2025-2026 Enrollment Packet Checklist

STUDENT NAME:_____ **DATE RECEIVED:** _____

PARENT/GUARDIAN TO PROVIDE SCHOOL WITH:

- ☐ Birth Certificate or other documentation to establish identity and age: baptismal *certificate, application for a social security number, original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate pursuant to ARS § 15-828* ***(must be provided within 30 days of enrollment)***

- ☐ Proof of Residency

- ☐ Immunization Record or Exemption as per A.R.S. § 15-873 ***(not required for enrollment but must be provided prior to 1st day of attendance)***

- ☐ Unofficial Transcript, if applicable ***(not required for enrollment or attendance)***

- ☐ Withdrawal Slip ***(not required for enrollment but must be provided prior to 1st day of attendance)***

- ☐ 8th Grade Certificate ***(not required for enrollment or attendance)***

Staff Initials _____

Registration Form – Pima Partnership High School

Are you registering for:
☐ In-Person ☐ On-line

Student's Cell Number:

How did you hear about Partnership Schools?

Website: _____ (please provide the name of the site)
Social Media: _____ (please provide the name of the site)
Referred by: _____ (please provide the person's name)
Other: _____

Student Name_____
Last Name First Name Middle Name

Last Grade Completed: _____ Date of Birth ___/___/___ Is your student: ☐ Male ☐ Female
MO/DAY/YR

_____
Mailing Address City State Zip

_____ _____
Physical Address (if different from above) City State Zip

Mother's Maiden Name: _____ **Mother's Name**_____
First Name Last Name

Legal Custody: ☐ Yes ☐ No
Home Phone ( ) _____ Work Phone ( ) _____
Cell ( ) _____ E-mail _____
Employer _____ Occupation _____

Father's Name _____ **Legal Custody: ☐ Yes ☐ No**
First Name Last Name
Home Phone ( ) _____ Work Phone ( ) _____
Cell ( ) _____ E-mail _____
Employer _____ Occupation _____

If Applicable:
Guardian's Name: _____ **Custody: ☐ Yes ☐ No**
Relationship: _____ Is student a ward of the court? ☐ Yes ☐ No
Home Phone ( ) _____ Work Phone ( ) _____
Cell ( ) _____ E-mail _____
Case Manager Name _____ Phone _____

FOR OFFICE USE ONLY:

SAIS ID: _____ **Grade Level:** _____ **Graduation/Cohort Year:** _____

Entry Date: _____ **Entry Code:** _____ **Date Entered:** _____ **Entered By:** _____

Race/Ethnicity Two-Part Question *Please complete both questions (Optional):*

Part 1: Is the student Hispanic /Latino? (*A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)* **(Choose only one)** ☐ **Yes** or ☐ **No**

Part 2: What is the student's race? (Choose one or more)
☐ White ☐ Asian ☐ American Indian or Alaskan Native
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander

Native American Indians
Tribe _____
Enrollment # _____
Agency _____
Degree Indian Blood____ %

Place of Birth _____

Where does the student stay at night? *(Please check all that apply):*

☐ At home of parent/guardian ☐ In a shelter ☐ In a motel/hotel ☐ In a car

☐ Other location not appropriate for people (e.g., abandoned building) ☐ At a campsite

☐ Temporarily with more than one family in a house, mobile home, or apartment (because the family does not have a place of its own)

☐ Other (Specify**)**: _____

Transportation To/From School *(Please check all that apply):*

☐ Walk ☐ Carpool ☐ Parent Transport ☐ Public Bus ☐ Bicycle ☐ Other (Specify**)**: _____

Student lives with *(Please check all that apply):*

☐ Mother ☐ Father ☐ Guardian ☐ Relative ☐ Spouse ☐ Friend ☐ Other (Specify)**:** _____

Military Student Identifier	
☐ **Yes** ☐ **No**	Is the student a dependent of a member of the United States military Service in the Active-Duty Army, Navy, Air Force, Marine Corps, or Coast Guard?
☐ **Yes** ☐ **No**	Is the student a dependent of a fulltime member of the National Guard, or Reserve Force of the United States military (Army, Navy, Marine Corps or Air Force)?
☐ **Yes** ☐ **No**	Is the student a dependent of a member of the National Guard, or Reserve Force of the United States military (Army, Navy, Marine Corps or Air Force)?

Has Student Ever Been Expelled: ☐ Yes ☐ No Cause_____

From which school did expulsion occur? _____

On what date did the student leave 8th grade? __/__ (MO/YR) **Promoted:** ☐ Yes ☐ No

Certificate: ☐ Yes ☐ No **Last school attended?** _____ School Year_____

Have you ever attended Partnership Schools? ☐ Yes ☐ No

Parent/Guardian Signature _____ Date _____

2025-2026 Emergency Information

In case of an emergency our procedure is to contact the parent/guardian(s) that is listed first on the registration form at work or home. If we are unable to contact the parent/guardian(s), the first person listed on this form will become the next person who will be contacted. The seriousness of the issue will determine whether or not he/she will be asked to care for your child. A rescue unit will be called in an emergency situation.

Person(s) who will care for and transport the student if the parent/guardian(s) cannot be reached:

Name: _____ Relationship: _____

Home ( ) _____ Work ( ) _____ Cell ( ) _____

Email _____ ***Is this person authorized to release the student?*** ☐ ***Yes*** ☐ ***No***

Name: _____ Relationship: _____

Home ( ) _____ Work ( ) _____ Cell ( ) _____

Email _____ ***Is this person authorized to release the student?*** ☐ ***Yes*** ☐ ***No***

In case of serious illness or injury, I give my consent for my child to be taken to his/her doctor's office or closest hospital by school personnel or ambulance and given emergency care until I can be contacted.

_____ _____

Signature of Parent/Guardian **Date**

Please complete insurance information (Optional):

Insurance Carrier/Number: _____

Doctor's Name: _____Telephone Number: _____

Allergies: _____

Medications (including times daily):
_____

Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

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

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

   _____

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

   _____

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

   _____

Student Name_____ District Student ID_____

Date of Birth_____ SSID_____

Parent/Guardian Signature_____ Date_____

District or Charter_____

School_____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 05-2023)

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

PARTNERSHIP SCHOOLS

Medical Information

Name of Student: _____ Date of Birth: _____

In case of an emergency situation when a **parent/guardian(s)** cannot be reached, I give/do not give permission for my child to be transported by whatever means necessary, as determined by school personnel, to the nearest emergency medical facility for treatment. I give my consent to the rendering of such medical treatment for my child as deemed necessary in the opinion of my family doctor or the doctor rendering such service.

Family Doctor: _____ Phone Number: _____

Signature of Parent: _____ Date: _____

Your child should **not** be in school if they have a fever, rash or undetermined cause, vomiting or diarrhea, conjunctivitis (pink eye), chicken pox, impetigo, ringworm, or head lice unless treated medically or they are symptom-free. A child with a temperature of 100 degrees Fahrenheit or greater will be sent home.

No medication brought from home, including over-the-counter medication, will be administered from the health station unless there is a **written** prescription from the health care provider and the medication is in its original container with students name and how medication should be administered.

Please indicate the medications you give permission for your child to receive at Partnership Schools:

YES	NO
____	____ Tylenol (acetaminophen)
____	____ Neosporin (for scrapes and abrasions)
____	____ Cough drops
____	____ Ibuprofen 200 mg (NSAID)

Other significant health information that school personnel should know about my child:

(Check One) ☐ Lactose intolerance ☐ Peanut Allergy

Other Allergies: _____

Please list the medications your child currently takes:_____

2025-2026 Student Health Record

Student's Name: _____ Date of Birth: ___/___/___
MO/DAY/YR

_____

Address City State Zip Home Phone

The following information is helpful in assessing your child's health. Has your child ever had any of the following? If "Yes" please give the child's age at that time.

	Age	Yes	No		Age	Yes	No
Allergies	____	____	____	Hepatitis	____	____	____
Anemia	____	____	____	High Blood Pressure	____	____	____
Arthritis	____	____	____	Kidney Infection	____	____	____
Asthma	____	____	____	Mumps	____	____	____
Bleeding Disorder	____	____	____	Pneumonia	____	____	____
Birth Trauma	____	____	____	Rheumatic Fever	____	____	____
Cerebral Palsy	____	____	____	Scarlet Fever	____	____	____
Chicken Pox	____	____	____	Scar Latina	____	____	____
Cystic Fibrosis	____	____	____	Scoliosis/Curvature	____	____	____
Dev. Delays	____	____	____	Sickle Cell Anemia	____	____	____
Diabetes	____	____	____	Strep Throat	____	____	____
Epileptic Seizures	____	____	____	Tonsillitis	____	____	____
Frequent Colds	____	____	____	Urinary Infections	____	____	____
Freq. Sore Throats	____	____	____	Vision Problems	____	____	____
Heart Disease	____	____	____	Other _____	____	____	____

Has your child ever had?	Age	Yes	No		Age	Yes	No
Surgery	____	____	____	Serious accident or injury	____	____	____
Tubes in his/her ears	____	____	____	Vision Difficulties	____	____	____
Dietary Restrictions	____	____	____	Hearing Aides	____	____	____
Hearing Difficulties	____	____	____	Emotional Problems	____	____	____
Attention Deficit Disorder	____	____	____	Other Learning Disabilities	____	____	____

Is your child currently:	Yes	No
Receiving medical attention?	____	____
Restricted from physical education, sports, etc.?	____	____
Taking medication on a daily basis?	____	____

Month/Year of last physical exam? ____/____ Type: _____

As the student's parent or legal guardian I'm requesting a permission form for a Student to Self-Administer Prescription Medication **(Only for Asthma, Diabetes and Epi Pens)** ☐ Yes ☐ No

Partnership Schools Student Residency Status
McKinney Vento Eligibility Questionnaire
SY 2025-2026

Name of Student: _____ Date: _____

This questionnaire is intended to address the McKinney-Vento Act. Title X, Part C, of "No Child Left Behind." Answers to these questions will help determine services a student may be eligible for. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes __ No __

2. Is your temporary address due to loss of housing or economic hardships? Yes __ No __

IF YOU ANSWERED "NO" TO BOTH OF THESE QUESTIONS YOU MAY STOP HERE. THANK YOU

Responses to the rest of this page is also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questionnaire above, please fill out the remainder of this form. You may fill out one form for all your children.

Names of adults in the home:

Name(s):	Name(s):
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

1. Where is the student presently living? (Check one box.)
   - ☐ Doubled up with relatives or friends
   - ☐ In a motel
   - ☐ In a shelter
   - ☐ Moving from place to place
   - ☐ In a place not considered traditional "housing" (campground, car, public place, etc.)

2. Do you also have pre-school children at home? Yes __ No __

3. Are you a high school student who is currently living on your own? Yes __ No __
   (Unaccompanied youth also qualify for services under this law)

2025-2026 Student Records

Family Educational Rights and Privacy Act

Partnership Schools complies with the Family Educational Rights and Privacy Act of 1974. This Act protects the privacy of educational records, establishes the right of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

Partnership Schools hereby designates the following categories of information as public information, which may be disclosed by **Partnership Schools** for any purpose at its discretion.

The student's name, address, telephone number, date and place of birth, certificates received, honors received, and most recent previous educational agency or institution attended shall be designated public information. **Partnership Schools** will not release other information, including but not limited to official academic transcripts and other sensitive student records.

Currently enrolled students may direct **Partnership Schools** to withhold disclosure or above designated public information by submitting a written request to the principal's office prior to seven days following their date of enrollment.

Partnership Schools assumes that failure on the part of any student to specifically request the withholding of public information indicates individual approval for disclosure. This would include news releases that may provide pictures and quotes of students.

Partnership Schools ***does not discriminate based on race, creed, religion, or personal living conditions (i.e., homelessness) as outlined in federal statutes.***

_____ _____

Parent/Guardian Signature Date

_____ _____

Student's Signature Date

_____

Student Name (Please Print)

2025-2026 SCHOOL-PARENT COMPACT

The ***Partnership Schools*** *, and the parent/ guardian (s) of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the state's high standards. This school-parent compact is in effect during school year* ***2025-2026****.*

School Responsibilities

Partnership Schools will:

1. **Provide high quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the state's student academic achievement standards as follows:**

   Partnership Schools *will use positive teaching and instructional strategies such as RTI, SEI, and differentiated instruction and after school tutoring. Professional development will address strategies, philosophies and curriculum enhancement to address teacher strengths and weaknesses educating all students.*

2. **Hold parent teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.** Specifically, those conferences will be held:

   Partnership Schools *parent teacher conferences are held on an as needed basis. Special Education conferences will be held as needed concerning students' IEPs. Conferences will address academic and behavior modifications.*

3. **Provide parents with frequent reports on their children's progress.** Specifically, the school will provide reports as follows:

   At **Partnership Schools**, *every four and ½ weeks progress reports are mailed to parents with notification of upcoming events, tutoring, and extracurricular events along with current grade status. At 9-week intervals, report cards are mailed home with the same information. Parents are also encouraged to call or visit at any time that they feel it is necessary, or there is a concern that needs to be met.*

4. **Provide parents reasonable access to staff.** Specifically, staff will be available for consultation with parents as follows:

   Partnership Schools *staff is available to parents before school and after school through email and telephone.*

5. **Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities**, as follows:

Partnership Schools *parents are always able to participate and volunteer in their child's education. Parents just need to check in at the front desk when they are able to spend time at school.*

Parent Responsibilities

We, as parents, will support our children's learning in the following ways:

- Monitoring attendance.
  - *Monitoring attendance each day to make sure students are in school consistently.*
- Making sure that homework is completed.
  - *Checking with our students to see if there is homework and encouraging them to complete it.*
- Monitoring amount of television that my children watch.
  - *Taking note of when our students are watching too much television and redirecting their activities, as appropriate.*
- Participating, as appropriate, in decisions relating to my children's education.
  - *Keeping the parent liaison aware of our questions and concerns. Communicating with the academic counselor, as needed, on graduation or credit related issues. Maintaining ongoing communication with teachers to discuss student achievement through phone calls, conferences, classroom visits, frequent reports and observations.*
- Promoting positive use of my child's extracurricular time.
  - *Allowing our students to participate in tutoring or remain in the game room with fellow students.*
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
  - *Reviewing documents from school. Signing and returning them, as necessary, in a timely manner.*
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the District-wide Policy Advisory Council, the State's Committee of Practitioners, the School Support Team or other school advisory or policy groups.
  - *Keeping the parent liaison aware of our questions and concerns. Attending parent meetings and providing input regarding school policy decisions.*

Student Responsibilities

As a student, I will support my learning in the following ways:

1. Arriving at Partnership Schools each day on time and ready to work.
2. Doing whatever it takes to learn. I will always work, think, and behave in the best way I know.
3. Behaving in a respectful manner that protects the safety, interest, and rights of every individual at PPP Schools.
4. Collaborating with the Academic Counselor and parent/guardian (s) to develop my own Educational Career and Action Plan (ECAP) in which I set goals and ways that I can reach them.
5. Understanding that my attendance at school is directly correlated to my graduation.
6. Following the Dress Guidelines of Partnership Schools and understanding that I may not attend classes if I violate any of the guidelines.
7. Following all school rules and expectations with an understanding that non-compliance results in consequences.

PARENT INVOLVEMENT POLICY FOR Partnership Schools

Partnership Schools has a growing parent outreach program that encourages parent involvement in the school. It builds the schools' and parents' capacity for strong parental involvement and support a partnership among the school, the parents, and the community to improve student academic achievement through information, consultation and coordination activities.

Information

Partnership Schools implements programs, activities and procedures with a focus on meaningful involvement of parents. The staff will take the following actions to inform parents:

- Partnership Schools will invite parents to an annual informational meeting about the school's participation in Title I, Part A programs and will explain the requirements and parents' right to be involved.
    - The School will provide opportunities for equal access for parents who are ELL, migrant, homeless or disabled, in a language they can understand. Thus, a Spanish translator will be present.
- Partnership Schools will present to parents specific information at the meeting about:
    - Title I Part A programs Arizona's academic content standards and student academic achievement standards.
    - Arizona and local academic assessments
    - Strategies to monitor student progress and work with educators to improve the achievement of their child, such as the development of the Pathway for Graduation
    - Opportunity to request regular meetings and flexible times.
- Partnership Schools will hold several open houses that occur at the beginning of the academic year.
- Parent liaison will outreach to parents about school activities and opportunities for parental involvement. Parents are invited to meet their children's teachers and are informed of goals, organizations, volunteer opportunities, and updates.

- The liaison will provide information to parents in a uniform format, and in a language, parents can understand and disseminated in a timely manner.
- Parents will be notified of student progress and grades as appropriate.

Partnership Schools will take the following actions to engage parents in meaningful consultation:

- Involve parents in Title I decision making and policy development activities.
- Invite parents to develop and annually evaluate the content and effectiveness of the
  - Parent Involvement Policy in improving quality of the school and identifying barriers and strength/weaknesses of parental involvement programs.
  - School-Parent Compact (stating shared responsibilities for student academic achievement)
  - Consolidated Plan
- Inclusion of parents on Title I School-wide Plan committee
- Inclusion of parents on North Central Accreditation Team.

Coordination Activities

Partnership Schools will coordinate and integrate parental involvement strategies in Part A with parental involvement strategies under other programs: Provided by Youth and Family Services Department of Pima Prevention Partnership.

PARENTS RIGHT TO KNOW

Under No Child Left Behind Act of 2001, parents have the right to know the professional qualifications of the instructors who teach their child(ren). Charts outlining educational background and experience for all teachers are maintained in the principal's office. If you wish to view a teacher's statistics, you should contact the principal's office directly.

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

Advisor's Signature _____ **Date** _____

Principal's Signature _____ **Date** _____

2025-2026 Dress Code

Dress Code for Partnership Schools

The following dress guidelines are provided to clarify what is acceptable dress at Partnership Schools. This is issued following a Partnership Schools School Board directive to give parents and students information concerning the dress code.

All headgear such as hats, headbands, hoods, and other coverings are to be removed upon entry into the building.

Inappropriate Clothing:

- Halter Tops, Strapless Tops, Spaghetti Straps, Swimsuits.
- Exposed Undergarments (boxers, panties, etc.), see-through clothing.
- Shirts or Blouses that bare the midriff. Muscle Shirts (Garments revealing cleavage).
- Extremely short skirts or shorts. Skirt or shorts length is determined by measuring the length of a fully extended arm and index finger against the side of the body.
- Basketball shirts without an accompanying T-shirt underneath.
- Belts must not be hanging from pants.
- No pajamas/slippers

In addition, the following clothing and accessories are inappropriate at Partnership Schools:

- Any clothing, accessories, and/or head coverings altered or identifying with illegal organizations.
- Clothing or accessories portraying racial statements, profane or inflammatory language, and/or sexual depiction/innuendo.
- Accessories such as chains, spiked rings, and/or spiked collars that could pose safety issues.
- Clothing that advertises or advocates the use of alcohol, illegal substances, or tobacco.

Students who are found to be outside the dress code may be given an opportunity to wear a T-shirt to cover the infraction or a parent/guardian will be contacted so the student can be sent home to change clothes.

If you have any questions regarding this outline, please contact;

- **Partnership Schools at 520.326.2528**

I understand and agree to the dress code as outlined above by Partnership Schools.

_____ _____

Parent/ Guardian Signature **Date**

2025-2026 Photo/Media Release

As part of its prevention and education activities, **Partnership Schools** and the programs of **Partnership Schools** are developing a media campaign that includes, but is not limited to, the production of radio ads, television/radio media interviews, newspaper articles and brochures. As a student at Pima Partnership Schools, your child may be photographed and may be interviewed, quoted and audio-taped or videotaped for the purpose of promoting Pima Partnership Schools and the programs of The Partnership.

__X__ photographed

__X__ interviewed on television, newspaper, etc.

__X__ videotaped for television

__X__ recorded for radio ads, interviews, etc.

I consent to the above and provide its/their release for publication, exhibition, or reproductions to be used for public relations, news articles or telecast, education, research and inclusion on **Partnership Schools** website. I release **Partnership Schools**, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publications of said interviews, photographs, slides, computer images, videotapes, or sound recordings. I waive all rights I may have to any claims for payment or royalties in connections with any exhibition, televising, or other publications of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publications, all negatives and positives, whether prints, video, film or sound recording are the property of **Partnership Schools** or the person or entity designated by it, solely and completely. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

Check One:

☐ **I want** my student to participate

☐ **I <u>Do Not</u>** want my student to participate

Student's Name: _____

_____ _____

Parent/Guardian (Print) Parent/Guardian's Phone Number

_____ _____

Parent/Guardian Signature Date

Partnership Schools **2025-2026 Student Electronic Resources Contract**

STUDENT RIGHTS

Each user has the right to use district hardware/ software to promote personal academic growth.

Users have the conditional right to access the Internet for personal academic growth, information gathering and communication if they do so responsibly.

Users have the right to retrieve information using methods such as Electronic Mail (e-mail) and World Wide Web (www). Students will be assigned an e-mail address as part of the Pima Prevention Partnership network services.

STUDENT RESPONSIBILITIES

Students who use any hardware/software as an educational resource shall also accept the responsibility for the preservation and care of that hardware/software.

Students using the Internet as an educational resource shall be responsible for the appropriate use of all material received under his/her user account.

Users will be held accountable for any deliberate attempts at knowingly allowing and/or running a computer virus on district equipment.

Use of the network to access pornographic materials, inappropriate text or image files or files dangerous to the integrity of the network is prohibited. Internet usage for gambling purposes is strictly prohibited.

Users will respect the privacy of other users and will not attempt to modify or use someone else's account/password or represent themselves as another user.

Use of the network for commercial or for-profit purposes, or for fund raising is not allowed.

Students do not have permission to install software applications or download applications on school district equipment.

Students are responsible for appropriate use of an e-mail account and all e-mail etiquette needs to be followed on each interaction.

Students are responsible for adhering to the Student Conduct Code including the provisions herein.

STUDENT RESPONSIBILITIES (continued)

Students will not remove, relocate or modify any hardware, software or files, or enter the system folder or control panel of any computer system. Altering, moving, renaming, hiding or deleting programs, files or applications, or action of a similar nature is prohibited.

Copyright laws will be strictly adhered to when using all computer, scanner, laserdisc and video equipment in the building. All violations of copyright laws (i.e., copying programs without written permission from the copyright holder who is the author or producer of the program) will be covered under the Student Conduct Code, and local, state or federal laws and ordinances.

Using the network to harass other users or plagiarize material is subject to provisions of the Student Conduct Code and local, state or federal laws or ordinances.

SCHOOL DISTRICT RIGHTS

Pima Partnership Schools has the right to review any material stored in files to which users have access, to edit or remove any material which the district, in its sole discretion, believes is unlawful, obscene, abusive or objectionable, and to take appropriate legal action.

Pima Partnership Schools makes no warranties of any kind, whether expressed or implied, for the service it is providing. The district will not be responsible for loss of data, service interruptions, or for the accuracy or quality of information obtained through Internet services.

Pima Partnership Schools has the right to place limits on connection time.

Violation of user responsibilities may result in temporary or permanent loss of Internet address.

DISCIPLINARY ACTION

Use of the Internet is subject to all rules and regulations enumerated in the Student Conduct Code. Enforcement is the responsibility of the staff. Administration will review all cases referred for disciplinary action. In addition to disciplinary actions listed in the Student Conduct Code, any or all of the following may be implemented:

(1) Student may be excluded from access to Internet.
(2) Student may be excluded from using any or all computer equipment throughout the district.

I understand and agree to the Rights and Responsibilities of Acceptable Use of the Electronic Resources as stated above.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

The Acceptable Use Policy recognizes existing federal requirements for privacy and Internet safety, and the district is CIPA compliant.

2025-2026 General Permission Waiver and Release Form

Parents and Teens: During the school year **2025-2026**, students will participate in activities through **Partnership Schools**. These activities may be full-day or a few hours; they often occur on school property. For an event off school property students will be transported to/from the high school. To lessen the burden on families, parent/guardian (s), we prepared a **General Permission Waiver and Release Form** for a one-time signature. We will keep this signed form on file. Each time we plan a trip off school property, we will notify parents/guardian by mail or phone of a student who expresses interest in participating. Also, students will be given a copy to take home. An adult may decline to have a student participate, by notifying the school in writing, or by calling the number below.

Important Contact Information: Partnership Schools:

- Partnership Schools at 520.326.2528

As the named student's parent or legal guardian, I hereby give permission for
(Student's Name) _____ to participate in school approved activities that will be held from time to time during the school year **2025-2026**. I have read the above description on this one-time signature for permission and understand that most of the school sponsored activities will be covered by this signed form.

I, the undersigned, hereby allow my son/daughter to participate in designated school activities that will take place as field trips and participation events that will be supervised by faculty and/or staff of **Partnership Schools**
I (we) hereby give permission for the named child to participate in school field trips. I (we) understand that **Partnership Schools** and its employees/agents are not responsible for the child's behavior or acts of other persons. We authorize staff to take disciplinary measures, if necessary, for protection of my child or other persons, and if it warrants, we (I) the parent(s) will be responsible for return transportation of the above-named child (student). I (we) hereby authorize the staff of **Partnership Schools** to act on their best judgment in any emergency that may require medical attention.

I (we) understand that the child assumes the risk in participation in the activities, and I (we) hereby release, exonerate, discharge and hold harmless Pima Prevention Partnership (corporate sponsor of **Partnership Schools**, their employees and agents, from any and all liabilities or causes of any injuries incurred during school events.

☐ **Permission is granted for the above-named student to be transported in an agency vehicle.**

Important medical & insurance information:
Allergies _____
Medications: _____
Insurance Carrier/Number ***(Optional)***: _____Doctor: _____ Phone: _____

Person to call for emergency contact if parent(s) cannot be reached:
Emergency Contact Name: _____ Phone: _____
Relationship to student: _____
Student (print name) _____
Parent (print name):_____ Parent Phone Number _____

Parent's Signature: _____ **Date:** _____

REQUEST FOR RELEASE OF STUDENT RECORDS
SOLICITUD PARA CEDER REGISTROS DEL ESTUDIANTE

25 E Drachman St, Tucson, AZ 85705
Phone: 520.326.2528 Fax: 520.622.1186

Please forward the transcript (s) of/Por favor envie los registros de:

(Student Name)(Nombre Del Estudiante)_____

Date of Birth/Fecha de nacimiento: _____

Who enrolled in grade/Quien se matriculo en el grado: _____ At **Partnership Schools** on: _____

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well. *El Padre o guardian que ha firmado, ha sido informado de esta transferencia y otorga el permiso para que la informacion mencionada sea mandada. Si el estudiante es estudiante de educacion especial, por favor envie los siguientes registros:*

Please send the following information/Por favor envie lo siguiente:

- ☐ Birth Certificate/ Acta De Nacimiento
- ☐ Official Transcript or Report Cards/Boleta official de calificaciones
- ☐ Letter of Promotion (if applicable)/Carta de Promocion
- ☐ Test Scores (SELP/AZELLA, STATE TESTING – oral, reading, writing)/Calificaciones de los examenes SELP/AZELLA y EXAMENES DEL ESTADO
- ☐ Official Withdrawal Form/Forma official de retiro
- ☐ Grades to Date of Withdrawal/Calificaciones hasta la fecha de retiro
- ☐ Immunization Records/Health Records/Cartilla de vacunas/registro de salud
- ☐ Hearing and Vision Screening Results/Resultados del examen de vision y audicion
- ☐ Special Education Records, including IEP's, Psychological Reports, etc./Registros de Educacion Especial, IEP's etc.
- ☐ Disciplinary and Attendance Records/Registros de asistencia y disciplina

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Please sign and complete the information below:/Por favor firme y llene la informacion de abajo:

Name and address of last school attended/Nombre y direccion de la ultima escuela asistida:

_____
School Name/Nombre de escuela

_____
Address/Direccion

_____ _____
City/Cuidad State/Estado Zip/Codigo Postal Telephone Number/Telefono

_____ _____
Signature of Parent or Guardian/Firma del Padre o Guardian Date/Fecha

***State Law 15-828 Paragraph F states that NO SCHOOLS SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. *New Federal Law 99.31- No parent or signature required for educational records to be sent to another educational agency.**

Request for Release of Student Records
SPECIAL EDUCATION/504

PLEASE REMIT ALL REQUESTED INFORMATION TO:

25 E DRACHMAN ST, TUCSON, AZ 85705
PHONE: 520.326.2528 FAX: 520.622.1186

Student Name/Nombre Del Estudiante_____

Birth Date/Fecha de Nacimineto_____ Grade Level/Grado_____

Special Education History / Historia de la Educación Especial

_____ **NO** history of Special Education / **NO** hay antecedentes de educación especial

*If there is no history of Special Education, simply mark **"NO"** and go on to the next form.*
*Si no hay antecedentes de educación especial, sólo tiene que marcar **"NO"** y pase a la siguiente forma.*

Current IEP / IEP Actual_____ **Current 504 / 504 Actual**_____

If your student has had Special Education, please complete the following to the best of your ability. This will help us implement services for your student quickly and effectively. This information will not be used to determine eligibility of enrollment.

Si el estudiante ha tenido educación especial, por favor complete el siguiente a la medida de su capacidad. Esto nos ayudará a implementar los servicios para su estudiante con rapidez y eficacia. Esta información no se usará para determinar la elegibilidad de la inscripción.

What type of Special Education services has your student been receiving? / ¿Qué tipo de servicios de educación especial ha recibido su estudiante?

_____

Former School Attended/Escuela Anterior_____

Phone/Telefono_____ Fax_____

- ☐ Individual Education Plans
- ☐ 504 Accommodations Plan
- ☐ Eligibility Form
- ☐ Multidisciplinary Evaluation Team Minutes
- ☐ Psycho-educational Evaluations
- ☐ Speech Evaluations
- ☐ Behavioral Plans
- ☐ Discipline Records
- ☐ Vision/Hearing Screening Results
- ☐ Psychiatric Therapy Evaluations
- ☐ Occupational Therapy Evaluations
- ☐ Physical Therapy Evaluations
- ☐ Nurse's Report
- ☐ Probation Officer's Report
- ☐ Guardianship Documentation

Signature/Firma_____ Date/Fecha_____

PARTNERSHIP SCHOOLS

Arizona Department of Education

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:

□ Name
□ Telephone Listing
□ Date and place of birth
□ Dates of attendance
□ Honors and awards received
□ Enrollment status (e.g. part time or full time)
□ Address

ADE Student Directory Information Release Form, 10/2011

□ Electronic mail address
□ Photograph
□ Grade level
□ Participation in officially recognized activities/sports
□ Weight and height (members of athletic teams)
□ Most recent educational agency or institution attended
□ Major field of study

Parent/Guardian Signature: _____ Date:_____

PARTNERSHIP SCHOOLS

Arizona Department of Education
Arizona Residency Guideline
REVISED 11/08/2021

Disclaimer: The Arizona Department of Education is providing these guidelines as technical assistance to the field. These guidelines are how the Arizona Department of Education interprets the below statutes and are not binding nor is it legal advice. If you have any questions, please consult an attorney.

INTRODUCTION

Local educational agencies are required to provide all children who reside within the school district with equal access to public education at the elementary and secondary level. The U.S. Supreme Court held in *Plyer v. Doe*, 457 U.S. 202 (1982), that the undocumented or non-citizen status of a student (or his or her parent/guardian) is irrelevant to that student's entitlement to an elementary and secondary public education. However, pursuant to A.R.S. § 15-823, a school district or charter school may not include non-Arizona-resident pupils in their student count and may not obtain state aid for those pupils.

In Arizona, the "district of residence" of a student is determined by the residency of the parent or guardian with whom the student lives. In some cases, the district of residence may also be determined by the residency of a relative who is seeking legal guardianship or custody of a student. A.R.S. § 15-821(D). In addition, if a school district governing board determines that a student's "physical, mental, moral or emotional health is best served by placement with a grandparent, brother, sister, stepbrother, stepsister, aunt or uncle who is a resident within the school district," and the placement with that relative is not "solely for the purpose of obtaining an education in this state without payment of tuition," the student is considered a resident of the district. A.R.S. § 15-823(C).[1]

Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that student/parent residency information is accurate and verifiable. **While a district may restrict attendance to district residents based on available classroom space,[2] inquiring into students' citizenship or immigration status, or that of their parents or guardians, is not relevant to establishing residency within the district. A school district or charter school may not bar a student from enrolling because he or she lacks a birth certificate or has records indicating a foreign place of birth, such as a foreign birth certificate.[3]**

The Arizona Department of Education may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency through documents provided by the parent/guardian may be required to repay the state aid received for that student. The following are examples of verifiable documentation parents may provide to demonstrate that they reside in a district.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided at initial enrollment of a student in a school district or charter school in this state and reaffirmed, although not necessarily recollected, during the district or charter's annual registration process. This process will vary by the school, school district, or charter school (i.e. an annual form asking parents to confirm address).**

Every school district or charter school is required,[4] within 30 days of enrollment, to obtain a certified copy of a pupil's birth certificate or other reliable proof of the pupil's identity and age,[5] or a letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law. A school district or charter school MAY seek photo identification from the person enrolling a student to ensure that the adult is entitled to enroll the student in school, as long such a requirement does NOT unlawfully bar a student from enrolling in school.[6]

In case of an ADE Audit, the school, school district or charter school will be asked what process is used and what documentation is obtained via this process. If the student's residence has not changed, an affirmation (via a checkbox) that

the previously provided proof of residency remains accurate should be sufficient. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.

For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS**.[7] 42 U.S.C.§ 11 432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

1. **Parent(s) or legal guardian(s) that maintains 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 provide **one** of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):
    - Valid Arizona driver's license, Arizona identification card
    - Valid Arizona motor vehicle registration
    - Valid Arizona Address Confidentiality Program authorization card
    - Property deed/Mortgage documents
    - Property tax bill
    - Rental agreement or lease (including Section 8 agreement or off-base military housing)
    - Utility bill (water, electric, gas, cable, phone)
    - 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 located in Arizona
    - Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
    - Temporary on-base billeting facility (for military families)
    - Under A.R.S. § 41-5001(A), school districts and charter schools must accept consular identification cards that are issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card.[8]

*A model Arizona Residency Documentation Form is available for schools at the end of this document.

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence**: The parent or legal guardian must have an **affidavit of shared residency** form completed 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 for 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 bearing the name and address of the person who maintains the residence.

*A model Affidavit of Shared Residence form is available for schools at the end of this document.

USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department.

Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **MOST INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS AN EDUCATIONAL RECORD MADE CONFIDENTIAL UNDER THE FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT AND ARIZONA LAW UNLESS DESIGNATED BY THE SCHOOL AS DIRECTORY INFORMATION. A PARENT OR GUARDIAN MAY OPT OUT OF DIRECTORY INFORMATION IN ACCORDANCE WITH DISTRICT POLICY. OTHERWISE, EDUCATIONAL RECORDS ARE ONLY USED FOR LEGITIMATE EDUCATIONAL PURPOSES.**

Parent/Guardian Signature: _____ **Date:**_____

[1] *See also Martinez v. Bynum*, 461 U.S. 321 (1983).
[2] Pursuant to A.R.S. § 15-816 and A.R.S. § 15-816.01, Arizona's mandatory open enrollment policies allow a student to apply for admission and transfer to any public school of his or her choice, based on available classroom space, even if it is outside of the student's district of residence. There are two basic types of open enrollment policies: 1) Intra-district: Students transfer to another school within the resident school district, or 2) Inter-district: Students transfer to a school outside of their resident district.
[3] For more information, please read https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf.
[4] A.R.S. §15-828.
[5] Other proof of the pupil's identity/age includes: pupil's baptismal certificate, an application for social security number or original school registration records and an affidavit explaining inability to provide a copy of the birth certificate, A.R.S. § 15-828 (A)(1)-(3).
[6] For more information, please read U.S. DOJ Civil Rights Division "Fact Sheet: Information on the Rights of All Children to Enroll in School", https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf.
[7] Per A.R.S. §15-824 (C), "Homeless student" means a pupil who has a primary residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations; (2) An institution that provides a temporary residence for individuals intended to be institutionalize or; (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
[8] See *Amphitheater Unified Sch. Dist. No. 10v. Harte*, 128 Hart Ariz. 233, 234 (1981), § 15-187(C); noting that school districts and charter schools are political subdivisions.

PARTNERSHIP SCHOOLS

Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School Pima Partnership High School

School District or Charter Holder **Pima Prevention Partnership**

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)
___ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
___ 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.

Parent or Guardian please ensure you have provided and enclosed one (1) of the documents listed above.

State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: ___Pima Partnership High School___

School District or Charter Holder: ___Pima Prevention Partnership___

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)
___ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

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

CELL PHONE AGREEMENT

I understand that **Partnership Schools** and its representatives are not responsible for the loss or theft of personal cell phones that are brought to school.

As per House Bill 2484 into law in April 2025. It requires all charter and district schools to establish student cellphone and internet usage policies for all students. Cell phones must be kept in your purse, small bag or pocket at all times **(no backpacks are allowed at Partnership Schools).** The cell phone will be confiscated if used or it rings at any other time throughout the school day and must be picked up at the end of the day at the front office.
Repeated violations will result in confiscation and the cell phone can only be picked up by a parent or guardian.

Please refer to the Student Rights and Responsibilities for more details om our Cell Phone Policy
Parent/Guardian

Name_____Grade_____

Signature_____Date_____

My student **will not** be carrying a cell phone to school:

Parent/Guardian
Signature_____Date_____