

Student Name _____

First Day of Attendance _____

**Northern Arizona Academy
Charter School
Enrollment Packet 2020-2021**

**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

VISION:

Northern Arizona Academy will guide students in developing the social and academic skills necessary to achieve their goals and lead successful, fulfilling lives as productive citizens.

MISSION:

Northern Arizona Academy's mission is to create an alternative learning environment for youth requiring additional structure and support to attain their full potential so as to transition successfully into positive, productive, engaged citizens.

PURPOSE:

Northern Arizona Academy will

- Provide a personalized environment by employing small class sizes and individualized support;
- Structure student achievement via Individual Learning Plans and college and career readiness activities;
- Foster the development of 21st Century Skills;
- Model and instruct appropriate social standards and behaviors;
- Encourage and support students as they identify and achieve personal goals through self-exploration.

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

Northern Arizona Academy
2020-2021 Student Registration form
Student Information

Last Name	First Name	Middle Name
Date of Birth	Place of Birth (City/County/State)	Gender (Mark One) M F
	Entering Grade Level	First Year entered High School
Last School Attended	City and State of Last School Attended	Last School Year Attended
Student Cell Phone Number		<input type="checkbox"/> Calls <input type="checkbox"/> Text Messages
Ethnicity (Check One) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino		Does your student need bus transportation? Yes No
Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Does your student need childcare services for their child? Yes No If yes, age of child: _____

Parent/Guardian Information

Last Name	First Name	Middle Name
Physical Address where Student Lives	City	Relationship to Student
Mailing Address (If Different)	State / Zip	E-Mail (Please check if preferred) ____
Home Phone	Work Phone	Other Phone (Please specify)
Last Name	First Name	Middle Name
Street Address	City /State / Zip	Relationship to Student
Home Phone	Work Phone (Is it ok to call you at work?) ____	Other Phone (Please specify)

I authorize enrollment of my son/daughter into Northern Arizona Academy for Career Development, Inc.

 Parent/Guardian Signature

 Date

Northern Arizona Academy affirms that it does not discriminate on the basis of race, color, national origin, sex, age or disability in access or admission to students or employment opportunities.

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 2020 through June 2021.

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 2020 through June 2021.

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.

- | | |
|---|--|
| <input type="checkbox"/> General Preparation | <input type="checkbox"/> Occupational Training |
| <input type="checkbox"/> College Preparation | <input type="checkbox"/> Work-Study |
| <input type="checkbox"/> Business Preparation | <input type="checkbox"/> Other: _____ |

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

- | | |
|--|--|
| <input type="checkbox"/> Junior/Community College | <input type="checkbox"/> Military |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Skilled employment: mechanic, welder, cosmetology |
| <input type="checkbox"/> Semi-skilled Employment: grocery, retail, construction helper | |
| <input type="checkbox"/> Other: _____ | |

3. List any job or work related experience your student has had up to now. Include informal and formal jobs as well as volunteer work.

4. Does your student have hobbies or participate in other activities that may lead to employment? Please explain.

5. 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 ___No If yes, please indicate the area(s) in which your student may need assistance:

6. What careers or areas of interest do you think your student should pursue based upon his/her strengths, interests, and abilities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Construction | <input type="checkbox"/> Creative Arts |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Business Management | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Insurance | <input type="checkbox"/> Government Administration |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Law | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Mechanics | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Sales | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Science/Math Research | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> 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

_____ Eligibility Statement

_____ Consent to Evaluate

_____ 45 Day Screening

_____ Documentation of Behavioral Problems

_____ Complete IEP report

_____ All Prior Written Notices

_____ Placement Statement

_____ Expulsion/Suspension(s)

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/Parent/School Compact

Northern Arizona Academy is committed to a partnership with parents, working together to ensure the success of their students. This partnership requires full participation of parents, students and staff of the Academy, each sharing responsibilities for providing and maintaining a productive learning environment.

Student Responsibilities to Ensure Academic Achievement

- Attending all classes each day and on time.
- Bringing necessary materials.
- Completing all class and homework assignments on time.
- Demonstrating a positive attitude towards self and others.
- Demonstrating a positive attitude towards the school and learning.
- Knowing and obeying all school and class rules.
- Respecting people and property.
- Refraining from using profanity.
- Refraining from aggressive behavior, threatening remarks or gestures.
- Arriving at school free of the effects of illegal drugs; inappropriate use of drugs or alcohol.
- Actively participate in the development, implementation and evaluation of their Individual Learning Plan.

Parents Responsibilities to Ensure Academic Achievement

- Making sure the student attends school regularly and promptly each day.
- Ensuring that they bring necessary materials to school.
- Ensuring that they have a quiet place at home to study.
- Having a positive attitude about education.
- Participating in parent/teacher conferences and other school sponsored activities.
- Encouraging student participation in prevention/intervention services recommended by staff.
- Communicating regularly with the school regarding attendance, absence and academic achievement.
- Actively participating in the development, implementation and evaluation of their student's ILP.

School Responsibilities to Ensure Academic Achievement

- Maintaining a positive and safe place to learn.
- Maintaining and promoting high standards of academic achievement.
- Communicating regularly with parents and students through meetings, conferences, phone calls and written reports.
- Providing opportunities to challenge students and reinforce learning.
- Actively working toward the goal of achieving excellence in our school.
- Providing prevention/intervention referrals to social service agencies.
- Providing high quality curriculum and instruction that is aligned with the Arizona Academic Standards.
- Encouraging parents to volunteer and participate in their students campus and classroom activities.
- Facilitating timely communication through e-mails, phone calls and scheduled appointments.
- Actively participating in the development, implementation and evaluation of each student's ILP.

We have read, understand and agree to the responsibilities and policies.

Student Signature

Date

Parent/Guardian Signature

Date



State of Arizona
 Department of Education
 Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
 Home Language Survey**
 (Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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

In SAIS, please indicate the student's home or primary language.

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: _____

Electronics Usage Policy

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	928-536-4222 x1001
Donna Spires	dspires@naacharter.org	928-536-4222 x1002
Sandy Bartram	sbartram@naacharter.org	928-536-4222 x1000
Arika Durr	adurr@naacharter.org	928-536-4222 x1003