

Zip

Do you have a different mailing address? YES NO

Mailing address: _____

Active Military: YES NO

2) Name: _____ Relationship: _____

Home Phone

Work Phone

Cell Phone

Email address: _____

Address: _____

Street

Apt.

City

Zip

Do you have a different mailing address? YES NO

Mailing address: _____

Active Military: YES NO

If legal guardian is other than Mother and/or Father, you must present legal court documentation of guardianship with your enrollment application.

The information provided below is not a condition of enrollment.



EMERGENCY CONTACT INFORMATION

In the event that I cannot be contacted, I authorize **ACYR City View High School** to contact and/or release my child to any one of the following people. Please provide at least one emergency contact.

1) Name:	Relationship to Student:	
Phone:	Work Phone:	Pick up YES NO
2) Name:	Relationship to Student:	
Phone:	Work Phone:	Pick up YES NO
3) Name:	Relationship to Student:	
Phone:	Work Phone:	Pick up YES NO

Parent/Legal Guardian Signature Date

Enrollment Representative Date



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID: _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter: **Arizona Call A Teen (ACYR)**

School: **City View High 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)

McKinney-Vento Eligibility Form

Student Name _____ Date of Birth _____

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are **temporarily** sharing the housing of other persons due to the loss of housing or economic hardship." *The information provided below is not a condition of enrollment and is optional.*

Does not apply; student is not homeless

Please check one of the following statements if your family is experiencing temporary homelessness:

Living in a shelter, including transitional housing shelters (i.e. UMOM, Catholic Charities); awaiting foster care, etc.– Please provide name of shelter: _____ and address: _____

Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding area in which student is living: _____

Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel: _____

Doubled-up; Temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide address of where student is living:
Address: _____

Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address? _____ Are you seeking permanent housing? _____

Date student moved to this address: _____

Is a parent living in the home with the student? _____

If no, with whom is student living? _____ Relationship: _____

The School Social Worker may be in contact with you if clarification or bus transportation is needed.

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

Signature of Parent/Guardian/Unaccompanied Youth Date

Office Use Only:

_____ Does Qualify under McKinney-Vento Act _____ Does NOT Qualify

McKinney-Vento Liaison/Appointee Signature Date



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

Student _____ School City View High School

School District or Charter Holder Arizona Call A Teen (ACYR)

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: City View High School

School District or Charter Holder: Arizona Call A Teen (ACYR)

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



MEDICAL RELEASE

I give permission for my child, _____, to be taken to the nearest medical facility for emergency medical care while he/she is attending City View High School.

It will be my responsibility to contact the hospital or medical facility and arrange for the payment of emergency services provided to my child.

Parent/Legal Guardian Signature

Date

Please list any known medical conditions or allergies to food and/or medication:

Does the student take medication daily? YES NO

List the name of medication (s), dosage and time:

Should your child take medication, she/he will be required to check their medication into the school office. It is their responsibility to use properly (i.e. time/dosage). Students are *NOT* allowed to carry medication on their person on school campus.

Does the student wear glasses? YES NO Contacts? YES NO

Hospital preference (optional) _____

Health Insurance Carrier (optional) _____

Policy No. _____

I.D. No. _____

City View High School does not employ a school nurse; therefore, school staff and/or other students cannot administer medication. We maintain a basic first aid supply cabinet at the school. Please indicate which item(s), if any, that you will allow your child to use.

Parent/Legal Guardian Signature

Date



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that ACYR, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, City View High School may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow City View High School to include this type of information from your child's educational records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activities, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can be disclosed to outside organizations without a parent's prior written permission. Outside organizations include, but are not limited to companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses, and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want City View High School to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing.

Directory information includes but is not limited to:

- Student's Name
- Address
- Telephone Listing
- Electronic Mailing Address (Email)
- Photograph
- Date and place of birth
- Major field of study
- Dates of attendance
-
- Grade level
- Honors and awards received
- Enrollment status (full or part-time)
- Participation in officially recognized activities/sports
- Most recent educational agency or institution attended

I do I do not give my written permission to release Directory Information on _____

Parent/Legal Guardian Signature

Student Signature

Date



MEDIA RELEASE

I give my consent for Arizona Center for Youth Resources, Inc. (ACYR) staff or designee to take photographs, audio recordings, and/or video recordings of me/my minor child and to depict my/my minor child's work products. I understand that any such photographs, audio recordings, and/or video recordings, as well as any work products, become the property of ACYR and may be used by ACYR for educational, instructional, or promotional purposes determined by the organization in broadcast and electronic media formats now existing or in the future created.

(Please check one of the options below)

- Yes, I give my consent
- No, I do not give my consent

Consent is for (check one):

me (I am 18 years of age or older). Name: _____

- OR -

my minor child. Name of child: _____

Name of Parent/Guardian: _____

I certify that I have full power to give this consent and understand the meaning and effect of this authorization. This authorization will remain in effect until I revoke permission.

Signature of Youth (18 years or older): _____ Date: _____

Signature of Parent/Guardian (if youth is under 18): _____ Date: _____



STUDENT COMPUTER AND INTERNET USE AGREEMENT

I understand that:

All students attending City View High School will be required to use an individual logon ID and password combination to access any computer on the school's campus. In most cases, a version of the individual user ID and password given to you during enrollment to access the student level of the Synergy web site will be used to log on to any school computer. This includes any station in the computer labs, classroom desktop computers, and any portable computer available on the school campus. It will be the responsibility of each student to log on to the computers when directed by a teacher or other school staff using your ID and password combination. It will also be your responsibility to log off or shutdown that computer when directed.

The student is expected to learn and memorize this logon information within the first week of class. This procedure is being implemented to protect your individual work and to assist in the prevention of unauthorized access to our computer system.

The use of City View High School's computer equipment is a privilege, NOT a right. Students are to use *ONLY* their assigned logon credentials when accessing computers or any electronic media. Students are *NOT* to use another student's logon information or provide their credentials to any other student. Abuse of the rules may result in the restriction or cancellation of a student's account. Repeated abuse may also lead to disciplinary action for both students, including suspension or expulsion.

City View High School reserves the right to monitor users' online activities and to access, review, copy, store, and delete any electronic communication or files accessed on City View High School's computers and disclose them to others, including police, as it deems necessary. *Users should have no expectation of privacy regarding their use of computer or internet access at City View High School.*

property, network, and/or internet access or files, including email. City View High School employs a computer monitoring system that monitors student computer activity real time, records all keystrokes, and allows teachers and staff to copy, control, or shutdown the student's workstation at any time.

In addition, the following rules apply to ALL City View High School computers at all times.

1. NO personal storage devices, cell phones, or music players may be connected to ANY ACYR computer at any time. Not even for charging, as such devices may contain harmful viruses that can be transferred to the network simple by plugging them in.
2. Do NOT change the background or screen saver settings unless instructed to do so by the CTE instructor for the purposes of learning how to manage a computer's settings and they may ONLY be changed to OS provided pictures.
3. Use of proxy servers is STRICTLY prohibited. At no time should you ever attempt to subvert the firewall settings in place at ACYR.



4. *No streaming or downloading of music.* This means you cannot listen to music online, watch music videos on YouTube, or in any other way access music on the internet from your computer. All music put onto ACYR computer must have prior approval of the CTE instructor, must be legally obtained, and is to be used only for meeting the requirements of a classroom assignment.
5. No downloading of images for personal use. ONLY images needed for coursework and that do not violate copyright laws may be put on school computers.
6. Only class related videos may be viewed and only when instructed to do so as part of an assignment. *NO other videos, music or otherwise may be viewed at any time while using ACYR computers or networks.*
7. No accessing of Facebook, Flickr, Twitter, Tumblr, or any other type of social media unless specifically directed to do so by CTE instructor for educational purposes only.
8. No using the internet to search for information related to drugs, gangs, violence, sex, fighting (human or animal), or weapons at any time, unless specifically approved by classroom teachers for research for educational projects, presentations, and papers ONLY.
9. Do NOT change the password assigned to any user account at ANY time. This includes your personal access sign on.
10. All computers MUST be logged off at the end of class and shut down at the end of the school day. All laptops must be shut down before being returned to the cart.
11. All computer usage at ACYR is monitored, and all computers in the CTE lab are enabled with software to track keystrokes, websites and programs accessed, and the ability to screenshot what is being accessed at any time. Access to personal e-mail is allowed, however, ACYR staff can view anything that is accessed. Inappropriate e-mails and pictures accessed may be subject to disciplinary action.
12. No use of any instant messaging or chat service is allowed on any ACYR computer, unless specifically approved by CTE instructor for educational use only.
13. Access to computers and the internet is a privilege and not a right. This privilege may be suspended or completely taken away at any time for violation of any computer and internet policy rules. Class performance will be negatively impacted by loss of computer privileges.

I understand and agree to abide by the above rules, as well as all computer rules in the student handbook. I understand that violation of these rules may result in disciplinary action, up to and including expulsion, in accordance with the student/parent handbook.

Name: (please print): _____

Student Signature: _____ Date: _____