

AGUA FRIA UNION HIGH SCHOOL DISTRICT #216

<input type="checkbox"/> AGUA FRIA 530 E. Riley Dr. Avondale, AZ 85323 623-932-7300	<input type="checkbox"/> CANYON VIEW 6024 Perryville Rd Waddell, AZ 85355 623-932-7600	<input type="checkbox"/> DESERT EDGE 15778 W. Yuma Rd. Goodyear, AZ 85338 623-932-7500	<input type="checkbox"/> MILLENNIUM 14802 W. Wigwam Blvd. Goodyear, AZ 85395 623-932-7200	<input type="checkbox"/> VERRADO 20050 W. Indian School Rd. Buckeye, AZ 85396 623-932-7400
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Welcome to the Agua Fria Union High School District. We have proudly educated the students of the Avondale, Goodyear, Buckeye, and Litchfield Park areas since 1955.

“All Students College and Career Ready”

Please utilize the following checklist to complete the enrollment process. If you are completing this document online, please remember to SIGN all necessary areas and PRINT.
All enrollment information must be complete and supporting documentation received prior to enrolling your student.

REQUIRED REGISTRATION INFORMATION 2018-2019

1. PARENT/GUARDIAN PICTURE IDENTIFICATION

Current Driver's license, state identification or military identification

2. ONE (1) PROOF OF RESIDENCY DOCUMENT

In order to enroll a student at this school within the Agua Fria Union High School District, custodial parent(s) or legal guardian must reside within this school's attendance boundaries.

Please provide ONE (1) of the following documents with an address displayed:

- Most recent utility bill (Electric, Gas, or Water bill **displaying parent name and home address**)
- **Current** Home Title papers, HUD Statement, lease/rental agreements **displaying parent name and home address**

Notarized Affidavit of Shared Residency Form must accompany one of the above when the child being enrolled and his/her family resides in the home of another person/family within the school's attendance boundaries.

Please note – If it is reported that the parent/guardian of the student does not live within the attendance boundary and an investigation indicates non-residence, your student may be withdrawn from school.

3. PROOF OF CUSTODY (Pertains to students not residing with both natural parents)

We require a divorce decree, legal guardianship, adoption papers or court appointed custody assignment for foster care.

4. BIRTH CERTIFICATE

Students must have an original **State Certified Birth Certificate**, not an honorary hospital copy.

5. IMMUNIZATION RECORDS

All students entering Arizona public schools are required by law to be immunized prior to enrollment and have proof of the type of vaccine administered, and the month, day and year of each immunization.

For immunization information contact the Maricopa Department of Health at (602)506-6767.

6. SPECIAL SERVICES (EAP, Migrant, Special Education Reading)

Copy of current **Individual Education Plan (IEP)** and **Psychology Report** for those students who are presently receiving special education services.

7. 504 PLAN (if applicable)

Copy of student's current 504 Plan for any student with a Plan (from prior school).

8. WITHDRAWAL FORM (Pertains to transfer students who have been enrolled in another high school)

Paperwork must accompany the student when enrolling and **MUST include withdrawal grades.**

9. UNOFFICIAL TRANSCRIPT (Pertains to transfer students)

Counselors will need a copy from the student's prior school to ensure a proper schedule.

10. ATTENDANCE RECORDS

Copy of student's attendance records from prior school.

11. AzMERIT/AIMS TEST RESULTS (Pertains to current AzMERIT Tests and prior AIMS Tests)

Students who have taken the AzMERIT/AIMS tests during Sophomore, Junior, or Senior year at another Arizona High School.

12. DISCIPLINE RECORDS

Copy of student's discipline records from prior school.

13. CERTIFICATE OF PROMOTION (Pertains to students enrolling in Grade 9)

Proof of promotion from eighth grade, report card or transcript stating the student is being promoted to ninth grade or a letter of social promotion from the administration of the middle school is required.

14. SIGNATURES ON THE FOLLOWING DOCUMENTS CONTAINED WITHIN THIS ENROLLMENT PACKET:

- | | | |
|---------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Required Registration/Emergency Form | <input type="checkbox"/> Supplementary Registration & Information Form | <input type="checkbox"/> Records Request Form (transfer students) |
| <input type="checkbox"/> Proof of State Residency | <input type="checkbox"/> PHLOTE Home Language Survey Form | <input type="checkbox"/> Emergency Health Form |
| <input type="checkbox"/> Federal Survey | <input type="checkbox"/> Extra/Co-Curricular Code of Conduct | |

AGUA FRIA UNION HS DISTRICT: REQUIRED REGISTRATION & EMERGENCY INFORMATION 2018-2019

School: <input type="checkbox"/> AGUA FRIA <input type="checkbox"/> CANYON VIEW <input type="checkbox"/> DESERT EDGE <input type="checkbox"/> MILLENNIUM <input type="checkbox"/> VERRADO		School Year: 2018-2019	Grade:	Sex:
Student's Last Name:		First Name:		Middle Name:
Address:		City:	State:	ZIP Code:
Mailing Address if different than above:		City:	State:	ZIP Code:
Birthdate:		Birthplace: (City, State)		Custody Papers: Yes No IF YES - PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE
NOTE: This information is required by the U.S. Department of Education. Ethnicity: (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Race: (check one or more, regardless of ethnicity) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				
Last School Attended: School Name: _____ Attendance Dates: _____ Address: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Vocational City: _____ State: _____ Zip: _____ Phone: _____ <input type="checkbox"/> Alternative <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Other: _____				
PARENT living in home	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: (Check one) <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
	Name: _____		Active Military	Cell Phone: <input type="checkbox"/> Primary Contact <input type="checkbox"/> No text messages*
	Employer: _____		Work Phone: <input type="checkbox"/> Primary Contact	E-mail: _____
PARENT living in home	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: (Check one) <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
	Name: _____		Active Military	Cell Phone: <input type="checkbox"/> Primary Contact <input type="checkbox"/> No text messages*
	Employer: _____		Work Phone: <input type="checkbox"/> Primary Contact	E-mail: _____
PARENT not living in home	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: (Check one) <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
	Name: _____		Active Military	Cell Phone: <input type="checkbox"/> Primary Contact <input type="checkbox"/> No text messages*
	Address: _____		Work Phone: <input type="checkbox"/> Primary Contact	E-mail: _____
PARENT not living in home	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship: (Check one) <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
	Name: _____		Active Military	Cell Phone: <input type="checkbox"/> Primary Contact <input type="checkbox"/> No text messages*
	Address: _____		Work Phone: <input type="checkbox"/> Primary Contact	E-mail: _____

Last Name:

First Name:

ID:

EMERGENCY CONTACTS

If my child needs to leave school and I am unavailable, I authorize the following persons to take temporary custody and responsibility for my child.

Local friend or relative	Relationship	Home Phone	Work Phone	Extension	Cell Phone

***IN ADDITION TO PHONE CALLS AND E-MAILS, THE SCHOOL MAY CONTACT YOU WITH INFORMATION VIA TEXT MESSAGING, UNLESS YOU CHECK THE BOX, "NO TEXT MESSAGES".**

I hereby certify that I am the legal parent or guardian for this student and the information that I have provided is accurate and true.

Parent / Legal Guardian Signature

Date

OFFICE USE ONLY	State ID#: _____ Perm ID#: _____		Ent Date: ____/____/____
	Open Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Residency <input type="checkbox"/> Custody Documents <input type="checkbox"/> Immunization <input type="checkbox"/> Birth Certificate <input type="checkbox"/> IEP <input type="checkbox"/> ELL <input type="checkbox"/> Migrant <input type="checkbox"/> 504 Plan <input type="checkbox"/> Transfer Grades <input type="checkbox"/> Tested: Math _____ Reading: _____ <input type="checkbox"/> Records Request Form <input type="checkbox"/> Foreign Exchange Student <input type="checkbox"/> Certificate of Promotion <input type="checkbox"/> Discipline Record <input type="checkbox"/> Attendance Record <input type="checkbox"/> Withdrawal Form		Ent Code: _____
	BUS ROUTES: Bus to school: Bus to home: _____		Grade: _____
			SMS Ent: ____/____/____
			Input by: _____

Agua Fria Union High School District #216
SUPPLEMENTAL REGISTRATION INFORMATION
2018-2019

Student Name: _____ Grade: _____ Perm ID: _____
 Parent/Guardian Name: _____

Previous Schools Attended	<p>Has this student ever attended a different AFUHSD school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate school name(s), grade(s), and year(s)</p> <hr/> <p>Previous AFUHSD School Name _____</p> <p>Other schools attended, if any, where student received High School Credit:</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><i>School Name</i></td> <td style="width: 33%; text-align: center;"><i>Address</i></td> <td style="width: 33%; text-align: center;"><i>Dates</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	<i>School Name</i>	<i>Address</i>	<i>Dates</i>						
<i>School Name</i>	<i>Address</i>	<i>Dates</i>								
Special Classes & Accommodations	<p>Has this student ever participated in special classes or programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check the appropriate box(es) below.</p> <p><input type="checkbox"/> SEI/English Language Development</p> <p><input type="checkbox"/> Extended Learning Program (ELP)/Gifted/Accelerated</p> <p><input type="checkbox"/> Special Education: <input type="checkbox"/> ED <input type="checkbox"/> Autism <input type="checkbox"/> SLD <input type="checkbox"/> VI <input type="checkbox"/> PT <input type="checkbox"/> MIID <input type="checkbox"/> MOID <input type="checkbox"/> SID <input type="checkbox"/> OT <input type="checkbox"/> Speech <input type="checkbox"/> Other (___)</p> <p>Does this student have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, copy must be provided.</p> <p>Does this student have a current MET report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, copy must be provided.</p> <p><input type="checkbox"/> 504 plan Does this student have a current 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, copy must be provided.</p>									
Migrant Registration	<p>Migrant Registration Questions:</p> <p>1. Have you moved within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If yes, was the move made from one district to another for the purpose of seeking or obtaining temporary Employment in agriculture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. May we contact you for further information? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide the names of brothers/sisters that live at home:</p> <p>Name: _____ Grade: _____ DOB: _____ Name: _____ Grade: _____ DOB: _____</p>									
Suspension/Expulsion Discipline Information	<p>Has this student ever been suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____</p> <p>Has this student ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____</p> <p>Has either action ever been recommended for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>From which School(s)? _____</p> <p>Length of suspension/expulsion: <input type="checkbox"/> 1-5 days <input type="checkbox"/> 6-10 days <input type="checkbox"/> More than 10 days: (Specify: _____)</p> <p>Reason for suspension/expulsion: _____</p> <p>If on open enrollment at another AFUHSD school, was it revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has this student ever attended school at a correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <u>Discipline Records: A copy of the student's discipline records must be provided.</u></p> <p><input type="checkbox"/> <u>Attendance Records: A copy of the student's attendance records must be provided.</u></p>									
Records Release	<p>I give my permission to have necessary records released to an educational institution of higher learning, potential employers, etc.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>									
Testing Notification	<p>I hereby give the Agua Fria Union High School District my permission for my student to be administered limited academic testing by school authorities. This testing is for the purpose of determining appropriate class placement.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>If required by the State Board of Education, I understand that my student must demonstrate proficiency on State Approved Assessment to be eligible for graduation.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>									

AGUA FRIA UNION HIGH SCHOOL DISTRICT NO. 216 - RECORDS REQUEST 2018-2019

Student Name: _____ has enrolled at _____

Grade: _____ Date of Birth: _____

Name of LAST School Attended _____ Last day of student's attendance (DATE) _____ Phone# _____

Address _____ FAX # _____

City _____ State _____ Zip _____

34 CFR States: No parent signature is required for transfer of educational records to another educational agency.

X _____ X _____
Parent/Guardian Signature _____ Date _____ Registrar _____ Date _____

REGISTRAR TO COMPLETE THIS SECTION

****PLEASE DO NOT SEND THE CUMULATIVE FOLDER. CUMULATIVE FOLDERS RECEIVED WILL BE RETURNED.***

Please release ALL of the following information:

- ☐ Fax **Unofficial** Transcript
- ☐ Complete Official Transcript Mailed
- ☐ Credits required for graduation
- ☐ Explanation of your grading system
- ☐ Birth Certificate
- ☐ Proof of Custody
- ☐ Reading Proficiency
- ☐ AIMS, Stanford 9, SAT, ACT
- ☐ AzMERIT Test Scores
- ☐ Withdrawal Form _____ Grades
- ☐ Discipline Records
- ☐ Attendance Records
- ☐ Health/Immunization Records
- ☐ **Special Education Records (Current IEP, Psychological, Speech, OT/PT)**
- ☐ Current 504 Plan

Arizona Schools Only:

In compliance with SAIS, withdrawal/transfer form must include CTDS school code, SAIS student identification number AND school's student identification number.

- ☐ CTDS School Code _____
- ☐ SAIS Student I.D. Number _____
- ☐ School Student I.D. Number _____

Date Records Requested: _____

SEND RECORDS TO:

Name of Registrar (Print)

AT THE REQUESTING SCHOOL BELOW:

☐ **Agua Fria High School**

530 E. Riley Drive, Avondale, AZ 85323
623-932-7300; Fax: 623-932-1884

☐ **Desert Edge High School**

15778 W. Yuma Road, Goodyear, AZ 85338
623-932-7500; Fax: 623-882-3803

☐ **Millennium High School**

14802 W. Wigwam Blvd., Goodyear, AZ 85338
623-932-7500; Fax: 623-882-3803

☐ **Verrado High School**

20050 W. Indian School Road, Buckeye, AZ 85396
623-932-7400; Fax: 623-932-7402

☐ **Canyon View High School**

c/o Agua Fria UHSD District Office
1481 N. Eliseo Felix Jr Way, Avondale, AZ 85323
623-932-7600



**Arizona Department of Education
Arizona Residency Documentation Form 2018-2019**

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
- ☐ 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 or other identification (which includes an Arizona address), and is issued by a recognized Indian tribe
- ☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ☐ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residency in Arizona with the person signing the affidavit.

A copy of this affidavit is attached. ☐ Yes ☐ No

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.



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

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

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

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

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

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter Name _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact at the school site.
In SAIS, please indicate the student's home or primary language.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

AGUA FRIA UNION HIGH SCHOOL DISTRICT # 216
EMERGENCY HEALTH AND MEDICAL CARD

PacketRevNov2017

Student's Last Name:	First Name:	Middle Name:	Grade:	Sex:	Age:	DOB:	ID#:
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Parent/Guardian gives permission to receive these at school:

Tylenol	Yes	No	Cough Drops	Yes	No	Anti-itch Ointment/Lotion	Yes	No
Ibuprofen	Yes	No	Antacid	Yes	No	Antibacterial Ointment	Yes	No
Emergency Benadryl	Yes	No	Throat Spray	Yes	No	Anbesol	Yes	No

Over-the-counter medications may be administered up to one hour before dismissal to ensure that no allergic reaction takes place.
Medical Conditions

Condition	Yes	No	Explain	Condition	Yes	No	Explain
Allergy (Medication)				Hearing (Loss)			
Allergy (Food)				Heart			
Allergy (Seasonal)				Hepatic & Biliary (Hepatitis)			
Anorexia/Bulimia				Hypertension			
Arthritis/Rheumatic Disease				Integumentary (Skin)			
Asthma (Carry Inhaler)				Malignancies (Cancer)			
ADD/ADHD				Neuro (Migraine Headaches)			
Autism, Childhood				Orthopedic			
Birth Defects/Developmental				Pregnancy			
Bleeding Disorders				Psychiatric-Depression, Bipolar			
Coccidioidomycosis-Valley Fever				Scoliosis			
Connective Tissue Disorder				Seizures Disorder			
Diabetes				Sickle Cell			
Endocrine Disorders				Tuberculosis			
Genitourinary (Kidney, Urinary)				Varicella (Had Chicken Pox)			
Gastrointestinal (Stomach)				Vision (Glasses, Contact lenses)			
Gynecological				Whooping Cough			
Other Conditions				Medications			

Physician: _____ Phone: _____ Hospital Preference: _____

Initial at all X's

I understand that Agua Fria Union HS District #216 does not provide accident medical/dental coverage for students for injuries/illness occurring at school.

X_____

I understand that if my child needs medication or other health services at school, I must make arrangements with the school health office.

X_____

I understand that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

X_____

I understand that it is my responsibility to notify the school in writing of any changes to the above information.

X_____

If student is unable to remain at school, the parent/guardian will pick up the student or gives the school permission to release the student to the emergency contact. If parent/guardian cannot be reached, authorization is hereby given to any hospital or medical professional to render immediate aid as might be required at the time for the student's health and safety. It is understood the expense of this service would be accepted by the parent/guardian.

Parent/Guardian Name (PRINT): _____ Parent/Guardian Signature: _____ Phone: _____ Date: _____

INFORMATION FOR PARENTS AND STUDENTS

IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

- **In a shelter**
- **In a motel or campground due to the lack of an alternative adequate accommodation**
- **In a car, park, abandoned building, or bus or train station**
- **Doubled up with other people due to loss of housing or economic hardship**

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference and is feasible.
- * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the high school's counselor to find out what services and supports may be available.



Student Residency Questionnaire: McKinney-Vento Eligibility Determination Agua Fria Union High School District No. 216

This questionnaire is intended to address the McKinney-Vento Education Improvement Act 42 U.S.C. 11435. The answers to this questionnaire will help determine the services the student may be eligible to receive. Eligibility must be reviewed and re-evaluated every school year.

Name: _____

Date: _____

School: _____

Contact Phone: _____

Do any of the following situations apply to the student? Please circle the appropriate answer

1. The student is living in a motel or hotel? ☐ Yes ☐ No
2. The student is living in a shelter (domestic violence, emergency)? ☐ Yes ☐ No
3. The student is living in a car, park, campground or public place? ☐ Yes ☐ No
4. The student is living in housing that does not meet the physical and/or psychological needs of the family as specified under the McKinney-Vento Federal Act? (lack of utilities- heat, water) ☐ Yes ☐ No
5. The student is living in the residence of another family? ☐ Yes ☐ No

If you answered Yes to question 5, please answer the following:

5(a) Is this living arrangement due to economic hardship, loss of housing and temporary? ☐ Yes ☐ No

5(b) Date living arrangement began _____

5(c) Date living arrangement is expected to end _____

6. The student is under the age of 18 and seeking enrollment without an accompanying parent, not in foster care?
☐ Yes ☐ No

**AGUA FRIA UNION HIGH SCHOOL DISTRICT No. 216
2018-2019 FEDERAL SURVEY**

In order for our school district to receive federal impact aid, we are required to conduct an annual survey. This survey determines the number of federally connected children enrolled in our school district.

If you have any questions regarding this form, please call the Federal Programs Office at (623) 932-7000. Thank you for your assistance in completing this survey. Return this form to the guidance office.

A. STUDENT DATA

Name: _____ **Birth Date:** _____

School: _____ **Grade:** _____

Student's address: _____
(Street/RFD)

(City) (State) (Zip)

Is this residence on Luke Air Force Base? ☐ YES ☐ NO

B. INFORMATION ON FEDERALLY CONNECTED CHILDREN

Please read each statement below and place an "X" in the one box that best describes your situation.

- ☐ 1. Student resides on Luke Air Force Base and has a parent on active duty in the Uniformed Services of the United States.
- ☐ 2. Student resides on Luke Air Force Base with a parent who is both an accredited official of a foreign government and a foreign military officer.
- ☐ 3. Student has a parent on active duty in the Uniformed Services of the United States, but does not reside on Luke Air Force Base.
- ☐ 4. Student has a parent who is both an accredited official of a foreign government and a foreign military officer, but does not reside on Luke Air Force Base.
- ☐ 5. None of the above.

If situation 1 through 4 applies, please provide parent's name, country, branch of service, and rank.

Name _____

Street/RFD _____

(City) (State) (Zip) **Country** _____

Branch of Service _____ **Rank** _____

By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

(Parent/Guardian Signature)

(Date)

Return this form to the school counseling office.



Agua Fria Union High School District No. 216

EXTRACURRICULAR/CO-CURRICULAR CODE OF CONDUCT

OVERVIEW

The District Extracurricular/Co-curricular Code of Conduct (Code of Conduct) governs all student participants in District extracurricular and co-curricular athletics, teams, clubs and activities. **A student's participation in these activities is a privilege and not a right.**

Participating students represent their school and the student body, and it is their duty to conduct themselves in a manner that reflects positively on themselves, their families, their school and their community. Participants will be encouraged and challenged to become champions on the field, in the classroom, at activities, and in the community. All involved must learn to prepare together, work together, and play together. We must be committed to excellence in all that we do.

We have a high level of standards and expectations for those who are a part of these programs, and all will be held accountable for their actions. We expect our students to be role models and the leaders of our school, both on and off campus at all times. We also expect our students to be positive members of the community.

WHO ARE PARTICIPANTS?

This Code of Conduct applies to all students, including current students, incoming freshman and transfer students, who are connected with any school-sponsored or school-sanctioned extracurricular/co-curricular **activity, club or sport**, including but not limited to:

- Athletic clubs and programs
- Academic competitions
- Competitive groups that are an extension of the curricular program, such as speech and debate teams
- Career and Technical Student Organizations and Career and Technical Education related contests and events
- Competitive music events such as jazz band, concert band, marching band, solo and ensemble contests

Applicable Sources of Governance and Standards of Student Conduct

Participants in extracurricular and co-curricular activities are governed by all of the following:

- This Code of Conduct
- Local and state laws
- Related state association regulations
- The Student Rights and Responsibilities Handbook
- School Rules
- Governing Board Policy/Regulation
- Arizona Interscholastic Athletic (AIA) Policy and Rules, if applicable

Members of programs sanctioned by the AIA are reminded of the AIA rules that address their conduct, in and out of school, as well as scholastic eligibility.

Participants shall not engage in any conduct prohibited by this District Code of Conduct or any other rule-set that applies.

The rules contained in this Code of Conduct apply both on and off school property and are in force for a full year, even when school is not in session.

REQUIREMENTS

1. On the day of competition and/or practice, event or activity, a student must attend at least three credit classes at school.
 - a. Administrative approval may be sought for extenuating circumstances.



Agua Fria Union High School District No. 216

EXTRACURRICULAR/CO-CURRICULAR CODE OF CONDUCT

2. No participant will use, attempt to use, possess, be under the influence of, sell or assist any other student in the use or sale of:
 - a. Tobacco/tobacco products (including electronic smoking devices);
 - b. Alcohol (examples include but are not limited to transporting in your car or on your person, or consumption);
 - c. Drugs (examples include but are not limited to transporting drugs/drug paraphernalia in your car or on your person; consumption of any form of controlled substance, drugs, or look-alike drugs);
 - d. Steroid or performance enhancement drugs.
3. No participant will exhibit any behaviors or act in a manner that is considered detrimental to his/her team, club, organization or school. Examples include, but are not limited to:
 - a. Illegal acts
 - b. Insubordination
 - c. Theft
 - d. Vandalism
 - e. Fighting
 - f. Possession of a weapon
 - g. Lying to school officials
 - h. Falsifying information
 - i. Hazing
 - j. Bullying
 - k. Harassment
 - l. Inappropriate use of social media

For further examples, please see the Student Rights and Responsibilities Handbook, Discipline Guidelines, Grades 9-12, referencing Governing Board Policy JK-EV.

4. Any student arrested on a charge other than a minor traffic citation will be suspended from participation in extracurricular or co-curricular activities pending investigation of the offense by criminal and/or school authorities. If the arrest results in a conviction, the participant may be denied participation in extracurricular and co-curricular activities as determined by the District.
5. Coaches, sponsors and advisors may establish expectations and/or consequences for their specific team, club or activity. Participants are required to adhere to those activity-specific expectations and consequences.
 - a. Activity-specific expectations and consequences developed by coaches, sponsors or advisors must be adhered to by participants in addition to this Code of Conduct, Governing Board Policies, school rules, and the Student Rights and Responsibilities Handbook.
 - Activity-specific expectations and/or consequences will be enforced in conjunction with, and will not supersede, the other rules and policies governing extracurricular and co-curricular activities.
 - b. If activity-specific expectations are adopted for any extracurricular or co-curricular activity, same must be provided in writing to all participants and their parent(s)/legal guardian(s). A copy of activity-specific expectations must be on file and able to be reviewed in the office of the Athletic Director.
 - c. If a student does not adhere to activity-specific expectations, the coach/sponsor/advisor responsible for that activity may impose the consequences set forth in his/her activity-specific expectations and consequences.

VIOLATIONS AND CONSEQUENCES/DISCIPLINE

If there is an alleged violation of this Code of Conduct by a participant:

- The alleged violation will be investigated by school/district administrators.
- The participant(s) will be interviewed by administration regarding the alleged violation. The school reserves the right to interview participants prior to contacting parents. The school reserves the right to contact law enforcement regarding the alleged violation.
- Administration will review the alleged violation with the coach, sponsor, and advisor.
- Administration will schedule a meeting with the participant, the participant's parent/guardian, and the coach/sponsor/advisor regarding the alleged violation and participant's involvement in the alleged violation. Parent/legal guardian will be notified of discipline to be imposed following the outcome of the investigation.
- While the Student Rights and Responsibilities Handbook lists "discipline guidelines," and following an investigation of the offense, **Administration may assign a more severe consequence than outlined in the Handbook if it is determined appropriate.**



Agua Fria Union High School District No. 216

EXTRACURRICULAR/CO-CURRICULAR CODE OF CONDUCT

- Discipline may include, but is not limited to, suspension or dismissal from the extracurricular or co-curricular team, club or activity. This determination may be made by recommendation of the site Athletic Director and approved by site Principal.
- Any participant who wishes to appeal a disciplinary decision in an extracurricular or co-curricular activity must do so in writing to the District Cabinet Level Administrator within five (5) school days. The District Administrator will review the matter and provide the results of their review to the participant and their parent/guardian. The District Administrator's finding is final.
- There is no appeal as to activity-specific expectations or consequences.

This Code of Conduct is in effect immediately.

The participant and his/her parent/legal guardian must sign the accompanying Acknowledgement of Receipt and Agreement to Abide By Code of Conduct, and return it to the designated activity sponsor or coach within two (2) school days of receiving the same.

No participant may participate in any sport, club, activity or event without signing the Acknowledgement form. No participant may participate or practice in any sport, club, activity or event without his/her parent's/legal guardian's signature on the Acknowledgement form.

ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT TO ABIDE BY CODE OF CONDUCT 2017-2018

Student: By signing this form, you are acknowledging that: (a) You have received the District's Extracurricular/Co-curricular Code of Conduct; and (b) You understand and agree that you are responsible for reading the Code of Conduct and abiding by it.

Student Name (PRINT)

Student Signature

Date

Parent/Guardian: By signing this form, you are acknowledging that: (a) You have received the District's Extracurricular/Co-curricular Code of Conduct; and (b) You understand and agree that your child is responsible for reading the Code of Conduct and abiding by it.

Parent Name (PRINT)

Parent Signature

Date

This form must be returned to the activity sponsor, advisor or coach (or other designated adult) prior to participation in the extracurricular or co-curricular activity.

If the signature of Parent above is determined to be a forgery, the automatic consequence for such forgery is the removal of participant from the team, club or activity at issue.