



# LIBERTY LEADERSHIP ACADEMY

A Tuition-Free, Public, Performing Arts Charter School

230 S. Main St. Cottonwood, Arizona 86326

Phone: (928) - 641-4631

www.LibertyLeadershipAcademy.org

## Thank you for entrusting Liberty Leadership Academy for the education of your child.

To begin your child's enrollment process, please complete the attached forms listed below. Then submit the completed packet with the required additional documentation to the school office. Make sure to fill each form out completely and sign & date each form requiring your signature.

This top page is a checklist for both you and the school office.

Please check off each document as you finish it to insure each form is completed entirely and legibly.

By doing so, your child's enrollment process will go much easier and quicker.

Please keep this top page on top of the forms and return this enrollment packet to the school office.

Each form is required by either by the school, city, county, state authorities or the Arizona Department of Education.

If you need help filling anything out, please call the school office. We are willing and happy to help!

Activity fees, uniform costs, and the voluntary in the AZ Tax Credit option may be paid by cash, check or credit card.

The school office will call you when your child's enrollment is complete.

### This Enrollment Packet includes the following:

- \_\_\_\_\_ Student Information Enrollment Form
- \_\_\_\_\_ Student/Parent Handbook Acknowledgement
- \_\_\_\_\_ Dress Code Acknowledgement
- \_\_\_\_\_ Uniform Shirt Form and Outerwear Order Information, Please attach a separate check.
- \_\_\_\_\_ Arizona Residency Documentation
- \_\_\_\_\_ Request for Release of Student Records (from previous school), we will submit the form.
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ McKinney-Vento Eligibility Questionnaire and Regulations
- \_\_\_\_\_ Race and Ethnicity Identification Form
- \_\_\_\_\_ Free and Reduced Lunch Household Application, state required statistical form
- \_\_\_\_\_ Consent for Medical/Dental Emergency Card
- \_\_\_\_\_ Emergency Release Form
- \_\_\_\_\_ Technology Use Policy
- \_\_\_\_\_ Photo/Media Release Form
- \_\_\_\_\_ Annual FERPA Parent Notification
- \_\_\_\_\_ Tax Credit Form

Please make sure you include a copy of the following required documentation:

- \_\_\_\_\_ Activity Fee per family: 1child/\$30.00, 2 children/\$50, 3 Children/\$70, please attach a separate check.
- \_\_\_\_\_ a copy your child's Birth Certificate, required within 30 days of enrollment
- \_\_\_\_\_ a copy of your child's Immunization Record, or signed exemption pursuant to A.R.S.15-873
- \_\_\_\_\_ a copy of Legal Custody Documentation
- \_\_\_\_\_ a copy of your child's current IEP, if applicable, and if you have it.
- \_\_\_\_\_ a copy of any Legal Restraining Orders Documentation for your child
- \_\_\_\_\_ a copy of your child's Withdrawal form -- from the last school, required if transferring
- \_\_\_\_\_ Arizona Residency Documentation form -- the address must match the address on the Student enrollment form and include a copy of one of the documents listed on the form that displays your name and residential address.

**Homeless Children:** The McKinney-Vento Act requires schools to immediately enroll children and youth experiencing homelessness. As a public charter school, Liberty Leadership Academy has the obligation to enroll homeless students as a "school of origin." The school of origin is defined as the school that the child last attended before experiencing homelessness or the school where the student was last enrolled. The school of residency is defined as the neighborhood school identified by the attendance area which the student is currently residing. Students qualifying as homeless under the McKinney-Vento Act will not prevent enrolling due to the lack of immunization and other health records, residency documentation, birth certificate, school records, or other documentation.

**School Use Only**

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

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



# LIBERTY LEADERSHIP ACADEMY

## Student Enrollment for School Year \_\_\_\_\_ STUDENT INFORMATION

Student's Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (MM/DD/YYYY)

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Birth State: \_\_\_\_\_ Gender: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Grade this year: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Last School Attended Address: \_\_\_\_\_

Last School Attended Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

In order to continue to provide appropriate services, does your child receive Special Education Services?  
Circle One: (NO) (YES) If yes, date of the latest IEP: \_\_\_\_\_

To continue services, does your child have a 504 Plan? (NO) (YES)

Has your child ever been expelled from school? (NO) (YES)

Names and addresses of other schools your child has attended:  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ Decline to Answer

Is the student a dependent of a full-time member of the National Guard, Reserve Force of the United States military (Army, Navy, Marine Corps, or Air Force)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to Answer

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)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to Answer

### Please Circle the Best Phone Number to Contact You During School Hours

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

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

School Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# LIBERTY LEADERSHIP ACADEMY

## STUDENT/PARENT HANDBOOK ACKNOWLEDGE

It is the intention of the Governing Board, Administration, Teachers and Staff of Liberty Leadership Academy to provide a safe, supportive, nurturing, and unmatched learning experience and environment to every child that attends the school.

In order to provide this type of environment, it is imperative that:

**LLA requires that every Parent/Guardian AND student, to read the Student/Parent Handbook in its entirety and to sign, to acknowledge that they agree to follow the set policies.**

Working with you, the parent/guardian encourages the success of your child at Liberty Leadership Academy and must start with everyone understanding school policies. It is the first step in ensuring success for every student when everyone understands and is in agreement.

You can find the Student/Parent handbook at the school handbook at [www.LibertyLeadershipAcademy.org](http://www.LibertyLeadershipAcademy.org) or you may pick a copy up at the school office.

If you choose not to sign this acknowledgement your child's enrollment will be terminated.

You can make an appointment with the principal to discuss any issues before signing. We are happy to address any questions or concerns you may have after reading the handbook.

This form must be signed individually for each child you are enrolling at Liberty Leadership Academy. It is not a family form.

I hereby acknowledge that I have read the Student/Parent Handbook.

Parent/Guardian Signature:

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

Student Signature:

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



# LIBERTY LEADERSHIP ACADEMY

## DRESS CODE ACKNOWLEDGEMENT

All clothing items must meet the requirements below while your child is on campus.  
Any questionable items worn by your child will be left up to the discretion of the administration.

### **NECK TO KNEES MUST BE COVERED**

#### **Grooming Requirements:**

Hair may not cover the face, eyes or get in the way of movement.

Hair style must not be a distraction and will up to the discretion of the administration.

No make-up, lip gloss, lipstick, temporary or permanent tattoos except for approved for performances.

#### **Uniform Polo Shirts:**

**Only** solid color polo shirts with the LLA logo are permitted at school. They may be purchased from the school. Please see the attached order form.

Shirts must reach past the waistline in order to cover the torso when arms are raised.

No undershirt/leotard, or skin, may be visible through shirts.

Students must be able to tuck in their shirt or wear an undershirt/leotard in order to keep their torso covered when they are upside down in performing arts classes.

#### **Bottoms:**

Pants, leggings, sweatpants and shorts must be loose enough to allow for all movement and must reach the knee or below.

Jeans are not permitted.

Bottoms must not be oversized or be able to slide down. Underpants may not be visible.

#### **Light Outerwear (worn inside the classroom)**

Only school approved light outerwear is permitted by LLA. Sweatshirts, Hoodies and Zip-Up Jackets will be available at a reasonable price. Order will be place in late August.

#### **Outerwear (worn outside only):**

Any color outerwear, with school appropriate designs or logos, is allowed to be worn outside the classroom only.

#### **Accessories and general clothing requirements**

Footwear must not detract from learning and must be safe from slipping and falling.

**No** flip flops, sandals or backless shoes permitted.

Any accessories worn in the classroom must not distract student learning or prevent students from performing in arts classes. This would include jewelry, bandanas, scarves, hats, etc. Jewelry may not be excessive and will be left at the discretion of the administration.

**No** clothing may be ripped, torn or dirty.

Hats may only be worn outside the classroom.

Only small earrings & studs that do not hang below the earlobe are allowed.

No sunglasses may be worn in class, unless a valid prescription is submitted to the school.

#### **Items brought from home:**

Personal cell phones, of **any** kind, are not permitted to be in the student's possession. Phones may be checked into the office at the beginning of the day and checked out at the end of the day only.

If your child is found with a phone on campus, it will be taken, left in the office for parent pick up and must not be brought to school again. Electronics, toys, balls, games, or any other personal items are the responsibility of the child/family. Administration & teachers will not be responsible for any lost or stolen items. Items may be checked into the office at the beginning of the day and checked out at the end of the day only.

**Field/Event Trip Days:**

A Liberty Leadership Academy polo or t-shirt must be worn. Shirts can be purchased from the school or a shirt may be borrowed for the field trip.

Closed-toe walking shoes are required, unless otherwise specified.

**Event/Celebration Days:**

The administration will determine if uniforms need to be worn depending on the event or celebration.

I understand if my child comes to school out of uniform, I may be asked to bring the appropriate uniform or other apparel/shoes so my child is dressed within the above uniform guidelines.

Parent/Guardian Signature:

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Signature:

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# LIBERTY LEADERSHIP ACADEMY

## STUDENT SCHOOL UNIFORM ORDER FORM

### OFFICIAL UNIFORM POLO SHIRT ORDER FORM

All students are required to wear the uniform polo shirt with the school logo.

They may be purchased and/or ordered through the school office.

We have sample shirt sizes for you use to determine your child's size in the school office.

**PLEASE NOTE:** Order forms for required hoodie sweatshirts and/or zip-up jackets with the LLA logo for classroom wear during cooler weather will be ordered by the school in late August.

We have sample size sweatshirts to size your child as well.

**Please use this form to make your purchases by using this form and attach your cash or check to this form or come into the school office if you wish to pay by credit card.**

### UNIFORM POLO YOUTH SHIRT WITH LOGO ON THE LEFT CHEST 50/50 Preshrunk Cotton/Poly Blend

Color	Unit Price	Small (6-8) Quantity	Medium (10-12) Quantity	Large (14-16) Quantity	X-Large (18-20) Quantity	Total
Dark Purple	20.00					
Irish Green	20.00					
Maroon	20.00					
Royal Blue	20.00					
Dark Heather Grey	20.00					
<b>TOTAL</b>						

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Amount Attached: \$ \_\_\_\_\_

<b>Office Use Only</b>	
Cash	\$ _____
Check #	_____
Cr. Card \$	_____
Receipt #	_____
Initials	_____



# 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 ONE** of the following document that displays my name and residential address or physical description of the property where the student resides:

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

**PLEASE COMPLETE THE NEXT FORM ONLY IF STATEMENT #13 APPLIES TO YOU**



**State of Arizona  
Affidavit of Shared  
Residence**

Student Name: \_\_\_\_\_ Parent/Legal Guardian Name: \_\_\_\_\_

School Name: \_\_\_\_\_ School District or Charter Holder: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

Please provide a **COPY OF ONE** of the following documents

1. \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card, or motor vehicle registration
2. \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
3. \_\_\_\_\_ Real estate deed or mortgage documents
4. \_\_\_\_\_ Property tax bill
5. \_\_\_\_\_ Residential lease or rental agreement
6. \_\_\_\_\_ Water, electric, gas, cable, or phone bill
7. \_\_\_\_\_ Bank or credit card statement
8. \_\_\_\_\_ W-2 wage statement
9. \_\_\_\_\_ Payroll stub
10. \_\_\_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona.
11. \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security, black-out any account numbers.)

Printed Name of Affiant: \_\_\_\_\_ Signature of Affiant: \_\_\_\_\_

**Acknowledgment**

State of Arizona

County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

By \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_

Notary Public



TODAY'S DATE \_\_\_\_\_

 <b>LIBERTY LEADERSHIP ACADEMY</b>	<b>320 S. Main St. Cottonwood, Arizona 86326 (928) 641-4631</b>
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### AUTHORIZATION FOR RELEASE AND REQUEST OF STUDENT RECORDS

Name of Last School:	
Dates of Enrollment	From: _____ To: _____
Legal Full Name of Student at the Time of Attendance	
Date of Birth (DD/MM/YY)	
SAIS # (if known)	

Please Send the following Records: Please Check all that apply.		
<input type="checkbox"/>	Attendance Records	<input type="checkbox"/> 504 Plans
<input type="checkbox"/>	Transcripts/Last Report Card	<input type="checkbox"/> (IEP) Special Educational Plan
<input type="checkbox"/>	Disciplinary Records	<input type="checkbox"/> Multi-Evaluation Team (MET) Report
<input type="checkbox"/>	Enrollment Records	<input type="checkbox"/> Medical Certifications (if applicable)
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/> Speech/Language Records
<input type="checkbox"/>	Immunization Record	<input type="checkbox"/> Audiogram (if applicable)
<input type="checkbox"/>	Court Documents/Restraining Orders	<input type="checkbox"/> Occupational Therapy Records
<input type="checkbox"/>	Court Parental/Guardianship Orders	<input type="checkbox"/> Physical Therapy Records
<input type="checkbox"/>	State Standardized Test Results	<input type="checkbox"/> Functional Behavior Assessment
<input type="checkbox"/>	Copy of Withdrawal Form	<input type="checkbox"/> Behavior Intervention Plan
<input type="checkbox"/>	English Language Learner Assessment	<input type="checkbox"/> Other: _____
<input type="checkbox"/>	Hearing/Vision Screening Reports	<input type="checkbox"/> Other: _____

If your child attended the above-named school for less than two years, please list the previous school:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Signature of School Representative: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

In accordance with the Family Educational Act of 1974 and Arizona State Law, Parent Permission is No Longer Required when records are requested by Authorized Personnel.



**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 01-2020)

# Liberty Leadership Academy

## Confidential McKinney-Vento Eligibility Questionnaire

Your child may be eligible for additional services through the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435.

To determine eligibility, please complete this form. All information is confidential.

More information can be found at [http:// www.azed.gov/populations-projects/home/homeless](http://www.azed.gov/populations-projects/home/homeless)

If you have any questions or concerns, please contact the school McKinney-Vento Liaison: Rachel Dubien

1. Is the student's home address a temporary living arrangement? Yes \_\_\_ No \_\_\_

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes \_\_\_ No \_\_\_

If you marked "YES" for both question #1 and Question #2, your student MAY be eligible for McKinney-Vento services. Eligibility is determined on a case-by-case basis. Please contact the school McKinney-Vento Liaison with any questions or concerns regarding the rights of homeless students including immediate enrollment, school selection, transportation, or participation in school programs.

**If you answered YES to BOTH of the above questions please complete the remainder of the form.**

**If you answered NO to BOTH of the above questions, you may STOP here. Thank you.**

- In a shelter
- In transitional housing
- In a motel /hotel
- Temporarily** staying with family or friends due to financial problems or loss of housing
- Moving from place to place due to lack of permanent, adequate housing
- In a place not designed for ordinary sleeping accommodations such as a car, park, campsite, or the forest
- In a place **without** electricity, cooling/heating, running water, indoor plumbing, etc.

**The Student is considered an Unaccompanied Youth:**

- The student does not reside in the physical custody of a parent or legal guardian. (No CPS/DCS)
- The student is *temporarily* housed in a group home or foster home while awaiting foster care placement.
- The student was initially removed from the home and placed in foster/kinship care during the school year.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Other children in the family:

Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____

The undersigned Parent/Guardian certifies that the information provided is correct.

False claims about living situations may affect enrollment.

Please sign below to confirm that the information on this form is accurate and complete:

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Numbers (cell, home, work or contact): \_\_\_\_\_

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

**Homeless Liaison Use Only**

I certify that the named student qualifies the Child Nutritional Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



# LIBERTY LEADERSHIP ACADEMY

## RACE AND ETHNICITY IDENTIFICATION FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

To Parent/Guardians:

Complete and return this form as part of your Student's Enrollment.  
Please Complete Parts 1 and 2 by filling in the circle beside your answers.

### Part 1: Ethnicity Designation

Directions: Read the definition below and completely darken the circle that indicates your student's heritage.

Is this student Hispanic or Latino? (Select one answer.)

Persons of Cuba, Mexican, Puerto Rican, South, and Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic** or **Latino**.

Yes  No

### Part 2: Race Designation

Directions: Read the description below and filling in the circle or circles that indicate this student's race. **You must select at least one race, regardless of ethnicity designation.** More than one response can be selected.

Indicate this student's race. (Select all that apply)

American Indian or Alaskan Native: A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

If American Indian Tribe Name: \_\_\_\_\_

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

Black or African American: A person having origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I verify the information on this form is accurate.

I refuse to identify the race and ethnicity of this student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Parent/Guardian Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Parent/Guardian Date

### FOR SCHOOL USE ONLY

I am the observer who completed this form due to parent/guardian refusal to identify

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature, Observer Date

# 2020-2021 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

## STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Homeless, Migrant, Runaway	
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3.      If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:**  Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**Are you unsure what income to include here?**  
 Flip to the back of this application and review the charts titled "Sources of Income" for more information.  
 The "Sources of Income for Children" chart will help you with the Child Income Section.  
 The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

**A. Child Income**  
 Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income: \$        
 How often? Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (including yourself)**  
 List only the Adult Household Members (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**C. Total Household Members**

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN

## STEP 4 Contact information and adult signature Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form Today's date

Printed name of adult completing the form Daytime Phone and Email (optional)

Street Address (if available) Apt # City State Zip

**OFFICE USE ONLY**

Error Prone

Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case # Application  Foster Application  Directly Certified: Date of Disregard: \_\_\_\_\_

Income Application

Household Size: \_\_\_\_\_

Total Income: \_\_\_\_\_ Per:  Week  Bi-Weekly (Every 2 Weeks)  2x Month  Monthly  Annual

Selected For Verification: Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS** Sources of Income

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Workers Compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash Assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private Pensions or disability</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment Income</li> <li>- Earned Interest</li> <li>- Rental Income</li> <li>- Regular cash payments from outside household</li> </ul>

**OPTIONAL** Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**

- Hispanic or Latino       Not Hispanic or Latino

**Race (check one or more):**

- American Indian or Alaskan Native     Asian     Black or African American     Native Hawaiian or Other Pacific Islander     White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



# LIBERTY LEADERSHIP ACADEMY

## EMERGENCY MEDICAL/DENTAL FORM

Students Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
Last First Last (mm/dd/yyyy)

Any health issues? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please provide detailed information on a separate sheet of paper. If you have a medical management plan from your doctor, please attach it to this form.*

Is your child on daily medication: \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, what medication and will your child need it administered during school hours?*

Recent surgery, accidents, or illness (past year)?

List any foods allergies (**any allergies listed must have documentation from a doctor**):

List any medication allergies: \_\_\_\_\_

List any other allergies: \_\_\_\_\_

Name of family Pediatrician/Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission for a staff member at my child's to administer over-the-counter medications or external preparations, in accordance with the directions for use on the container provided by the pharmacy. I will provide medications to the office for my child in the **ORIGINAL** packaging with my child's name that is clearly written on the label of the medications.

*Students may not bring medications to school themselves. Parent/Guardian must bring the medication into the school office and complete a prescribed medication form. Prescription medications must be in the original bottle with the name phone number of the prescribing doctor. **The school does not provide any type of medication.***

A student will be sent home if he/she has a temperature of 100 degrees or higher, is vomiting, or has diarrhea. The student may not return until he/she has been symptom-free for at least 24 hours without the assistance of medication (i.e. Tylenol).

I, the undersigned parent/guardian, release my child's school or any designated staff from any liability for administering the above preparations. I also give consent for the above-named child to be released to me or my spouse or to the friend/relative I have designated and/or to be taken by ambulance to the nearest hospital in case of emergency.

I understand that my child's school does not provide accident medical/dental coverage for students for injuries or illnesses occurring at school. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child to your home, which might occur as a result of such illness. Treatment in the Emergency Room will **REQUIRE** your presence.

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

\*\*\*\*\*

### Office Use Only:

If health issues are noted please refer to the 504 team. If no health issues are identified leave blank.

School Staff Signature: \_\_\_\_\_ Referred to the 504 team Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# LIBERTY LEADERSHIP ACADEMY

## EMERGENCY RELEASE FORM

Students Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
Last First Last (mm/dd/yyyy)

Circle one: Father/Stepfather/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

**Please circle the best number to reach this person during school hours**

Circle one: Mother/Stepmother/Guardian: \_\_\_\_\_ Home # \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

**Please circle the best number to reach this person during school hours**

Who has Legal Custody: \_\_\_\_\_

Before/After School Care (Other than LLA): \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an Emergency: Names of persons who have parental approval to pick up the student from school for any reason by someone other than the Parent/Guardian given here. The school will not release the student to anyone not listed on this form. The school must have at least 2 contacts.

Contacts #1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contacts #2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Contacts #3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

THIS STUDENT WILL: Walk to school \_\_\_\_\_ Walk home from school \_\_\_\_\_ Be dropped off by parent \_\_\_\_\_  
Be picked up by parent \_\_\_\_\_ Other (Please name) \_\_\_\_\_

### EMERGENCY SCHOOL CLOSURE:

In the case of an emergency school closure, I hereby authorize my child \_\_\_\_\_ to:

\_\_\_\_\_ Go directly home as he/she would on any other day.

\_\_\_\_\_ Go to the home of:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





# LIBERTY LEADERSHIP ACADEMY

## TECHNOLOGY USE POLICY

This Agreement is entered into on: \_\_\_\_\_ (Date)

This agreement is between: \_\_\_\_\_ (Student) and  
Liberty Leadership Academy, LLC, hereafter referred to as "School".

The purpose of the agreement is to grant access to and define acceptable use of the school's Technology Resources.

Technology Resources are any type of instrument, device, machine, equipment, technology, or software that is capable of transmitting, acquiring or intercepting, any telephone, electronic data, data, internet, audio, video, or radio transmissions, signals, telecommunications, or services, and include without limitation (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems.

In exchange for the use of Liberty Leadership Technology Resources  
either at school or away from school, you understand and agree to the following:

- A. Your use of school Technology Resources is a privilege that may be revoked by the School at any time.
- B. You have no expectation of privacy when using the School Technology Resources. The School reserves the right to monitor and inspect all use of its Technology Resources, including without limitations, personal email, and voice-mail communications, computer files, databases, blogs, or any other electronic transmission accessed, distributed, or used through Technology Resources. The School also reserves the right to remove any material from Technology Resources that the school, at its sole discretion, chooses to, including, without limitation, any information that the School determines to be unlawful, obscene, pornographic, harassing, intimidating, disruptive, or that otherwise violates this Agreement.
- C. The School Technology Resources do not provide you with a "public forum." You may not use Technology Resources for commercial purposes or to support or oppose political positions or candidates unless expressly authorized in advance by a teacher or administrator as part of a class project or activity.
- D. The School Technology Resources are intended for use by registered users. You are responsible for your account/password and any access to Technology Resources made using your account/password. Any damage or liability arising from the use of your account/password is your responsibility. Use of your account by someone else other than you is prohibited and may be grounds for suspension from Technology Resources and other discipline consequences for both you and the other person(s) using your account/password.
- E. You may not use Technology Resources to engage in bullying, which is defined as any written, verbal or physical act, or any electronic communication, that is intended or that a reasonable person would know is likely to harm one or more pupils either directly or indirectly by doing any of the following:
  1. Substantially interfering with educational opportunities, benefits, or programs of one or more pupils.
  2. Adversely affecting the ability of a pupil to participate in or benefit from educational programs, or activities by placing the pupil in reasonable fear of physical harm or by causing substantial emotional distress.
  3. Having an actual and substantial detrimental effect on a pupil's physical or mental health.
  4. Causing substantial disruption in, or substantial interference with, the orderly operation of the school.
- F. If you misuse Technology Resources, your access may be suspended and you may be subject to other disciplinary action, up to and including expulsion. Misuse includes, but is not limited to:

1. Accessing or attempting to access, material that is inappropriate for minors. Material that is inappropriate for minors is defined as obscene, explicit content, or pornography.
  2. Bullying (as defined in paragraph E).
  3. Vandalism, which includes, without limitation, any malicious or intentional attempt to harm, steal, destroy or disrupt user data, school material, school hardware, or software
  4. Hacking, which includes, without limitations, gaining or attempting to gain access to, modifying, or, obtaining copies of, information belonging to others or information you are not authorized to access.
  5. Unauthorized copying or use of licenses or copyrighted software.
  6. Plagiarizing, which includes the unauthorized distributing, copying, using, or holding out as your own, material that as written or created by someone else, without permission of, and attribution to, the author/creator.
  7. Allowing someone else to use your account or password or not preventing unauthorized access to Technology Resources when leaving them unattended.
  8. Using or soliciting the use of, or attempting to use or discover the account information or password of, another user.
  9. Misusing equipment or altering system software without permission.
  10. Inappropriate use of technology or waste of computer resources. These acts include but are not limited to: sending mass mailings or chain letters, spending excessive amounts on the Internet unrelated to school work, playing games, engaging in online chat groups, instant messaging, listening to streaming audio (radio, music, etc.), or streaming video (newscasts, TV, movie trailers, etc.) or otherwise creating unnecessary network traffic. Because audio, video, and picture files require significant storage space, files of this, or any other sort, shall not be downloaded unless they are school-related.
  11. Using Technology Resources in any way that violates any federal, state, or local law or rule, the School's Code of Conduct/School Handbook.
- G. You must promptly disclose to your teacher or another school employee any content you view or receive over Technology Resources that is inappropriate or that makes you feel uncomfortable, harassed, threatened, or bullied, or that contains sexually explicit content. You should not delete such content until instructed to do so by a teacher or staff member.
- H. It is the policy of the School, as a recipient of certain federal funds, to monitor the online activities of its minor students and provide technology protection measures.
- I. It is the policy of the School to prohibit its minor students from:
1. Accessing inappropriate matter on the internet.
  2. Engaging in hacking or other unlawful online activities.
  3. Accessing materials that are harmful to minors.
  4. It is also the policy of the School to educate students about cyberbullying awareness and response and about appropriate online behavior, including disclosing, disseminating, or using personal information and safely and appropriately interacting with other individuals in social networking websites, chat rooms, by email, and other forms of direct electronic communications.
- J. The School does not guarantee that the measures described in paragraphs (H) and (I) will provide any level of safety or security or that they will successfully block all inappropriate material from the School's students. You agree that you will not intentionally engage in any behavior that was intended to be prevented by paragraphs (H) and (I).
- K. The school does not warrant or guarantee that its Technology Resources will meet any specific requirement, or that they will be error-free or uninterrupted; nor will the school be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use Technology Resources.
- L. You are responsible for the proper use of Technology Resources and will be held accountable for any damage to or replacement of Technology Resources caused by your inappropriate use.

**Student Signature:**

1. I agree that this Agreement and all of the rules and regulations that may be added from time to time by the School of its Internet Service Provider.
2. I also agree to follow all rules in the School’s Code of Conduct/Student Handbook.
3. As a condition of using Technology Resources, I agree to release the School and its board members, agents, and employees, including its Internet Service Provider, from all liability to my use or inability to use Technology Resources.
4. I understand that the data I send or receive over Technology Resources is not private. I am consenting to have the school monitor and inspect my use of Technology Resources, including any electronic communications that I send or receive through Technology Resources.

**I have read this Acceptable Use and agree to its terms.**

**Student Signature:** \_\_\_\_\_

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

Grade \_\_\_\_\_

**Parent Signature:**

1. I have read this Agreement and agree that as a condition of my child’s use of Technology Resources, I release the School and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child’s use or inability to use the Technology Resources. I also indemnify the School and its board members, agents, and employees, including the Internet Server Provider, for any fee, expenses, or damages incurred as a result of my child’s use, or misuse of the School’s Technology Resources.
2. I authorize the School to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, and assignment requiring such consent under the Children’s Online Privacy Protection Act.
3. I understand that data my child sends or receives over Technology Resources is not private. I am consenting to have the School monitor and inspect any device, instrument, equipment, or software that is of transmitting, acquiring or intercepting, any telephone, electronic data, internet, audio, video, or transmission, signals, telecommunications, or services my child is using.

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



# LIBERTY LEADERSHIP ACADEMY

## PHOTO/MEDIA RELEASE FORM

Dear Families,

We will have a lot going on at Liberty Leadership Academy and we would like to share as much of that as possible with you. One way we can do this is by taking pictures of the students while they are engaged in school activities. Sometimes we take photographs/videos of the students either at school or when they are involved in organized activities away from the school campus. We may use these photographs and images of the students in our prospectus or in other printed publications we produce, as well as on our school and/or teacher website or on school displays. We may also make a video, audio, and/or webcam recordings for educational value.

From time to time the media may visit our school and may take photographs, film footage, or carry out audio interviews. Students will often appear in these images, which may appear in local or national newspapers, or on televised news programs. Photos for the media and other publicity purposes may also be taken at events where the school is participating. Liberty Leadership Academy is committed to ensuring the safety of all our students; therefore, we observe the following guidelines regarding the use of digital images of students.

- A. Our school home page will never link a student's full name with his or her photographic image. We may identify groups of people, such as "The third-grade class working on their science projects."
- B. Parental permission will be required before any student's image is included on the school website. This release form will be signed and kept on file to signify that permission has been granted.
- C. All existing acceptable use policies regarding web searches and email by students are in effect in regard to home page "publishing." All school rules and community standards are in effect during any use of digital technology, including digital cameras, scanners, etc.
- D. It is understood that the school website is accessible to the public, and as such the school cannot assume responsibility for the misuse of texts or images included on the site.

This letter explains our policy for use of photographs in further detail. After reading this information, please complete and return the form to let us know your wishes. Please keep a note of these for future reference. Please note: Consent forms have been sent for each child, not each family.

**Thank you.**

Parents and Guardians,

Please fill out this form and return it to the office. **Please make sure you circle a “yes” or “no” for each section. If a choice is not made, we will assume your answer is “Yes.”**

Yes	No	In-school displays – Including but not limited to bulletin boards, class-made books, or student multimedia projects; students may be identified by first and last name.
Yes	No	School yearbook – including but not limited to portrait photography and possibly informal or group photos; students may be identified by first and last name.
Yes	No	Other school publications – including but limited to student publications, school anthology, school newsletter; students may be identified by first and last name.
Yes	No	Outside Publications – including but not limited to local/area or state publications.
Yes	No	School & teacher website, blogs, & podcasts – included to main pages, class pages, or special event pages, recordings of students sharing their work, student writing, additional student work; students may be identified by first name only.
Yes	No	School Video & Webcam Recordings – including but not limited to main pages, class pages, or special events pages; students may be identified by first name only.
Yes	No	Social Media – including but not limited to Facebook, Twitter, Vimeo, and YouTube; students may be identified by first name only.

I have read and understood the above policy on “using photographic images.” I understand that my decision on whether to give consent will remain valid throughout my time at Liberty Leadership Academy and will continue through one year after they leave unless I notify the school to the contrary in writing. The consent will automatically expire after this time. I promise that if I, or members of my family, take photos or video recordings of any school event, these will be kept for family use only.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

## **Family Educational Right and Privacy Act Annual Notification to Parents**

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records unless it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.
- Parents or eligible students have the right to request in writing that a school correct records that they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:
  - o School officials with legitimate educational interest
    - A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or a student serving on an official committee or assisting another school official in performing his or her tasks;
    - A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school;
  - o Other schools to which a student is seeking to enroll;
  - o Specified officials for audit or evaluation purposes;
  - o Appropriate parties in connection with financial aid to a student;
  - o Organizations conducting certain studies for or on behalf of the school;
  - o Accrediting organizations;
  - o To comply with a judicial order or lawfully issued subpoena;
  - o Appropriate officials in cases of health and safety emergencies; and
  - o State and local authorities, within a juvenile justice system, pursuant to specific State law. Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, sports participation (including height and weight of athletes), and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent.

**The Individuals with Disabilities Education Act (IDEA)** is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children with disabilities education records could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of resources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and, disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887 (voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-5901

Arizona Department of Education  
Exceptional Student Services  
1535 W. Jefferson, BIN 24  
Phoenix, AZ 85007



# LIBERTY LEADERSHIP ACADEMY

## SCHOOL TAX CREDIT FORM

What is a tax credit? A tax credit is **NOT** a donation! It **IS** a dollar-for-dollar reduction in the state income tax **you** pay. If your tax credit contribution is more than the amount of state tax you owe, the credit can be carried forward for up to five years. Receiving this tax credit will allow you to reduce the amount you owe the state or increase your refund. When filing your income tax return for the State of Arizona, the amount you designate to your school will be the amount you may claim as a state tax credit. This payment is eligible for Arizona state income tax credit as allowed by A.R.S. §43-1089.01. Tax credit contributions are non-refundable.

Designate your Tax Dollars to help Students of Liberty Leadership Academy. It's a win-win situation for you and the school! Contributions received from January 1, 2020, thru April 15, 2021, can be claimed on your Arizona State tax return for either 2020 or 2021.

### STEP 1 - Contributor's Information: ALL Information Must be Filled Out

Print Name (one name only): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check One:

\_\_\_\_\_ \$200 Maximum for Single, Widowed, Head of Household

\_\_\_\_\_ \$400 Maximum for Married filing jointly

\_\_\_\_\_ Other Dollar Amount - Every dollar collected makes a difference

### STEP 2 - Select your Preference: ONLY items from approved list below can be chosen.

\_\_\_\_\_ Arts/After-School      \_\_\_\_\_ Playground Equipment/  
Shading

\_\_\_\_\_ General Fund

### STEP 3 - Payment | Personal checks payable to Liberty Leadership Academy or Credit/Debit Cards Accepted

Return this form with your contribution to:

Liberty Leadership Academy  
320 S. Main St.  
Cottonwood, AZ 86326  
Attention: Tax Credit  
School Telephone Number: (928) 641-4631  
Office Hours: Open Mon – Thurs, 7:30 am To 4:30 pm

#### SCHOOL USE ONLY

Receipt #: \_\_\_\_\_

\$Amount: \_\_\_\_\_

Payment Method: \_\_\_\_\_

CASH: \_\_\_\_\_

Check#: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Initial by: \_\_\_\_\_