# Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Day of Attendance\_\_\_\_\_\_\_\_\_\_\_

## Northern Arizona Academy

**Charter School**

**Enrollment Packet 2019-2020**

### NAA Administration:

**1300 Centennial Blvd./PO Box 125**

**Taylor, AZ 85939**

**Tel. (928) 536-3920/Email: acarlyle@naacharter.org**

**Taylor NAA:**

**1300 N. Centennial Blvd.**

**PO Box 125**

**Taylor, AZ 85939**

**(928) 536-4222/ Email: sbartram@naacharter.org**

### 

**NEW STUDENT ENROLLMENT:**

The following information is requested at the time of registration:

\_\_\_Birth Certificate or other reliable proof of the student’s identity and age

\_\_\_Immunization Records, a personal belief statement or a written certification.

**\_\_\_**Transcripts

**Parent or legal guardian must accompany any student under the age of 18. For further information or questions, please call the campus.**

##### 

**Emergency Information**

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

My child has the following medical conditions:

Condition: Taking Medication:

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Convulsions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Diabetes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Heart Problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Hearing Impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Physical Impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Vision Impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Asthma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

ADD/ADHD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Bipolar Disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Depression: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes \_\_\_\_No

Notes on any condition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: If your child is on medication and it must be taken at school, you are required to fill out a permission slip and give the medications directly to the Campus Manager. Students may not, under any circumstances, transport and carry their own medications for consumption at school. The only exception is made for asthma inhalers.

**If Parent or Guardian cannot be reached in an emergency, please contact**:

### Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any Legal stipulations regarding this student? \_\_\_\_Yes \_\_\_\_No

If yes, legal documentation must be provided with this enrollment packet.

**Release for Medical Services**

Transportation to hospital/physician by school \_\_\_\_Yes \_\_\_\_No

Transportation to hospital/physician by ambulance \_\_\_\_Yes \_\_\_\_No

Transportation to ANY Hospital or Doctor to render immediate aid as might be required \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

###### Parent/Guardian Signature Date

**Student checkout authorization**

In addition to parents / guardians, the following individuals or organizations (Change Point drivers, friends, etc.) are authorized to checkout my student from school:

[ ] No one else is able to checkout my student.

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

****

**Arizona Department of Education**

**Arizona Residency Documentation Form**

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

Charter Holder: Career Development, Inc.

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 U.S. passport

\_\_\_ Real estate deed or mortgage documents

\_\_\_ Property tax bill

\_\_\_ Residential lease or rental agreement

\_\_\_ Water, electric, gas, cable, or phone bill

\_\_\_ Bank or credit card statement

\_\_\_ W-2 wage statement

\_\_\_ Payroll stub

\_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.

\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran’s Administration, Arizona Department of Economic Security)

\_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Date

**Parental Involvement**

**Parents**—Please let us know your interests, talents and availability so that you can become actively involved with Northern Arizona Academy. Remember, there are many ways to volunteer. You can also connect us with a community partner, a community need, your place of employment, or resources. We need you and value your commitment to your student’s education. Please use this space to let us know about areas you would like to be involved in.

I would be interested in volunteering in the following ways (please check all that apply):

* Classroom Aide
* Field Trip Chaperone
* Fundraiser Assistance
* Office Assistant/Reception
* Work from home
* Site Council (Parent Advisory Group)

I am available to volunteer (please check all that apply):

* Before school
* During school
* After school
* Evenings
* Weekends
* Anytime
* Call & Ask Me

I have the following skills and talents that I would be willing to share with students:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My place of employment, church or community organization may be interested in supporting NAA in the following ways (please list):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Release**

At various times throughout the school year, we will have opportunities to be featured in newspaper articles or web postings promoting positive happenings at Northern Arizona Academy (i.e. athletic activities, special awards, graduation, etc.). Your child’s name and/or picture may be published or made public. Please indicate your consent or refusal on the appropriate line below.

Please sign on only one line.

My child’s name and/or photograph CAN be published.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

I would prefer that my child’s name/photograph CAN NOT BE published.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Signature Date

**Parental Permission for Counseling**

Northern Arizona Academy staff may recommend, refer and/or provide intervention services such as support groups or counseling to assist the student in achieving academic success.

I hereby give my permission as parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive counseling and/or assessment, if needed, as part of his/her comprehensive educational environment at Northern Arizona Academy. I understand that I may be asked to participate.

We, as parent/guardian and student, understand that the law requires that the counselor report all cases in which there exists a danger to self or others.

I, as parent/guardian, understand that I may rescind this consent at any time by contacting the Campus in writing.

This consent is in effect August 2018 through June 2019.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Student Liability and Permission Form

It is hereby agreed and understood by the undersigned that Northern Arizona Academy and the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ desire to provide a meaningful learning experience with various activities. In order to accomplish these activities, it may involve travel, field trips, exercise and sporting events. The student and the parent/guardian understand that there are certain hazards that exist when participating in these activities. The parent/guardian also certifies that they have medical insurance in place to provide coverage against illness or injury losses. In the absence of medical insurance, the parent/guardian accepts full responsibility for all costs related to said illness or injury.

By signing below, I am giving permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be involved in field trips, travel, exercise and sporting events at Northern Arizona Academy. I understand that these events may be held at various locations throughout the state and will be announced. I further understand that by signing below, I am giving consent for the school year August 2019 through June 2020.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

Emergency telephone number: Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Family Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number to call to confirm insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information Form: NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_**

Section 1: ENTRANCE STATUS: (please check only one)

\_\_\_\_Transfer (from another high school) \_\_\_\_Returning student

\_\_\_\_New student from Jr. High School \_\_\_\_Dropped out

\_\_\_\_Pushed out (dropped for attendance or suspension) \_\_\_\_Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 2: STUDENT HISTORY

You are not required to fill out the information in Section 2 Admission will not be based upon your answers. We gather the information to aid us in completion of our Alternative School Application for the Department of Education. You may skip section 2 if you do not wish to provide the information.

Has the student ever dropped out? \_\_\_Yes \_\_\_No; If Yes, how many times? □ One □ Two or more

Has the student ever lost credit or been dropped for lack of attendance? \_\_\_Yes \_\_\_No

If Yes, how many times? (check one) □ One □ Two or more

Has the student ever been retained (held back) in school? \_\_Yes \_\_No If yes, what year(s)?\_\_\_\_\_\_

Has the student ever been in a Special Education program or had an IEP? \_\_Yes \_\_No

If yes, what category and service type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have a current IEP? \_\_Yes \_\_No

Has the student ever been suspended? \_\_\_Yes \_\_\_No

If Yes, how many days? (check one) □ 1-3 □ 4-9 □ 10 or more

Is the student currently under suspension from another school? \_\_\_Yes \_\_\_No

Does the student work? \_\_\_Yes \_\_\_No If Yes, (check one) □1-20 hrs per week □ 21-40 hours per week

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student a teenage parent? \_\_\_Yes \_\_\_No If yes, how many children?\_\_\_\_\_\_\_\_\_

Is the student pregnant now? \_\_\_Yes \_\_\_No

Has the student ever been on probation? \_\_\_Yes \_\_\_No;

If Yes, how many times? □ One □ Two or more

Is the student on probation now? \_\_\_Yes \_\_\_No

If yes, name of probation officer and phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student ever been in jail/detention? \_\_\_Yes \_\_\_No; If Yes, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 3: RESIDENCE(please check the one that best describes who the student lives with)

\_\_\_\_\_ Mother and Father \_\_\_\_\_ Mother Only \_\_\_\_\_Foster Parent/CPS

\_\_\_\_\_ Mother and Stepfather \_\_\_\_\_ Father Only \_\_\_\_\_Grandparents

\_\_\_\_\_ Father and Stepmother \_\_\_\_\_ Legal Guardian \_\_\_\_\_ On Own

What out of school activities does the student participate in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What is the primary language used in the home regardless of the language spoken

by the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What is the language most often spoken by the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What is the language that the student first acquired? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT TRANSITION QUESTIONNAIRE**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What academic programs would you like for your student to take in high school. Please check all that apply.**

🞏 General Preparation 🞏 Occupational Training

🞏 College Preparation 🞏 Work-Study

🞏 Business Preparation 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Upon completing high school, what area do you see your student pursuing?**

🞏 Junior/Community College 🞏 Military

🞏 College/University 🞏 Skilled employment: mechanic, welder, cosmetology

🞏 Semi-skilled Employment: grocery, retail, construction helper

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

1. **List any job or work related experience your student has had up to now. Include informal and formal jobs as well as volunteer work.**
2. **Does your student have hobbies or participate in other activities that may lead to employment? Please explain.**
3. **At this time, do you see your student needing assistance in social training to better prepare for employment? (Being pleasant, cooperative, punctual/good attendance, showing initiative, appropriate conduct, etc.)** \_\_\_Yes \_\_\_NoIf yes, please indicate the area(s) in which your student may need assistance:
4. **What careers or areas of interest do you think your student should pursue based upon his/her strengths, interests, and abilities:**

**🞏 Agriculture 🞏 Landscaping 🞏 Veterinary**

**🞏 Architecture 🞏 Construction 🞏 Creative Arts**

**🞏 Performing Arts 🞏 Business Management 🞏 Teaching**

**🞏 Banking 🞏 Insurance 🞏 Government Administration**

**🞏 Healthcare 🞏 Hospitality 🞏 Social Work**

**🞏 Information Technology 🞏 Law 🞏 Law Enforcement**

**🞏 Mechanics 🞏 Manufacturing 🞏 Industrial**

**🞏 Marketing 🞏 Sales 🞏 Customer Service**

**🞏 Engineering 🞏 Science/Math Research 🞏 Transportation**

**🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Request for Records**

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

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Fax Number: (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_

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

PLEASE FORWARD THE FOLLOWING RECORDS:

\_\_\_\_AIMS Score(s) \_\_\_\_Birth Certificate

\_\_\_\_Health/Immunization Records \_\_\_\_Psychological

\_\_\_\_Transcript \_\_\_\_Gifted Program

\_\_\_\_Withdrawal Grades \_\_\_\_NWEA Scores

In accordance with the Educational Amendments for 1974, “Protection of the Rights and Privacy of Parents and Students”, section 438, subsection (B)(1), parts A & B, page 97: “School officials, including teachers with the educational institution and officials of other school systems in which the students may intend to enroll, may receive a student’s records without written consent for such release.” However, in the event certain records being requested require parental consent, such authorization by parent or legal guardian is below.

In accordance with ARS 15-828(f)…Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil’s record to the new school shall comply and forward the record within ten school days after receipt of request.

I authorize this request for records as parent/legal guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized School Signature Date

Please send records to:

Northern Arizona Academy for Career Development, Inc.

Attn: Registrar

PO Box 125

Taylor, AZ 85939

Email: sbartram@naacharter.org

**Request for Special Education Records**

*Please fill out this form only if your student has been in a Special Education Program or had an IEP.*

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

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Fax Number: (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_

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

PLEASE FORWARD A CURRENT COPY OF THE FOLLOWING RECORDS:

\_\_\_\_\_Psychological Evaluation \_\_\_\_\_Complete IEP report

\_\_\_\_\_Eligibility Statement \_\_\_\_\_All Prior Written Notices

\_\_\_\_\_Consent to Evaluate \_\_\_\_\_Placement Statement

\_\_\_\_\_45 Day Screening \_\_\_\_\_Expulsion/Suspension(s)

\_\_\_\_\_Documentation of Behavioral Problems

In accordance with the Educational Amendments for 1974, “Protection of the Rights and Privacy of Parents and Students”, section 438, subsection (B)(1), parts A & B, page 97: “School officials, including teachers with the educational institution and officials of other school systems in which the students may intend to enroll, may receive a student’s records without written consent for such release.” However, in the event certain records being requested require parental consent, such authorization by parent or legal guardian is below.

In accordance with ARS 15-828(f)…Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil’s record to the new school shall comply and forward the record within ten school days after receipt of request.

I authorize this request for records as parent/legal guardian.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized School Signature Date

Please send records to:

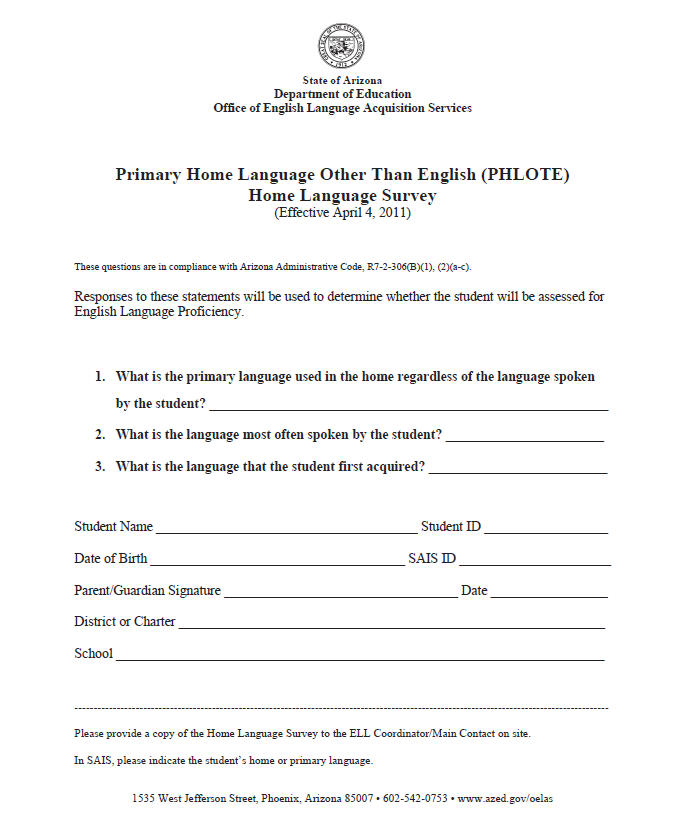
Northern Arizona Academy for Career Development, Inc.

Attn: SPED

PO Box 125

Taylor, AZ 85939

Email: sbartram@naacharter.org

**Student Account Agreement**

**For Internet, Computer and Equipment Usage**

Student Section

Printed Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_

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

I have read and understand the District Acceptable Use Policy. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures. This includes all computer use and access.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

Parent(s)/Guardian(s) Section (or student if over 18 years old)

I have read the District Acceptable Use Policy. I agree to support the rules contained in this Policy.

I hereby release the District, its personnel and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my child’s/my use of or inability to use the District System, including, but not limited to, claims that may rise from the unauthorized use of the system to purchase products or services. I will be financially responsible for any misuse of, or damage to, the District System by my child or myself.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

I give permission to issue an account for my child/myself and certify that the information contained in this form is correct.

Please check and initial only one box below:

* I give permission to issue an account for my student/myself and certify that the information contained in this form is correct. (Parent initials: \_\_\_\_\_\_\_\_\_\_)
* I do not want my student to have access to the internet. (Parent initials: \_\_\_\_\_\_\_\_\_\_\_)
* I would like my student to have limited access to the internet. Please contact me so that we can discuss my concerns. (Parent initials: \_\_\_\_\_\_\_\_\_\_\_)

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

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

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to preserve the learning environment, limit distractions, and ensure the success of NAA students, NAA will enforce the following policy regarding electronics:

* During class, cell phones and other portable electronic devices should be turned off or silenced.
* No portable speakers are allowed on campus.
* Students cannot make or receive phone calls during class.
* Students cannot send, receive, or read messages in class.
* Parents can always reach students during an emergency at 928-536-4222.

Students who violate this policy will face the following possible consequences depending upon the severity and frequency of the violation:

* Warning
* Confiscation of device, return at end of day.
* Confiscation of device, parent must pick up.
* Loss of privilege to bring device to school.

I have read the electronics usage policy and agree to abide by it.

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

I have read the electronics usage policy and agree to support my student in abiding by it.

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

**Northern Arizona Academy**

**Confidential McKinney-Vento Assistance Program Eligibility Questionnaire**

Your student may be eligible for additional services through the McKinney-Vento Assistance Act 42 U.S.C. 11435. To determine eligibility, please complete this form. **All information is confidential.**

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

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

**If you answered YES to ONE 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.**

Where is the student currently living?

\_\_\_\_\_ In a motel

\_\_\_\_\_ In a shelter

\_\_\_\_\_ With one or more families in a residence

\_\_\_\_\_ Moving from place to place

\_\_\_\_\_ In a place not designed for ordinary sleeping accommodations such as a car, park, campsite or the forest

\_\_\_\_\_ In a place **without** electricity, heat, or water

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Other children in the family:

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

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

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

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

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

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

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

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

If you have any questions or believe you qualify for the McKinney-Vento Education Assistance Program, please call NAA’s McKinney-Vento Liaisons at **(928) 536-4222 x1000 or x1001** to access services.

**Services**: The following is a list of **possible** services available for eligible McKinney-Vento students.

~ Immediate school enrollment ~ Tutoring ~ Free School Breakfast/Lunch ~ School Supplies

~ Transportation to/from School ~ Clothing Bank & Toiletries ~ Extracurricular Programs/School Fees Assistance ~ Free Laundry ~ Information and Referrals to Community Services ~ Assistance in obtaining immunization records and birth certificates ~ Expedited evaluations ~ Other emergency services

Open Campus Permission Slip

My child **does not** have permission to leave campus before school or the during lunch break.

\_\_\_\_\_ : Parent / guardian initials

My child **has** permission to leave campus before school and / or during the lunch break. \_\_\_\_\_\_: Parent / guardian initials

As Legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give permission for my son or daughter to leave campus before school and during the lunch break. I have spoken with my child regarding the responsibilities of his or her actions while off campus. We acknowledge that this is a release time for the student and that they are responsible for their own actions. We also acknowledge that the privilege can and will be revoked if misused.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**CONTACTS**

Amy Carlyle [acarlyle@naacharter.org](mailto:acarlyle@naacharter.org) 928-536-4222 x1001

Donna Spires [dspires@naacharter.org](mailto:dspires@naacharter.org) 928-536-4222 x1002

Sandy Bartram [sbartram@naacharter.org](mailto:sbartram@naacharter.org) 928-536-4222 x1000