



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)
- _____ 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.



Departamento de Educación de Arizona
Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela _____

Distrito Escolar o Escuela Chárter _____

Padre/Tutor Legal _____

Como el padre del estudiante o representante legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestrami nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- ____ Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- ____ Tarjeta vigente del Programa de Confidencialidad de Dirección de Arizona.
- ____ Escritura inmobiliaria o documentos de hipoteca
- ____ Recibo de pago de impuestos sobre la propiedad
- ____ Contrato de renta de casa/residencia
- ____ Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- ____ Factura de tarjeta de crédito o de banco
- ____ Copia de la forma W-2 sobre declaración de ingresos
- ____ Talón del cheque de paga
- ____ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- ____ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
- ____ Tarjeta de identificación consular emitida por un gobierno extranjero como forma válida de identificación si el gobierno extranjero utiliza técnicas de verificación biométrica al emitir la tarjeta de identificación consular.
- ____ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.
- ____ Instalación temporal de alojamiento en la base (para familias militares)

Firma del Padre/Custodio legal

Fecha

* Para los miembros de las fuerzas armadas, la aportación de documentación verificable no sirve como declaración de residencia oficial para el impuesto sobre la renta u otros fines legales. Los miembros del servicio armado pueden utilizar un centro de alojamiento temporal en la base como dirección para la prueba de residencia.



**Valley Academy for Career and
Technology Education**

SKILLS FOR TODAY, CAREERS FOR A LIFETIME

At the beginning of the semester, the student reviews the Student Handbook for Valley Academy for Career & Technology Education. The student is required to sign this form indicating they have read the handbook. In addition, we ask the parents/guardians to read and review the handbook along with the student and sign the form. This form must be returned to Valley Academy for Career & Technology Education within the first two weeks of enrollment in the course.

I, _____ (*name of student*) have read the Student Handbook. I understand satisfactory progress and regular attendance in a CTED Program is mandatory for continued study at Valley Academy for Career & Technology Education (VACTE).

I understand I may be placed on an attendance contract after my third (3rd) Yavapai College absence or fifth (5th) VACTE program absence, excused or unexcused. After five (5) Yavapai College absences or seven (7) VACTE program absences, I may be dropped from the class. If I should be dropped for any reason from a course with dual or concurrent enrollment, ***I understand, I will be held accountable for the reimbursement of tuition/fees paid to Yavapai College by VACTE.***

I realize that VACTE will not provide student transportation to a central campus program, and it is my responsibility to become familiar with the transportation offered through my home high school or other sources.

By signing below, I acknowledge I have read and understand the items outlined in the Student Handbook regarding VACTE policies.

Student Name

Date

By signing below, I acknowledge I have read and understand the items outlined in the Student Handbook regarding VACTE policies and my child's participation in the VACTE Program.

Parent/Guardian

Date



Valley Academy for Career and Technology Education

Skills for Today, Careers for a Lifetime

VALLEY ACADEMY FOR CAREER AND TECHNOLOGY EDUCATION TECHNOLOGY USE AGREEMENT

Please read this document carefully. When signed by you, it becomes an agreement between you and VACTE. Your signature indicates that you agree to abide by the conditions and guidelines established herein.

Student Agrees to:

1. Use school facilities and equipment only for school related education activities.
2. Be responsible for the monitoring and if necessary rejection of inappropriate or unlawful materials.
3. Only use the internet for activities related to curriculum expectations, and not use district resources for commercial or sending unauthorized or personal electronic mail messages. This includes visits to social networking sites.
4. Adhere to copyright laws. Not load or download games, music, graphics, videos, or test materials including those which are copyrighted.
5. Not engage in any acts of plagiarism. Plagiarism is unacceptable. The process of copying another person's idea or written work and claiming it as original is illegal.
6. Not transmit material that is in violation of local or federal laws.
7. Report security problems to system administrators.
8. Access only personal files or those files to which permission to access has been given by an authorized staff member.
9. Not purchase any services or products without the appropriate approval. Assume responsibility for any expenses incurred related to the purchase or download of any online content or service.
10. Use only school approved software in compliance with licensing agreements. Refrain from downloading, uploading, or otherwise adding to the network any words, pictures, symbols, or software.
11. Not harm, modify, or destroy hardware on any system.

I understand and agree to abide by the Valley Academy for Career and Education Student Technology Use Agreement. I understand that any violations may result in disciplinary action and the revocation of my use of the computer network and other technology services.

Student printed name: _____ Date: _____

Student Signature _____

As the parent or legal guardian of the above-named student, I hereby give permission for him/her to access network resources, and I agree that use of those resources must comply with this Technology Use Agreement.

Parent/Guardian Signature _____ Date _____

SIGN AND RETURN THIS FORM TO INSTRUCTOR

Valley Academy for Career & Technology Education (VACTE)

Media Release Opt-Out Form

Sign and return this form ONLY if you do NOT want your student to be photographed, videotaped, or interviewed.

Student Name: _____

Parent/Legal Guardian Name (Print): _____

Phone Number: _____

Email Address: _____

Media Release Opt-Out

☐ DO NOT photograph, videotape, and/or interview my student for publication or use in VACTE print or digital media, including newsletters, websites, social media, promotional materials, videos, presentations, or other official publications.

Parent/Guardian Acknowledgment

Representatives of VACTE or local news media may photograph, videotape, or interview students in connection with school programs and events. VACTE uses an **opt-out media procedure**. **Unless this completed form is on file, your student's photograph, video, or interview may be used for official educational and promotional purposes.** This opt-out remains in effect throughout enrollment unless revoked in writing. It does not apply to photographs or recordings made by the public or independent news organizations.

Parent/Legal Guardian Signature: _____

Printed Name: _____

Date: _____

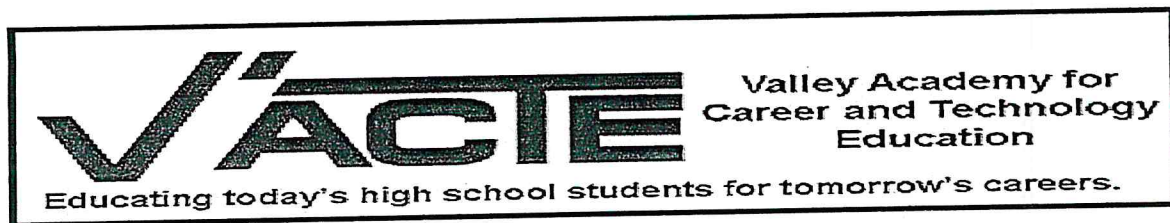
For Office Use Only

Date Received: _____

Received By: _____

Student Information System Updated: ☐ Yes ☐ No

Effective Date: _____



VACTE HAZING POLICY & CELL PHONE POLICY

At the beginning of the semester, the student and parent will review the Hazing and Cell Phone policy and procedures for Valley Academy for Career & Technology Education. The student and parent/guardian are required to sign this form indicating they have read the Hazing and Cell Phone policy and procedures. This form must be returned to Valley Academy for Career & Technology Education.

By signing below, I acknowledge I have read and understand the items outlined in the Hazing and Cell Phone policy and procedures for participation in the VACTE CTE program and the Career Technical Student Organization (SkillsUSA, HOSA, and FCCLA).

Student Name

Date

Parent/Guardian

Date

Returned Date: _____