



**Desert Heights Schools**  
 5821 W. Beverly Lane  
 Glendale, AZ 85306  
 www.dhschools.org

## 2017-2018 Kindergarten Enrollment Checklist

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Desert Heights Charter School (DHCS: Kinder – 4 <sup>th</sup> )<br>5821 W. Beverly Lane, Glendale, AZ 85306<br>Office (602) 896-2900 Option 2 / Fax (602) 467-9540 | <input type="checkbox"/> Desert Heights Preparatory Academy (DHPA: 5 <sup>th</sup> – 12 <sup>th</sup> )<br>3540 W. Union Hills Drive, Glendale, AZ 85308<br>Office (602) 896-2900 Option 3 / Fax (602) 547-4576 |
|--|---|

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Secure and present the following documentation **PRIOR** to enrollment:

- Birth Certificate
- Up-to-Date Immunization Record (Please refer to the AZDH requirements. Copy for the Health Center.)
- Custody Papers (ONLY if applicable)

Complete, sign, and submit the following items:

- Non-Refundable \$50 Registration Fee
- Student Enrollment Form
- Eligibility Guidelines/Application (ONLY if applicable)
- Arizona Residency Proof (See Documentation Form for details)
- Records Release Form
- Commitment to Excellence Contract
- Student's Bullying Pledge
- Cell Phone Contract/Permission Slip
- Allergy Form (ONLY if applicable)
- Medical Chronic Illness (ONLY if applicable)
- Other: \_\_\_\_\_

**Please be advised that Desert Heights Schools complies with State Laws and Regulations. All of the above requested information MUST be submitted in order to process enrollment.**

**Office Use Only:**

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

Registrar: \_\_\_\_\_

Date: \_\_\_\_\_



**2017-2018 DHCS Student Enrollment Form**

<input checked="" type="checkbox"/> Desert Heights Charter School (DHCS: Kinder – 4 <sup>th</sup> )	<input type="checkbox"/> Desert Heights Preparatory Academy (DHPA: 5 <sup>th</sup> – 12 <sup>th</sup> )
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**SCHOOL USE ONLY**

Date of Entry:	Entry Code:	AzEDS Identity Checked: Y N	Ed-Fi ID:
Date of Exit:	Exit Code:	Next School:	
Date Records Scanned:	Date Records Sent:	Date Records Archived:	

**STUDENT DEMOGRAPHIC INFORMATION**

Last Name:		First:		Middle:	
Enrollment Grade:		Gender (Circle): Male Female		Age:	
What is the primary language used in the <b>home</b> regardless of the language spoken by the student?			What is the language most often spoken by the student?		
What is the language the student first acquired?			Date of Birth: _____	Proof of Birth: Certificate Other _____	
State of Birth: _____			Country of Birth: USA Other _____		
Ethnicity (Circle One): Hispanic Not Hispanic		Race (Circle all that apply): Black White Asian Native American Pacific Islander Unknown			
Home Address:			City:	State:	Zip:
Primary Phone:		Circle: Home Cell Work		Secondary Phone:	
				Circle: Home Cell Work	

*Note: Student cell phone numbers will additionally be used for SMS/text messaging purposes. An opt out option is available if needed.*

**PARENT/GUARDIAN DEMOGRAPHIC INFORMATION**

Are Parent/Guardian's Legally Separated or Divorced? Yes No						<b>SCHOOL USE ONLY</b>					
NOTE: COPIES OF LEGAL CUSTODIAL DOCUMENTS MUST BE ON FILE WITH THE SCHOOL.						Court Papers Received: Yes No					
<b>Name (Call Priority 1):</b>						<b>Name (Call Priority 2):</b>					
Lives with: Yes No	Contact Allowed: Yes No	Ed Rights: Yes No	Lives with: Yes No	Contact Allowed: Yes No	Ed Rights: Yes No	Lives with: Yes No	Contact Allowed: Yes No	Ed Rights: Yes No	Lives with: Yes No	Contact Allowed: Yes No	Ed Rights: Yes No
Has Custody: Yes No	Mailings Allowed: Yes No	Enrolling Parent: Yes No	Has Custody: Yes No	Mailings Allowed: Yes No	Enrolling Parent: Yes No	Has Custody: Yes No	Mailings Allowed: Yes No	Enrolling Parent: Yes No	Has Custody: Yes No	Mailings Allowed: Yes No	Enrolling Parent: Yes No
Release To: Yes No	Financial Responsibility: Yes No	Deceased: Yes No	Release To: Yes No	Financial Responsibility: Yes No	Deceased: Yes No	Release To: Yes No	Financial Responsibility: Yes No	Deceased: Yes No	Release To: Yes No	Financial Responsibility: Yes No	Deceased: Yes No
Relationship (Circle): Father Mother Step Father Step Mother						Relationship (Circle): Father Mother Step Father Step Mother					
Other (Specify): _____						Other (Specify): _____					
Gender (Circle): Male Female						Gender (Circle): Male Female					
Primary Phone:			Circle: Home Cell Work			Primary Phone:			Circle: Home Cell Work		
Secondary Phone:			Circle: Home Cell Work			Secondary Phone:			Circle: Home Cell Work		

*Note: Parent/Guardian cell phone numbers will additionally be used for SMS/text messaging purposes. An opt out option is available if needed.*

Address (if different than student address above):	Address (if different than student address above):
Mailing address if different:	Mailing address if different:
E-Mail:	E-Mail:

**EMERGENCY CONTACT INFORMATION**

*Listing an individual as an emergency contact, authorizes the school to release the student to the identified person(s) without further contact/approval from the parent/guardian.*

<b>Name (Call Priority 3):</b>				<b>Name (Call Priority 4):</b>			
Primary Phone:		Circle: Home Cell Work		Primary Phone:		Circle: Home Cell Work	
Secondary Phone:		Circle: Home Cell Work		Secondary Phone:		Circle: Home Cell Work	

## EDUCATIONAL INFORMATION

List previous school's information (attach separate sheet if necessary):

Has the student previously attended school in Arizona?      Yes    No			
School Name:		Phone #:	Fax #:
Address:		Dates Attended:	
City:	State:	Zip:	Grades Attended:
Reason for Leaving:			
School Name:		Phone #:	Fax #:
Address:		Dates Attended:	
City:	State:	Zip:	Grades Attended:
Reason for Leaving:			
Has student ever repeated a grade or been retained (Circle)?      Yes    No		This academic year (Circle)?    Yes    No    Year? _____	
Has student ever been suspended/dismissed (Circle)?      Yes    No		This academic year (Circle)?    Yes    No    Year? _____	
Has student ever been expelled (Circle)?      Yes    No		This academic year (Circle)?    Yes    No    Year? _____	
<b>If you marked yes to any of the three (3) questions above, you <u>must</u> provide separate, official documentation detailing the circumstances surrounding the retention/suspension/expulsion.</b>			
Has student ever been homeschooled (Circle)?      Yes    No		If yes, which state(s) and grade(s)? _____	
Has student ever been provided with additional instructional support in Reading or Math (Circle)?      Yes    No		This academic year (Circle)?    Yes    No    Year? _____	

## SPECIAL EDUCATION HISTORY

Is your child currently receiving Special Education Services?      Yes _____ No _____		
Has your child ever received Special Education Services?      Yes _____ No _____		
Has your child been evaluated for Special Education Services?      Yes _____ No _____		
If you checked " <b>NO</b> " to all questions above, please proceed to the Parent Questionnaire section.		
If you checked " <b>YES</b> " to any of the questions above, please complete the information below. Desert Heights Schools is committed to providing all eligible students with services upon enrollment. <i>Therefore; in order for your registration to be complete, you must attach a current copy of your child's 504 plan or IEP and Psychological records (or the official determination that your child no longer qualifies for services).</i> A meeting with the school's Administrator or Special Education Director is required.		
Date/Grade of IEP (if possible):		
Please read the categories below and check all that apply to your child:		
<input type="checkbox"/> Hearing Impaired (HI)	<input type="checkbox"/> Current Behavior Plan	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional Disability (ED)	<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> MIMR
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> ELL
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Autism (A)
<input type="checkbox"/> Specific Learning Disability (SLD)	Other (Specify) _____	
<input type="checkbox"/> Math	<input type="checkbox"/> Language	<input type="checkbox"/> Reading

# PARENT QUESTIONNAIRE

Please answer the following questions with as much information as possible (attach separate sheet if needed).

How did you hear about us?  Website  Family/Friend  Fliers/Mailers  AZ Dept. of Education

Referring Student/Employee/Parent's Name: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have other children attending a Desert Heights' school? Yes No

If yes, please list their names: \_\_\_\_\_

## SCHOOL USE ONLY

Referral Flyer Attached? Yes No

# FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT ("FERPA")

According to the Family Educational Rights and Privacy Act ("FERPA"), a school may designate information in education records as 'directory information' and may disclose it without parent consent, unless notified that the school is not to disclose the information without consent." The law defines 'directory information' as follows: "The student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student."

If you do not wish for directory information for your child to be disclosed, please indicate your request below. This form will remain in effect unless we receive written authorization from you to change it.

I, \_\_\_\_\_, do not allow directory information for my child, \_\_\_\_\_ to be disclosed.

# PERMISSION

Please initial next to the statement if you, as the parent/guardian, permit the identified student to participate in the corresponding item during the school day, at school sponsored events or as part of any Desert Heights club or athletic program. This permission will cover the entire tenure of the child while attending any Desert Heights school. *Note: A line is provided for both parents/guardians, but only one set of initials is required.*

\_\_\_\_\_ \_\_\_\_\_ Permission to Participate in Off-Campus Activities  
I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

\_\_\_\_\_ \_\_\_\_\_ Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

\_\_\_\_\_ \_\_\_\_\_ Permission is granted to arrange for private transportation with an adult driver if chosen by school officials.

\_\_\_\_\_ \_\_\_\_\_ Permission is granted if school vehicles are used for transportation.

\_\_\_\_\_ \_\_\_\_\_ Permission is granted when students walk from their school to the site of the field trip.

\_\_\_\_\_ \_\_\_\_\_ Permission is granted when students need to use public transportation from their school to the site of the field trip.

\_\_\_\_\_ \_\_\_\_\_ Permission to release media/news information.

There may be times during the school year when the school, news media or others wish to photograph or videotape your child at school for use in print, video, Internet or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums.

\_\_\_\_\_ \_\_\_\_\_ Permission to use artwork.

There may be times during the school year when the school, news media or others wish to use artwork created by your student at the school for use in print, video, Internet or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of medium. Additionally, I give my permission to display my child's artwork on Artsonia, in accordance with Artsonia's terms and conditions of use\*\*\*.

I understand that Artsonia preserves students' privacy and anonymity by listing the artwork only under the student's first name and a number – last names are never revealed. I also understand that Artsonia will only display comments on student artwork with parental permission, and therefore grant Artsonia permission to email notifications to me when new comments are available for review.

\*\*\* Complete details on Artsonia's terms and conditions can be found at [www.artsonia.com/terms](http://www.artsonia.com/terms).

# MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

<p>1. The student lives with:</p> <p>_____ parent(s)/legal guardian(s)</p> <p>_____ an adult who is not the parent/legal guardian</p> <p>_____ no adult; student is unaccompanied youth</p>	<p>2. Check any that apply.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">SECTION A</th> <th style="width:40%;">SECTION B</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> In a shelter/group home  <input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship  <input type="checkbox"/> Living in a motel, car or campsite  <input type="checkbox"/> Youth living with friends or family members (other than parent/guardian)                 </td> <td> <input type="checkbox"/> Choices in Section A do not apply                 </td> </tr> </tbody> </table>	SECTION A	SECTION B	<input type="checkbox"/> In a shelter/group home <input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship <input type="checkbox"/> Living in a motel, car or campsite <input type="checkbox"/> Youth living with friends or family members (other than parent/guardian)	<input type="checkbox"/> Choices in Section A do not apply
SECTION A	SECTION B				
<input type="checkbox"/> In a shelter/group home <input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship <input type="checkbox"/> Living in a motel, car or campsite <input type="checkbox"/> Youth living with friends or family members (other than parent/guardian)	<input type="checkbox"/> Choices in Section A do not apply				

*If you checked a box in Section A, please finish the next four lines and fax this completed page to Cynthia Jordan, Homeless Liaison, at 602-547-4576. The original form is kept in the student file for auditing purposes. If you checked the box in Section B, it is not necessary to fill out the next four lines below.*

Please Print:		Birthdate:	Age:	Grade in School:
Name of Student:				
School Most Recently Attended:				
Name of Parent(s)/Legal Guardian:				
Temporary/Current Address:		City:	Zip:	Phone:
Enrolling School:		School Administrator's Signature:		



## Arizona Department of Education Arizona Residency Documentation Form

School Name: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

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 U.S. passport
- \_\_\_\_\_ 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 issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_\_\_ 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 residence in Arizona with the person signing the affidavit. See the front office for affidavit form.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state, changes address and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form.**

**Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit bearing the name and address of the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list above bearing the name and address of the person who maintains the residence.

# EMERGENCY AND MEDICAL INFORMATION

If medical care is necessary, contact:

Doctor's Name:

Address:

Phone #:

Hospital Name:

Address:

Phone #:

In case of student injury or sudden illness, \_\_\_\_\_ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her safety. It is understood by me (the parent/guardian) that the expense of this service will be accepted by me. In case of emergency, or if I **cannot** be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name:

Name:

Address:

Address:

Home #:

Cell #:

Home #:

Cell #:

The following person(s) **MAY NOT** remove my child from facility:

Name:

Name:

Relationship:

Relationship:

Is child allergic to any food or other substances (Circle)? Yes No *(Food allergies will require a doctors' note and medical treatment plan.)*

**SCHOOL USE ONLY**

Allergy Form on File: Yes No

Is child subject to convulsions and, if so, what should be our procedure if one occurs (Circle and explain as needed)? Yes No

*If YES, Desert Heights Schools requires a doctor's note and medical treatment plan.*

Are there any physical conditions that we should be aware of and, if so, what precautions should be taken (Circle and explain as needed)? Yes No

*If YES, Desert Heights Schools requires a doctor's note and medical treatment plan.*

Please initial next to the statement to confirm, as the parent/guardian, you have read and understand the identified information.  
*Note: A line is provided for both parents/guardians, but only one set of initials is required.*

\_\_\_\_\_ \_\_\_\_\_ ACCORDING TO SCHOOL POLICIES AND PROCEDURES:

- OUR SCHOOLS DO NOT PROVIDE ANY MEDICATIONS. PARENTS MUST PROVIDE AND GIVE WRITTEN CONSENT FOR ANY MEDICATIONS ADMINISTERED AT SCHOOL.
- STUDENTS ARE NOT TO CARRY MEDICATIONS AT SCHOOL OR TO AND FROM SCHOOL.
- EXCEPTIONS FOR STUDENTS TO CARRY/ADMINISTER THEIR OWN MEDICATIONS MUST BE ARRANGED THROUGH THE SCHOOL HEALTH CENTER.

\_\_\_\_\_ \_\_\_\_\_ To the best of my knowledge, this student does not have any health problems that would be harmful to him/her while participating in Physical Education or would require a physical exam and medical clearance.

\_\_\_\_\_ \_\_\_\_\_ **BE IT KNOWN** that I, the parent or legal guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill. **IT IS HEREBY** understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend through the current school year. **IT IS FURTHER** understood that any expenses incurred will be paid by insurance or the parents of the student. Payment of the expense is not a school responsibility. Forms to purchase Student Accident Insurance are available at the school.



**Screening Form to Determine  
History of Chickenpox (Varicella) Disease**  
ADHS Var 6/05

Student Name:	Date of Birth:
School Name:	Grade:
Parent/Guardian Name (please print):	
Address:	
Telephone Number (where you can be reached during the day):	

**If your child saw a doctor for a rash that the doctor said was chickenpox, please fill out this box.**

Doctor's Name: \_\_\_\_\_

Approximate Date of the Doctor Visit:      Month: \_\_\_\_\_ Year: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you filled out this box then your child will not need to get the chickenpox vaccine for school admission. Present this to the school nurse as proof of chickenpox disease.

**If you think your child had chickenpox even though he or she was not taken to the doctor, please fill out this box.**

Approximate Date of Illness:      Month: \_\_\_\_\_ Year: \_\_\_\_\_

Did your child have a rash on his/her body for 3 or more days?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
Did the rash have blisters?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
Did the blisters itch?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
Did the blisters turn into scabs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you answered "Yes" to all the questions in this box then your child will not need the chickenpox vaccine for admission to school. Present this to the school nurse as proof that your child already had chickenpox. If you answered "No" or "Don't Know" to any of the questions in this box, then your child will need the chickenpox vaccine for school admission.



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)(1), (2)(a-c).  
Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

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:			
School:			

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on 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](http://www.azed.gov/oelas)

### ACKNOWLEDGMENT OF RECEIPT (STUDENT & PARENT HANDBOOK)

The Desert Heights Schools Student & Parent Handbook is available online at [www.dhschools.org](http://www.dhschools.org) and is the most updated version. However, those families without an internet connection can request a printed copy of the handbook as needed. Please review the following options and **initial** the **one** option that applies for your family. *Note: A line is provided for both parents/guardians, but only one set of initials is required.*

\_\_\_\_\_

**We, the parent/guardian of the identified student, elect to receive an electronic version of the Desert Heights Student and Parent Handbook by viewing it online at [www.dhschools.org](http://www.dhschools.org).** We recognize that its contents reflect policies and procedures in place at Desert Heights Schools and that it is our responsibility to insure we, along with our student, have read, understand, and comply with all of the guidelines set forth. We understand that if we or our child have any questions about the contents of the electronic handbook, we should contact the Principal.

\_\_\_\_\_

**We, the parent/guardian of the identified student, acknowledge receipt of the printed Desert Heights Student and Parent Handbook.** We recognize that its contents reflect policies and procedures in place at Desert Heights Schools and that it is our responsibility to insure we, along with our student, have read, understand, and comply with all of the guidelines set forth. We understand that if we or our child have any questions about the contents of the electronic handbook, we should contact the Principal. Furthermore, we understand that the most updated version of the handbook is available online at [www.dhschools.org](http://www.dhschools.org).

### SCHOOL COMMUNICATION

In an effort to maintain strong school-parent and school-student communication, Desert Heights Schools uses an electronic process to distribute school information and event flyers each week on Tuesday. This information will be primarily distributed electronically and families can expect to receive, at a minimum, a weekly e-mail each Tuesday containing website links to information. The school's expectation is that families will, in a timely fashion, review the information distributed and contact the front office to clarify any questions or concerns that may arise.

For information that requires a parent/guardian signature, students will also receive a physical copy of the paperwork distributed during class on Tuesday. Parents/guardians should ask students each Tuesday to verify whether they received information. If information was distributed, parents/guardians are expected to review and sign any necessary paperwork, and then return the signed documents on Wednesday.

For those families that do not have access to e-mail or the internet, please initial below and printed copies of all information will be sent home on Tuesday. *Note: A line is provided for both parents/guardians, but only one set of initials is required.*

\_\_\_\_\_

**Please initial if your family does NOT have access to e-mail or the internet** and requires paper copies of all Tuesday Folder communication (e.g., newsletters, event flyers, etc.).

***I certify that the above information in the Student Enrollment Form is true and complete and I understand that falsification of facts on this application may result in my child's delay in enrollment and/or removal from the school.***

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





**RELEASE OF SCHOOL RECORDS**  
**(Kindergarten – 4<sup>th</sup> Grade)**

Student's Name:		
Enrollment Grade:	Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

**Requesting records from (in order from most recent school attended):**

School Name:	Phone #:	Fax #:
School Name:	Phone #:	Fax #:
School Name:	Phone #:	Fax #:

**Information requested includes the following:**

- o Withdrawal Form
- o Attendance Records
- o Health Data
- o Discipline Records
- o Special Education Files and/ or 504
- o LEPA Files
- o Report Card

*In accordance with FERPA (34 CFR 99.31); this allows schools to disclose all records, including grades, health records, as well as psychological, social education or developmental information without parent consent, to the following parties: School officials with legitimate education interest; other schools to which a student is transferring; specified officials for audit or evaluation purposes; accrediting organizations; to comply with a judicial order or lawfully issues subpoena; appropriate officials in cases of health and safety emergencies; and state and local authorities, within a juvenile justice system pursuant to specific state law.*

DESERT HEIGHTS SCHOOLS USE ONLY			
Requested on the date(s) listed below:			
1st:	2nd:	3rd:	4th:



## DESERT HEIGHTS CHARTER SCHOOL COMMITMENT TO EXCELLENCE CONTRACT

The Desert Heights community is committed to providing the best education possible to every student. To ensure all members of the community understand one another's expectations, each year teachers, students and parents are required to review and sign the appropriate section of the proceeding Commitment to Excellence Contract. We reference the contract as needed throughout the school year and it is the foundation for holding our community accountable to their commitment.

### DESERT HEIGHTS' COMMITMENT

We will always make ourselves available to students, parents/guardians and any concerns they might have, including ongoing and two-way communication with parents.

We will provide a high quality curriculum, and support for teachers in resources necessary to teach with high quality instruction.

### TEACHER'S COMMITMENT

We fully commit to Desert Heights Schools in the following ways:

- We will arrive 30 minutes prior to the start of the school day and remain on campus for 30 minutes after dismissal, unless otherwise authorized by the principal.
- We will always do our best to maximize students' learning, and to inform our parents.
- We will always make ourselves available to students and parents/guardians, prioritizing ongoing communication.
- We will always protect the safety, interests, and rights of all individuals in the classroom.
- We will attend scheduled staff meetings and trainings, unless administration has approved otherwise.
- I acknowledge that I am a Desert Heights employee even when school is not in session. I will represent my school in a positive manner through my words and actions and in all other mediums such as social media.

**Failure to adhere to these commitments will lead to verbal, then written notice.**

X \_\_\_\_\_ X \_\_\_\_\_  
*Teacher's Printed Name* *Teacher's Signature*

### STUDENT'S COMMITMENT

- I will arrive to class everyday by 8:00AM.
- I will always work, think, and behave in the best way I know how and I will do whatever it takes for my fellow students and me to learn. This also means that I will complete all my homework every night and I will raise my hand and ask questions in class if I do not understand something.
- I will always make myself available to parents, teachers, and administrators and listen to concerns they might have. If I make a mistake, this means I will tell the truth and accept responsibility for my actions.
- I will always behave to protect the safety, interests, and rights of all individuals in the classroom. This also means that I will always listen to all my Desert Heights classmates and give everyone respect. I will follow the Desert Heights' dress code and conduct and compliance policy.
- I am responsible for my own behavior, and I will follow the teacher's directions.
- I acknowledge that I am a Desert Heights student even when school is not in session, and that my conduct at school and away from school could impact my enrollment at Desert Heights Charter School. I will represent my school in a positive manner through my words and actions and in all other mediums such as social media.

**Failure to adhere to these commitments will result in a verbal, then written notice, and will lead to disciplinary action up to and including expulsion.**

X \_\_\_\_\_ X \_\_\_\_\_  
*Student's Printed Name* *Student's Signature*

## PARENT/GUARDIAN'S COMMITMENT

We fully commit to Desert Heights Schools in the following ways:

- We will make sure our child arrives on campus every day by 8:00AM and try not to pull them out early.
- We will prioritize our student's attendance in school and adhere to all attendance policies outlined in the Student & Parent Handbook.
- We will check our e-mail every day for information from the school. We will also check the school's website weekly for updates. If we do not have internet access, we will notify the school to request printed copies of school information. We will review all electronic and printed school information on a daily basis and, when applicable, we will return necessary items in a timely fashion and according to any scheduled due dates.
- We will always help our child in the best way we know how and we will do whatever it takes for him/her to learn. This also means that we will check our child's homework and sign the agenda upon completion every night. We will also prioritize nightly reading time.
- We will always make ourselves available to our children and the school personnel. Additionally, if our child is going to miss school, we will call and notify the office.
- We will make sure our child follows the Desert Heights' dress code and conduct and compliance policy.
- We will monitor how much time our children spend watching television, and using multi-media devices including video games, cellular phones, and internet.
- We will attend at least one parent/teacher conference for each child.
- We understand that our child must follow the Desert Heights Schools rules as to protect the safety, interests, and rights of all individuals in the classroom. We, not the school, are ultimately responsible for the behavior and actions of our child.
- We will make every attempt to communicate any concerns regarding our child with their teacher before addressing concerns with administration.
- We understand that Desert Heights Charter Schools are protected places and that our conduct when on campus is important. If we have questions or concerns requiring additional information, find an administrative decision disagreeable, or need support interfacing with a teacher or staff member, we will not come to campus in a belligerent, unprofessional, threatening or disrespectful manner, nor will we show up unannounced demanding the time of an administrator, staff member or teacher. We will honor school protocol and allow the administrative team an opportunity to investigate and respond in a timely manner.
- I acknowledge that I am an important member of Desert Heights' community at all times. I will represent our school in a positive manner through my words and actions and in all other mediums such as social media.

**Failure to adhere to these commitments can result in the dismissal of my child from the Desert Heights program.**

X \_\_\_\_\_ X \_\_\_\_\_  
*Parent/Guardian's Printed Name* *Parent/Guardian's Signature*

Desert Heights Schools sets high academic standards. The students must follow all school policies and rules in order to foster an atmosphere for high quality learning. **NO STUDENT** has the right to take away the learning environment from other students. All students have the right to learn and teachers have the right to teach. We believe that students must take responsibility for their behavior and be respectful of each other and the staff of the school.

A student can forfeit his/her right to a free public education.  
(Expulsion is for continued disruptive behavior or for violent or dangerous behavior).  
(A.R.S.15-841-B)

**REMINDER PARENTS:** We **will not tolerate student disrespect or physical aggression.** Such behavior may result in student withdrawal or expulsion.

At the beginning of the school year, all teachers, parents/guardians, and students will be required to sign a copy of this contract. Having high expectations for students is an important component of our mission, and we need to work in partnership with one another to help every child succeed. Our Governing Board approves this contract and requires every community member to adhere to its terms.

Upon enrollment at Desert Heights Parents and Students accept the terms and conditions of our Commitment to Excellence contract.



## **STUDENT'S BULLYING PLEDGE**

We the students of Desert Heights Schools agree to join together to stamp out bullying at our school.

We believe that everybody should enjoy our school equally, and feel safe, secure and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, religion and nationality.

Bullying can be pushing, shoving, hitting, and spitting, as well as name calling, picking on, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as "kids being kids," "just teasing" or any other rationalization. The victim is never responsible for being a target of bullying.

**By signing this pledge, we the students agree to:**

1. Value student differences and treat others with respect.
2. Not become involved in bullying incidents or be a bully.
3. Report honestly and immediately all incidents of bullying to a faculty member.
4. Be alert in places around the school where there is less adult supervision such as bathrooms, corridors, and stairwells.
5. Support students who have been or are subjected to bullying.
6. Talk to teachers and parents about concerns and issues regarding bullying.
7. Work with other students and faculty, to help the school deal with bullying effectively.
8. Encourage teachers to discuss bullying issues in the classroom.
9. Provide a good role model for younger students and support them if bullying occurs.
10. Participate fully and contribute to assemblies dealing with bullying.

I acknowledge that whether I am being a bully or see someone being bullied, if I don't report or stop the bullying, I am just as guilty.

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Student's Printed Name

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Student's Signature

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Date



## **CELL PHONE STUDENT/PARENT CONTRACT**

In order to have a cell phone on campus, students are required to have the following signed contract on file. Also, the contract must be signed by both the student and their parent/guardian.

### ***CELL PHONE POLICY***

- Students will NOT be permitted to have cell phones in their possession throughout the school day. Cell phones will be locked up in the front office from 7:30AM until 3:00PM.
- If a student does bring their cell phone on campus without a permission slip, the cell phone will be turned over to Mr. Jiles and will not be returned to the student until a Parent/Guardian has been in contact with Mr. Jiles. The student may also be subject to disciplinary action.

### ***STUDENT CONTRACT***

I, \_\_\_\_\_ (student's printed name) understand that it is my responsibility to give my cell phone to Mrs. Hamza in the front office upon arrival to school and that the cell phone will be returned to me at the end of the day. I also understand that if I fail to drop off the cell phone at the beginning of class and am caught with the cell phone, I will forfeit any future opportunities of bringing my cell phone on campus.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### ***PARENT CONTRACT***

I, \_\_\_\_\_ (parent's printed name) understand that it is my child's personal responsibility to give their cell phone to Mrs. Hamza in the front office upon arrival to school and that the cell phone will be returned to my child at the end of the day. I also understand that if my child fails to drop off the cell phone at the beginning of class and is caught with the cell phone, my child will forfeit any future opportunities of bringing their cell phone on campus. I understand that Desert Heights will keep my child's cell phone locked in a secure cabinet, but do relieve Desert Heights of any responsibility for any damage or log regarding this cell phone.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date