



Learning Matters Educational Group

Calibre Academy of Surprise

15688 W. Acoma Dr., Surprise, AZ 85379

Phone: (623) 556-2179 Fax: (623) 556-2806

- ☐ Student Enrollment Forms
- ☐ Medication Administration Form
- ☐ **Arizona Residency Form – (Must submit a copy of the appropriate documentation along with this enrollment form)**
- ☐ Home Language Survey
- ☐ Race and Ethnicity Data Collection Form
- ☐ Request for Student Records
- ☐ Directory/Photo Release Form
- ☐ Special Education Form
- ☐ After School Release Form
- ☐ Parent Volunteer Services Form
- ☐ Standard of Dress Form
- ☐ Computer Information Services User Agreement
- ☐ Guidelines To Determine Eligible Students Survey
- ☐ **Immunization Record**
- ☐ **Student's Proof of Identity and Age** –This includes one of the following: birth certificate, student's baptismal certificate, an application for a social security number, a letter from the authorized representative of an agency having custody of the student or the original registration records and an affidavit explaining the inability to provide a copy of the birth certificate.

(For Office Use Only)

Date Packet Returned _____

Start Date _____

Assigned Teacher _____

Accepted by _____

Staff Initials

Data Input by _____

Staff Initials



Date: _____

Student Enrollment Form

Student Information

First Name: _____ Middle: _____ Legal Last Name: _____

Student Address: _____ City: _____ ZIP Code: _____

Gender: ☐ Male ☐ Female Grade: _____ Home Phone: _____

Date of Birth: _____ State of Birth: _____ Country of Birth: USA Other: _____

School Last Attended: _____ Address: _____ Phone #: _____

Has your child ever received any of the following:

Special Education Services ☐ No ☐ Yes Gifted Services ☐ No ☐ Yes Disciplinary: ☐ Suspension

504 Plan Services ☐ No ☐ Yes IEP ☐ No ☐ Yes ☐ Attendance ☐ Expulsion

Parent/Guardian Information

Custody of Student: ☐ Joint ☐ Mother ☐ Father ☐ State ☐ Temporary ☐ Other

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ State ☐ Temporary ☐ Other

Mother's Information: Contact 1st _____ Contact 2nd _____

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Father's Information: Contact 1st _____ Contact 2nd _____

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Legal Guardian/Other Information: Legal Guardian Step-Parent Other

First Name: _____ Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Place of Employment: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

SCHOOL USE ONLY

Date of Entry: _____ Entry Code: _____ Grade: _____ Teacher: _____ Room: _____

Immunization Records: ☐ Yes ☐ No SAIS ID#: _____ Birth Certificate: ☐ Yes ☐ No

Interview: Scheduled for: _____ at: _____ Previous Report Card: ☐ Yes ☐ No

Interviewer: _____ Date: _____



Statement of Disclosure

I/We have truthfully answered all questions on this enrollment form.

I/We understand that student grade level placement is based upon his/her previous grades/credits, recommendations, and test scores.

Please feel free to call or fax the Administration Office if you have any questions.

Signature of Parent/Guardian

Date

Calibre Academy is a non-sectarian, publicly-funded group of charter schools and does not discriminate in its enrollment or hiring practices on the basis of gender, race, religion, or ethnic origin, color or disability.

Signature of Administrator

Date



Medication Administration Form

From time to time students unexpectedly need medication during a school day. When this need arises, the school nurse (or person designated by the director) may administer over-the-counter medications, such as those listed below, with parental consent. Although a student may have a signed consent form on file, when symptoms arise at school of which a parent may not be aware, verbal/phone verification may be obtained before administering medications.

For students needing a prescription medication during school hours, indicate this medication and dosage below. If the dosage and/or medication changes in any way, immediately send a written verification, with doctor's note, of this change to the office.

Please note that it is against school policy for students to carry any prescription or over-the-counter medication with them during the school day. This includes pain relievers and herbs. All medication must be checked into the front office and will be kept in the health specialist's office.

Please complete the form below:

Student Name: _____ Grade: _____ Date of Birth: _____

Please list student's **allergies or allergic reactions**: _____

Please list student's **medical conditions**: _____

Check each box yes or no (if left blank, will be considered no)

YES	NO	MEDICATION	DOSAGE	FREQUENCY
		Tylenol (Acetaminophen)		Every four (4) hours if necessary
		Advil/Motrin (Ibuprofen)		Every four (6) hours if necessary
		Tums or other antacids		Every four (4) hours if necessary
		Other: Benadryl (Antihistamine)		
		Other:		
		Prescription Medicine (must be in original pharmacy bottle/package) :		

I authorize the school health specialist or designee to give the medication(s) checked above to my child when needed.

Parent /Guardian Signature: _____ Date: _____



**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

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)



RACE and ETHNICITY DATA COLLECTION FORM

In accordance with new federal guidance, schools are required to utilize a two-part question to collect data about race and ethnicity. Part 1 is in regards to Ethnicity and Part 2 relates to race. More than one race may now be selected on Part 2.

Date: _____ Child's Name: _____

Parent/Guardian Signature: _____

Race/Ethnicity Two-Part Question: Answer BOTH questions.

Part 1: Ethnicity

Is the student 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 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.)



Student Records Request

I authorize the release of records for the following student:

Last Name: _____ First Name: _____ DOB: _____

School Name/District: _____ Last Grade Level: _____

Address/City/State/Zip: _____

Telephone: _____ Fax: _____

Please forward the entire record including:

1. Grades – Official Transcript
2. Psychological Records
3. Social History
4. Attendance
5. IEP/Special Ed Records
6. Achievement Scores – Test Scores, AIMS
7. Health History/Medical Evaluation
8. Other _____

Parent/Guardian Signature: _____ Date: _____

PLEASE SEND RECORDS TO:

☐ **Calibre Academy Surprise**
15688 W. Acoma Dr.,
Surprise, AZ 85379
Phone: 623-556-2179
Fax: 623-556-2806

1st request _____

2nd request _____



Student Directory Information Release Form

During the school year, school district or charter school staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the district governing board or charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter operator is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information containing the student's names, addresses, and telephone listings.*

If you *do not* want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District/charter in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form, or October 31, whichever occurs first. If the school district or charter school does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son/daughter's designated directory information.

TO: Principal

I *do not* want any or all the information I have indicated below concerning (student's name) _____ designated as directory information and released to any person or organization without my prior written consent:

- | | |
|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Honors and awards received |
| <input type="checkbox"/> Telephone Listing | <input type="checkbox"/> Enrollment status (e.g. part time or fulltime) |
| <input type="checkbox"/> Date and place of birth | <input type="checkbox"/> Address |
| <input type="checkbox"/> Dates of attendance | <input type="checkbox"/> Weight and height (members of athletic teams) |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Most recent educational agency or institution attended |
| <input type="checkbox"/> Photograph | <input type="checkbox"/> Major field of study |
| <input type="checkbox"/> Grade level | <input type="checkbox"/> Participation in officially recognized activities/sports |

Parent/Guardian Signature

Date



Special Education Form

In order to provide continuity in your child's educational program, it is important that Calibre Academy is made aware of any Special Education services he/she has received. Please complete the following information to help us expedite your child's proper placement.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Was your Child ever enrolled in any Special Education Programs?

☐ Yes ☐ No If yes, please

specify: _____

Has your child been tested or evaluated for Special Educational Services?

***The Evaluations must be attached to the enrollment packet.**

☐ Yes ☐ No

Does your child currently have an Individualized Education Plan (IEP)?

***The current I. E. P. must be attached to the enrollment packet.**

☐ Yes ☐ No

Does your child currently have a 504 Accommodation Plan?

***The current 504 Accommodation Plan must be attached to the enrollment packet.**

☐ Yes ☐ No

Has the student ever been suspended, dismissed, or expelled from a school?

☐ Yes ☐ No

If yes, please provide

details: _____

I hereby certify that the above information is true and correct.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____



After School Dismissal Plan

To insure the safety of your children after school releases, we are asking for you to provide the following information:

My Child, _____ will, (check one please)

- ☐ Attend Aftercare at Calibre/ see front office personnel for details
- ☐ Walk/Ride bike home
- ☐ Be picked up by:

_____ relationship: _____ Contact # _____

_____ relationship: _____ Contact # _____

_____ relationship: _____ Contact # _____

After School Dismissal:

So that dismissal runs as smoothly as possible, afternoon dismissal times are staggered as follows:

_____ **2:30 PM** Kindergarten students **without** siblings ***Wednesday release will be at 12:00 for Kindergarten.**

Kindergarten students with siblings will be released to the cafeteria to wait for older siblings, released as follows:

- Kindergarten students with **1st-3rd** grade siblings will be picked up in the south parking lot at 2:45 P.M.
- Kindergarten students with **4th-8th** grade siblings will be picked up in the south parking lot at 3:00 P.M.

_____ **2:45 PM** 1st-2nd grade students without older siblings are released from the **South Parking lot.**

3rd grade students with no siblings are released from the **North Parking lot.**

3rd grade students with a younger sibling are released from the **South Parking lot.**

_____ **3:00 PM** 4th-8th grade students without a younger sibling are released from the **North Parking lot.**

4th-8th grades students with a 3rd or younger sibling are released from the **South Parking lot.**

It is very important that parents arrive at the time your student(s) are dismissed. You should remain in your cars and we will release your student(s) right to you. Please do not leave your cars unattended or park in areas other than designated parking spaces. Each family will receive colored placards with numbers. These must be displayed in the car windshield or carried with you in order to pick up your children.

Emergency Information

Emergency Contact Name: _____ Telephone: _____

Relationship to Student: _____

Emergency Contact Name: _____ Telephone: _____

Relationship to Student: _____

Physician's Name: _____ Telephone: _____

Hospital Preference: _____



Volunteer Services Form

Calibre Academy encourages volunteer assistance in a variety of ways. Calibre Academy desires and needs volunteers at the school. If you are interested in volunteering in any of the areas listed below, please check the box that applies and complete the contact information below.

- ☐ Office
- ☐ Classroom Aide
- ☐ Lunchroom Aide
- ☐ Athletic Events
- ☐ Fundraising for Classes
- ☐ Playground Aide
- ☐ Parents Club (Parent/Teacher organization)
- ☐ Other: _____

Name: _____

Address: _____

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

E-mail: _____

Student Name(s): _____ Grade(s): _____

Best time to contact you: _____



DRESS CODE

Uniform Guidelines

Calibre Academy is a uniform school. **Alert to Parents-** If your student is not in uniform, you will receive a phone call from the office. If it is not possible for you to bring appropriate clothing, your student will be required to wear an appropriate alternative shirt or slacks supplied by the school or remain in the office for the remainder of the day.

Please label all uniforms with a black permanent marker on the inside care labels with first and last name.

All Students

1. The Calibre polo shirt color may only be **light blue, red, or heather gray** and **must have the Calibre logo**. If an undershirt is worn, it must be tucked in and not visible below the hem of the polo shirt. Spirit shirts may only be worn on Fridays and field trips.
2. Shoes/Socks – Girls and Boys – Socks and shoes must be worn every day. Girls may wear tights or leggings under the jumpers, skirts, or skorts. Shoes styles are the choice of students, tie-up, flats, etc.; however, open toed shoes, flip flops, and slippers are not allowed due to safety concerns. **Tennis shoes must be worn on PE days.**
3. Hairstyles – All students shall keep hair clean, well groomed, and conservative in style. No hairstyles that are disruptive to the educational environment will be allowed. **The administration reserves the right to decide what is acceptable and what is not.**
4. Tattoos are unacceptable. Temporary tattoos should not be visible.
5. No Heely's are permitted on campus.
6. When there is a "wear your own clothes day" (students may wear their own clothes on their birthdays) clothing must be neat, proper fitting, and school appropriate. No intentional or "stylish" tears or cuts should be found on pants or tops. If an undershirt is worn, it must be tucked in and not visible below the hem of the outer shirt. No short or skin-tight shorts or skirts may be worn. T-shirts must cover the entire upper half of the body; **no spaghetti strap tank tops**. "Dress Down" still requires compliance to the dress code- shirts, pants/skirts/skorts/shorts, shoes, and socks.
7. **Hats** - Hats are not to be worn inside the classrooms.
8. Outerwear including hoodies and hooded jackets may be any school appropriate style or color. However, hoodies, hats, bandanas, or beanies may not be worn inside any building, classroom, or cafeteria. If students have the above items in the classroom it is considered a dress code violation.

Note: To attend class, all students must be in compliance with **all parts** of the student dress code. It is the responsibility of both parents and students to understand and agree to the Calibre dress code as part of the enrollment process.

Girls: Kindergarten through 8th grades

Girls kindergarten through 8th grade have the option to wear the following navy blue, khaki or **blue** jeans (no intentional or "stylish" tears or cuts) that are proper fitting uniform bottoms: pants, shorts, capris or skorts along with the Calibre logo short sleeve or long sleeve shirt. Girls can also wear navy blue or khaki jumpers with a white sleeved buttoned down shirt or Calibre polo. Shorts must be worn under jumpers. All uniform bottoms must be **no shorter than the end of the middle fingertips with the arm straight at the side**. A schedule of the PE days will be sent home by the classroom teacher; tennis shoes **must** be worn on those days, **Jeggings, or leggings bottoms are all not allowed**. Sweatpants may be worn on dress down days only.

Boys: Kindergarten through 8th grades

Boys may choose to wear navy blue, khaki, or **blue** jeans (no intentional or "stylish" tears or cuts) that are proper fitting uniform pants or shorts along with the Calibre logo short sleeve or long sleeve shirt. Pants must be worn at the waist. Tennis shoes must be worn on PE days.

Administration has the right to determine uniform or hair violations.

I agree to support the Calibre Academy Standard of Dress. I understand that violations of the above dress code as perceived by the administration may result in disciplinary action.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____



USE OF TECHNOLOGY RESOURCES IN INSTRUCTION COMPUTER INFORMATION SERVICES USER AGREEMENT

Details of this user agreement shall be discussed with each potential user of the computer information services. When the signed agreement is returned to the school and/or district office, the user may be permitted to use computer information services (CIS) resources. **Access to computers will not be granted without a parent/guardian signature on the back of this form.**
Student's inability to access computers will affect their grade in Technology.

Terms and Conditions

Acceptable Uses. Each user must:

- Use of the CIS to support personal educational objectives consistent with the educational goals and objectives of Learning Matters Education Group.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Immediately inform their supervisor if inappropriate information is mistakenly accessed.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school-employed persons.
- Not use the CIS in any way that would disrupt the use of the CIS or by others.
- Not use the CIS for commercial or financial gain, political lobbying, or fraud.
- Not attempt to harm, modify, add, or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the CIS and appropriate disciplinary action up to and including expulsion for students.
- Publish information/student work *only* on LMEG servers or district approved web hosting vendors. Users placing information on the Internet using the District's CIS are publishing information on behalf of the District.
- Be responsible for the appropriate storage and backup of their data.
- Only download plug-ins for the purpose of enhancing the visual appeal of educational websites (i.e. Shockwave, RealPlayer, QuickTime, Flash, etc.).

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the CIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance, file, and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Unacceptable Uses.

- Users may not connect or install any computer hardware, hardware components or software, which is their own personal property to and/or in the district's CIS without the prior approval of the District Information Technology Department.
- Users shall not post information that could cause damage or pose a danger of disruption to the operations of the

CIS or the District.

- Users shall not access the network for any non-educational purposes.
- Users will not gain or attempt to gain unauthorized access to the files of others, or vandalize the data or files of another user.



- Users will not download and use games, files, documents, music, or software for non-educational purposes. (i.e. Shockwave games/animations, audio and other visual files.)
- Users will not possess any data, which may be considered a violation of these regulations, in paper, magnetic (disk), or any other form.
- Users will not display name *or* photo to personally identify an individual without receiving written permission.
- Users will not reveal full name, address, phone number, or personal email without permission from an adult.
- Users shall not plagiarize works that are found on the Internet or any other electronic resource.
- Users will not harass, insult, attack others or use obscene language in written communications.
- Users will not post anonymous messages.
- Users may not use *free* web based email, messaging, video conferencing, or chat services without written permission from LMEG Network Administrator.

Resource Limitations.

- Activities that are deemed by the network supervisor to cause unreasonable demand on network capacity or disruption of system operation are prohibited.
- Users shall subscribe only to high quality discussion groups or mailing lists that are relevant to their education or career development.
- Users shall not use the District's CIS for commercial purposes or financial gain. This includes the creation, development and offering of goods or services for sale, and the unauthorized purchase of goods or services. District approved purchases will be made following District approved procedures.
- The District's portable information systems and educational technology resources such as notebook computers, peripherals, and/or companion devices, will be at the school sites during school hours.

Personal Responsibility.

Your child will report any misuse of the CIS to the administration or system administrator, as is appropriate. He/she understands that many services and products are available for a few and *acknowledge their personal responsibility for any expenses incurred without District authorization.*

Network Etiquette. Your child is expected to abide by the generally acceptable rules of network etiquette. Therefore, they will:

- *Be polite and use appropriate language.* They will not send, or encourage others to send, abusive messages.
- *Respect privacy.* They will not reveal any home addresses, or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* They will not use CIS in any way that would disrupt the use of the systems by others.
- *Observe the following considerations:*
 - Be brief
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles.
 - Post only to known groups or persons.

Parent or Guardian Cosigner

As the parent or guardian of the student listed below, I have read this agreement and understand it. I understand that it is impossible for the Learning Matters Education Group to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the computer information services (CIS). I also agree to report any misuse of the CIS to a School District administrator. (Misuse may come in many forms but can be viewed as messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.) I accept full responsibility for supervision if, and when, my child's use of the CIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Student Name _____ Grade _____ School Year 20 to 20
Last First

Parent or Guardian Name (print) _____

Parent Signature _____ Date _____

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY2022 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA Income Eligibility Guidelines** schedule?

Indicator 1

☐

Indicator 2

☐

Not Eligible

☐

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name

Name of School

Grade

I hereby certify that all of the above information is true and correct.

Parent/Guardian Signature: _____

Date: _____

Note: These survey forms should be retained by the LEA and kept on file for a period of 5 years.

ESEA Income Eligibility Guidelines

Effective from July 1, 2021 to June 30, 2022

Arizona	Indicator 1 Federal Poverty Guidelines, 100%					Indicator 2 Reduced Price Meals				
Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$16,744	\$1,396	\$698	\$644	\$322	\$22,828	\$1,986	\$993	\$917	\$459
2	\$22,646	\$1,888	\$944	\$871	\$436	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$28,548	\$2,379	\$1,190	\$1,098	\$549	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$34,450	\$2,871	\$1,436	\$1,325	\$663	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$40,352	\$3,363	\$1,682	\$1,552	\$776	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$46,254	\$3,855	\$1,928	\$1,779	\$890	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$52,156	\$4,347	\$2,174	\$2,006	\$1,003	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$58,058	\$4,839	\$2,420	\$2,233	\$1,117	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For Each Additional Household Member, Add:	+ \$5,902	+ \$492	+ \$246	+ \$227	+ \$114	+ \$8,399	+ \$700	+ \$350	+ \$324	+ \$162



Calibre Bus Transportation*

Student's Name: _____ Grade Level: _____

Please **check one of the appropriate boxes.**

- ☐ No, I do not need to have transportation for my child
- ☐ Yes, I would like to have bus transportation for my child. If yes, please provide your contact information.

My major cross streets are:

Name:

Address:

Contact Phone Number:

Please return completed form to the school's main office.

Thank you!

****Please note: Our bus only services a limited area. Please contact the office for further details.***



Child Find

Calibre Academy Schools will identify, locate and evaluate all children with disabilities within their population served who are in need of special education and related services. In its identification process Calibre Academy Schools will include children who are suspected of being a child with a disability and in need of special education, even though a student is:

- Advancing from grade to grade
- Highly mobile, including a migrant student.

[34 C.F.R. 300.111]

Calibre Academy Schools will inform the general public and parents within its population served of the responsibility for the special education services for students aged three (3) through twenty-one (21) years, and how those services may be accessed including information regarding early intervention services for children aged birth through two (2) years. Services for an eligible student with a disability shall extend through conclusion of the instructional year during which the student attains the age of twenty-two (22).

[A.A.C. R7-2-401.C]

Calibre Academy Schools will require all staff members to review the written procedures related to child identification and referral on an annual basis, and maintain documentation of the staff review.

[A.A.C. R7-2- 401.D]

Identification screening for possible disabilities shall be completed within forty-five (45) calendar days after:

- Entry of each preschool or kindergarten student and any student enrolling without appropriate records or screening, evaluation, and progress in school; or
- Parent notification of developmental or educational concerns.

Screening procedures shall include vision and hearing status and consideration of the following areas:

- Cognitive or academic;
- Communication;
- Motor;
- Social or behavioral; and
- Adaptive development.

GUIDE TO ARIZONA IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES K-12



Immunization requirements by age and grade for school attendance. Vaccines must follow minimum intervals and ages to be valid. A 4-day grace period applies in most situations.

Vaccine	4-6 Years Old Kindergarten or 1 st grade	7-10 Years Old	11 Years and Older
Hepatitis B (Hep B or HBV)	3 doses 3 doses acceptable if dose #3 was received at or after 24 weeks of age; otherwise 4 doses are required with the final dose at or after 24 weeks of age.		
Poliomyelitis/ Polio (IPV or OPV)	4 doses 3 doses acceptable if dose #3 was received on or after 4 years of age. Students who received 3 or 4 doses (with 4 weeks minimum intervals between doses) PRIOR to August 7, 2009 have met the requirement. The final dose of polio administered ON or AFTER August 7, 2009 must be given at a minimum of 4 years of age AND a minimum interval of 6 months following the previous dose. Polio is not required for students who are 18 years of age or older.		
Measles, Mumps and Rubella (MMR or MMR-V)	2 doses A 3 rd dose will be required if dose #1 was given more than 4 days before 1 st birthday MMR and Varicella must be given on the same day or at least 28 days apart		
Varicella (chickenpox) (VAR or MMR-V)	1 dose 2 doses are required if the 1 st dose was given at 13 years of age or older. MMR and Varicella must be given on the same day or at least 28 days apart		
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP or DT 4 doses acceptable if last dose was given on or after 4 years of age. A 6th dose is required if 5 doses have been given before 4 years of age.	4 doses of DTaP, DTP, DT, Tdap or Td 3 doses acceptable if first dose was given on or after 1 st birthday. Tdap given at ages 7-10 will meet the 11-year-old+ Tdap requirement.	1 dose of Tdap is required Students must have a minimum of 3 doses of tetanus/diphtheria vaccine which may include 1 Tdap. If Tdap has not been previously given, 1 dose of Tdap is required when at least 5 years has passed since the last dose of tetanus-containing vaccine.
Quadrivalent Meningococcal (MenACWY or MCV4)			1 dose of quadrivalent meningococcal ACWY is required. A dose administered at 10 years of age will meet the requirement.

Please see reverse for additional information and exceptions and conditions to the rules.



2021-2022

McKinney - Vento Program - Intake Form

Please Print Clearly in the boxes below:

<u>Student Name:</u>		<u>Date of Birth:</u>		
Please list siblings or other children in the home:				
Name	Student #	Grade	Age	School (if not enrolled, please indicate)

1. Where are you and your family currently staying?

Section A:

☐ Rent/Own my own home

STOP: IF YOU HAVE MARKED THAT YOU OWN/RENT YOUR OWN HOME,

SIGN UNDER ITEM 2 AND SUBMIT FORM TO SCHOOL PERSONNEL.

Section B:

☐ Shelter ☐ Doubled Up¹ ☐ Hotel/Motel ☐ Unsheltered²
☐ Other: _____

Explanations listed below:

¹Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason

²Living in a car, park, campsite, trailer park, bus/train station, abandoned building, abandoned hospital, or other location not ordinarily used as sleeping accommodations.

Is your current residence a temporary living situation? ☐ Yes ☐ No

Is your living arrangement due to the loss of housing or economic hardship? ☐ Yes ☐ No

Please check the following services that are needed/desired:

☐ School Supplies ☐ Clothing/Uniform ☐ Free Lunch ☐ Gifted/Talented
☐ Visual Referral ☐ Tutoring ☐ Special Education
☐ Missing Enrollment Records

_____ Birth Certificate _____ Prior Academic Records
_____ Immunization/Medical Records _____ Guardianship Issues

2. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student Signature Date (Must be after 7/1)

(Area Code) Phone Number Street Address City State Zip Code

For School Use Only

☐ Free/Reduced Guidelines to Determine Eligible Students Signed/Submitted ☐ Referred Form to Liaison

Print School Contact Title Signature (required) Date