



Skyline District 5
Grades 5 - 12

Enrollment Packet
School Year 2017 - 2018

SKYLINE GILA RIVER DISTRICT 5 SCHOOL
978 Preschool Rd., Bapchule, Arizona 85121

<http://www.skylinegilariver.com>

Phone: (480) 403-8580

(520) 315-3237

Fax: (520) 315-3233

Report Absences by Email:
absentgilariver@skylineschools.com

SKYLINE GILA RIVER-D5

Enrollment Process & Checklist

COMPLETE APPLICATION AND PROVIDE REQUIRED DOCUMENTATION; TURN INTO REGISTRAR

- ❖ Skyline Gila River D5 does not use the content of the application to make enrollment decisions; we use the information provided to get to know our potential students better and guide the interview process
 - Required Documents to be turned in *prior to an interview*
 - Birth Certificate
 - Residency Form with Required Documents
 - Immunization Records
 - Transcripts (9-12) and/or last report card from last school attended
 - IEP if applicable (must be approved through the SpEd Department before enrollment)
 - Most Current Testing Results (AIMS, Stanford 10, etc.)
 - Withdrawal Form (required before a student can start) from last school attended
 - Notarized Legal Documentation of custody or placement if Guardian, Foster, or Group Home Parent
 - Tribal Enrollment Documentation (if applicable)

MEET/ INTERVIEW WITH AN ADMINISTRATOR

- ❖ Applications/Documentation must be complete (see checklist) in order for an assessment/ interview to be scheduled

COMPLETE ENROLLMENT PACKET AND TURN INTO REGISTRAR OR AN ADMINISTRATOR FOR REVIEW (completion of packet does not constitute actual enrollment)

- ❖ Intentional omissions or misrepresentations may result in refusal of enrollment (see policies below)

REMIT FEES TO REGISTRAR TO COMPLETE ENROLLMENT

Enrollment Policies

A.R.S. § 15-184 (A, B, E)

Skyline Gila River D5 does not limit admission based on ethnicity, national origin, gender, income level, disabling condition, proficiency in English language, or athletic ability.

Skyline Gila River D5 has a fair and equitable policy to enroll all eligible students, who submit a timely application, unless the number of applicants exceeds the capacity of the school facility. Skyline Gila River D5 gives enrollment preference only to those students who are returning to the school for the second or any subsequent year of operation and to siblings of pupils who are already enrolled in Skyline Gila River D5. Should the number of eligible enrollment applications exceed the capacity of a grade level, Skyline Gila River D5 will utilize a lottery system. The lottery will also determine waiting list order for any unselected applications. Applications received after the open enrollment window closes will be processed on a first-come, first-served basis.

Skyline Gila River D5 may refuse to admit any pupil who has been expelled from another educational institution or who is withdrawn while in the process of being expelled from another educational institution.

Applicant Name: _____

Grade: _____

Date: _____

SKYLINE GILA RIVER-D5
Fees for 2017 - 2018

Students Name: _____

REQUIRED FEES:

- **Lab FEE** **\$20.00**
School ID, computer lab fee, and classroom lab equipment costs.
*Each student must purchase their own earphones.

- **Bus Transportation Reservation FEE (SEE ROUTES)** **\$10.00**
Students ID's will be required for ALL bus riders.
A one-time reservation fee to assure your status is required.
Bus transportation is a first-come, first-serve service

OPTIONAL FEES:

- **Competitive After School Fee** **\$35.00**
One-time fee of \$35.00 for uniforms, equipment, and other related costs.
For Football, Basketball, Soccer, Girl's Volleyball, and Baseball.

SCHOOL MEAL PRICES:

- **School Breakfast and Lunch Meals for students** **FREE**
- **Meals for adults: \$2.75/breakfast and \$3.75/lunch**

PAYMENT INFORMATION:

Total Amount _____

Check Number _____ Receipt Number: _____ Date: _____

SKYLINE GILA RIVER-D5

Class Schedule 2017 – 2018

Monday through Thursday

- **Regular Schedule:** 7:45 am to 2:30 pm (5-12th grade)
- **Friday Schedule:** 7:45 am to 3:15 pm (5-8th grade only)
- **Early Release Days (See School Calendar):** 7:45 am-12:00 pm

We are a closed campus

Once students arrive at school they are to stay at school until they have been released by their last teacher, or a parent has been contacted for early dismissal. Students are not allowed to go to the parking lot or unsupervised area during school or breaks for any reason.

UNIFORM DRESS CODE

<p><u>5 – 8 Girls</u></p> <ul style="list-style-type: none"> ✓ Collared, long or short sleeved, polo shirt or blouse in solid black, white, grey, or purple ✓ Approved school logo shirts are allowed on Fridays ✓ Uniform bottoms, cotton twill pants, capris, dresses, skorts, shorts, jumpers or skirts (worn no shorter than 2 inches above the knee) in solid black or khaki/tan ✓ Layering of school clothes is permitted provided all layers are within approved school colors (solid black, white, grey, or purple; solid black or khaki/tan bottoms) ✓ Solid black, brown, or white belts ✓ Tennis shoes/sneakers or closed toed/closed heeled dress shoes ✓ Conservative jewelry should be worn in moderation, limiting the number of pieces worn, and not posing a danger to self or others ✓ Any student wishing to exceed/surpass the uniform dress code requirements by wearing ties, dress pants, blazers, or suits may do so provided dress clothing is within approved school colors (black, white, grey, purple, and khaki/tan) 	<p><u>5 – 8 Boys</u></p> <ul style="list-style-type: none"> ✓ Collared, long or short sleeved, polo shirt or oxford in solid black, white, grey, or purple ✓ Approved school logo shirts are allowed on Fridays ✓ cotton twill pants or shorts (worn properly on the waist) in solid black or khaki/tan ✓ Layering of school clothes is permitted provided all layers are within approved school colors (solid black, white, grey, or purple; solid black or khaki/tan bottoms) ✓ Solid black, brown, or white belts ✓ Tennis shoes/sneakers or closed toed/closed heeled dress shoes ✓ Conservative jewelry should be worn in moderation, limiting the number of pieces worn, and not posing a danger to self or others ✓ Any student wishing to exceed/surpass the uniform dress code requirements by wearing ties, dress pants, blazers, or suits may do so provided dress clothing is within approved school colors (black, white, grey, purple, and khaki/tan)
<p><u>9 – 12 Girls</u></p> <ul style="list-style-type: none"> ✓ All Uniform Dress Code rules are the same as 5 – 8 girls, excepting that blue, black, or khaki/tan denim (jean) bottoms are permitted. 	<p><u>9 – 12 Boys</u></p> <ul style="list-style-type: none"> ✓ All Uniform Dress Code rules are the same as 5– 8 boys, excepting that blue, black, or khaki/tan denim (jean) bottoms are permitted.

****NO HOODIES (OR HOODED SWEATSHIRTS) ARE ALLOWED ON CAMPUS AT ALL.***

Outerwear (coats, hoodies, and any sweatshirt or sweater not within Uniform Dress Code guidelines) is to be removed upon entering the building; outerwear may not be worn while on campus at any time.

Athletic shorts, sweatpants, jazz pants, and leggings are not acceptable uniform bottoms.

No hats or hoods up on campus at any time in the building.

Shoes with wheels are prohibited on campus at any time.

Facial piercings are prohibited on campus at any time.

Athletic Dress Code:

Girls: Athletic shorts and t-shirt waist length, sports bra, running shoes with socks, hair secured off face in a ponytail, and no jewelry.

Boys: Athletic Shorts and t-shirt waist length, and running shoes with socks.

SKYLINE GILA RIVER-D5

Enrollment Form for School Year 2017 - 2018

Please Print

→ _____
Student Name (First) Last Name MI Legal Last Name

_____ City State Zip Code
Physical Address

_____ City State Zip Code
Mailing Address

_____ Age Last Grade
Entering Grade Level Date of Birth (mm/dd/yyyy)

_____ State Born In

_____ Entry Code (Official Use Only)
Male/ Female Entry Date (official only)

*Ethnic Group (Please Circle One) White African-American Hispanic Asian Native American
**Race (Please Circle One) White African-American Asian Native American

PARENT/GUARDIAN INFORMATION

_____ Relationship to Student
Name of Male (First, Middle, Last)

_____ City State Zip Code
Address Apt/Suite

_____ Cell Phone
Home Phone Business Phone

_____ E-mail Address

_____ Relationship to Student
Name of Female (First, Middle, Last)

_____ City State Zip Code
Address Apt/Suite

_____ Cell Phone
Home Phone Business Phone

_____ E-mail Address

PARENT/GUARDIAN(S) SIGNATURE:

_____ Date
Male Female

Special Education Category & Service Type (if applicable): _____

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? _____

Has Your Child EVER been suspended Long Term or Expelled from ANY school? YES NO

Native American Certificate #(Tribal ID Number) (if applicable): _____
(Please fill out Native American Forms)

SKYLINE GILA RIVER-D5

P.O. Box 10858, Bapchule, AZ 85121

FORMAL REQUEST FOR STUDENT RECORDS

STUDENT NAME _____ BIRTHDATE _____ M ___ F ___

PARENT/GUARDIAN _____

REQUESTED FROM: _____
(Last School Attended) (Name) (City) (State)

Parent/Guardian Signature _____ Date _____

INFORMATION REQUESTED:

- Official Transcript
- Withdrawal Form
- Immunization Records/Hearing & Vision Report
- Test Scores (State Assessments, AZELLA)
- Specialized Student Data/504 Accommodation Plan
- Special Education Data including the most recent:
 - Psychological Evaluation
 - MET with eligibility determination
 - IEP
- Discipline Records
- ECAP's

Note:

SEND RECORDS TO:

SKYLINE GILA RIVER-D5
Attn: Registrar
PO Box 10858, Bapchule, AZ 85121
Phone: (480) 403-8580 or (520) 315-3237 Fax: (520) 315-3233

SCHOOL REGISTRAR OR AUTHORIZED PERSON: _____

DATE: 1ST REQUEST. _____ 2ND REQUEST. _____

***ARS 15-116 B - The nonpayment of fees charged by a public school may not prevent a pupil from enrolling in, applying to or remaining enrolled in a public school.

***New Federal Law 99.3 - No parent signature required to be sent to another educational agency.

SKYLINE GILA RIVER-D5

SPECIAL EDUCATION QUESTIONNAIRE

In order to serve our students' educational needs, it is important that we are informed of any special educational services received or needed by your student.

Please print

STUDENT NAME: _____ DATE OF BIRTH _____

PREVIOUS SCHOOL _____ GRADE _____

Please CHECK ALL BOXES below that apply to your student's situation:

- My student has *never* participated in any Special Education Programs.
- My student has been tested or evaluated for Special Educational Services.
(Please attach the evaluation)
- My student currently has in Individualized Education Plan (IEP).
(Please attach the current IEP)
- My student currently has a 504 Accommodation Plan.
(Please attach the current 504 Accommodation Plan)

****Failure to disclose factual information could hinder your student's educational process.**

Please Print

NAME (PARENT/GUARDIAN) _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE: _____

PHONE NUMBER _____

SKYLINE EDUCATION STUDENT STATUS FOR MCKINNEY-VENTO

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C.11431 et.seq. The answers to this residency information help determine the services the student may be eligible to receive. *This is not to be taken as an exhaustive list. Other factors may be involved which are not included but may meet the student status for McKinney-Vento.*

- 1) Is your current address a temporary living arrangement? Yes No
 If you answered Yes to question #1, please continue.
 If you answered No to question #1, return this unsigned form to the Data Manager.

- 2) Is this temporary living arrangement due to loss of housing, economic hardship or similar reason? Yes No

- 3) Where is the student presently living? (Please check one box.)
 In a Motel _____ In a Shelter _____ Awaiting Foster Placement _____
 With more than one family in a house or an apartment _____
 With a Parent or Guardian _____ Moving from Place to Place _____
 With a Parent or Guardian in the residence of a friend or relative _____
 In a place not designed for ordinary sleeping accommodations such as a car, park or campsite _____

- 4) With whom is the student living? (check one box)
 One Parent or Legal Custodian _____ Two Parents _____ Friend _____
 Relative (Not Parent or Legal Custodian) _____ Unaccompanied Adult _____
 An Adult (Not a Parent or Legal Guardian) _____ Alone _____

Current School _____

Last School Attended _____

Name of Student _____ Male Female
Last First Middle

Birth Date ____ / ____ / ____ Age ____ NCWISE # ____
Month Day Year

Name of Parent(s)/Legal Guardian(s) _____

Address _____

Student Enrollment Date: _____ M-V-Liaison's Name: _____

Signature of DSS Case Manager _____

Signature of Parent/Legal Guardian _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____

School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

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

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid U.S. passport
- ___ Real estate deed or mortgage documents
- ___ 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 the 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



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



Estado de Arizona
 Departamento de Educación
 Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
 (Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? _____
3. ¿Cuál fue el primer idioma que aprendió el estudiante? _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

SKYLINE GILA RIVER-D5
EMERGENCY INFORMATION

Student Name: _____

In case of an emergency or if I cannot be contacted to pick up my student, I hereby authorize the following person(s) to pick up and/or authorize release of my student:

1. Name _____
Home # _____
Work # _____
Cell # _____
Relation _____

3. Name _____
Home # _____
Work # _____
Cell # _____
Relation _____

2. Name _____
Home # _____
Work # _____
Cell # _____
Relation _____

4. Name _____
Home # _____
Work # _____
Cell # _____
Relation _____

The following person(s) **may not** remove my student from the school: **(Please supply the school with custody papers).**

Name _____
Name _____

Custody papers on file ____yes ____no

SKYLINE GILA RIVER-D5
Emergency Information (cont.)

Medical Information

Is student allergic to any foods or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.)

Is student usually susceptible to infections and if so, what precautions need to be taken?

Is student subject to convulsions, and what should be the schools procedure if one occurs?

Is there any physical condition that the school should be aware of, and what precautions or procedures should be taken?

Has your student had the chicken pox or received the chicken pox vaccination (varicella)?
 YES NO

If you have checked yes above, what was the date of disease or the vaccination?

Additional Comments

Other Special Instructions

The above emergency information is provided by

Parent/ Guardian Signature

Date

SKYLINE GILA RIVER-D5

MEDICAL INFORMATION

Student's Name: _____

Insurance/Group # _____ Name/ I.D. # of Primary Holder _____

Doctor _____ Office Phone _____

Hospital _____ Phone _____

Please Explain Any Medical Alert:

Does your student have any of the following conditions? If so, please explain.

Glasses: _____ Asthma: _____
Hearing Problems: _____ Allergies: _____
Diabetes Medication: _____ Convulsions Food Allergies: _____

The above medical information is provided by: _____
Parents/Guardian Signature _____ Date _____

MEDICATION RELEASE

Please Print

I, _____, (Parent/Guardian name) hereby give consent for _____, (Student) to receive the following over-the-counter first aid from School Staff. School Staff will administer over-the-counter first aid only as needed.

_____ Band-Aids _____ Antiseptic _____ Ice Pack

Note: The school is not allowed to dispense any over-the-counter drugs (i.e., aspirin, Tylenol, cough drops, etc.).

Signature (Parent/Guardian) _____ Date _____

SKYLINE GILA RIVER-D5
Field Trip Release

My student _____ has permission to participate in field trips that are authorized by the school and have school transportation. All and any activities that the student participates in would be the student's responsibility and not the liability of the school.

Parent's signature

Date

SKYLINE GILA RIVER-D5
Model (Picture) Release

My student _____ has permission to be in pictures and publicity including school yearbooks, school advertising and other school pictures that are needed and used by the school. The student/parent/guardian will receive no compensation for the photos. The photos and materials become the exclusive property of Skyline Education, Inc.

I, legal parent or guardian of the student described above, consent to the foregoing.

Parent's signature

Date

SKYLINE GILA RIVER-D5

Technology and Internet Usage Agreement

Dear parents or guardians,

As you are aware, the use of computer technology in today's classroom is part of the educational process. During the regular school experience your student will have access to computers and the internet. Internet filtering and monitoring are in place to comply with applicable laws and to provide students a safe technological environment. Students are neither to use nor to attempt to use "proxy" websites to get around the school's content filter. Below are the rules for use at the school. It is required that you and your student read the rules and sign, indicating your approval and understanding of the rules.

Rules and Guidelines for Computer and Internet Usage:

- All students must have this signed agreement in their file to use school computers and access the Internet.
- Respect for the equipment and the school's network is a condition for use. Vandalism, theft, graffiti, or other detrimental actions will not be tolerated.
- Uploading or downloading files or programs onto school workstations without prior consent from the Network Administrator or a school administrator are prohibited.
- Usage of computers and the Internet is for official school work only.
- Hacking is a very serious violation of the usage agreement and the consequence is zero tolerance, carrying a referral to the Board of Trustees for expulsion.
- Students are to notify the teacher immediately of any material they find disturbing on the Internet.
- Students are not to give out personal information like name, address, phone numbers, or e-mail addresses to anyone on the Internet.
- All discs or other removable media brought to the classroom for use in the computers must be scanned for content and viruses by the teacher.
- In addition to these rules, teachers may have additional related classroom policies to facilitate learning in their classes.
- Simply stated, the computers and the Internet are provided to students to achieve learning in today's technological environment. They are to be used for official school work, not personal use.

Violation of any of these rules may result in forfeiture of use and may include appropriate disciplinary action as presented in the school policies and procedures.

Parent/Guardian Signature _____ **Date** _____
I have read and understand the above technology and internet usage agreement.

Student Signature _____ **Date** _____
I have read and understand the above technology and internet usage agreement.

SKYLINE GILA RIVER-D5

Shared Responsibilities under Title I

Effective during School Year 2017 - 2018

I. Required School-Parent Compact Provisions Under Title I

A. School Responsibilities:

South Phoenix Prep, South Valley Prep, Skyline Prep, Skyline Gila River, AZ Compass, Vector Prep will:

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student achievement standards as follows:
 - ❖ Provide teacher training that includes classroom management skills and teaching methodologies.
 - ❖ Provide a classroom environment that is warm and conducive to learning.
 - ❖ Ensure class sizes are conducive to student learning.
 - ❖ Provide administrative support for teachers in the classroom.
 - ❖ Provide AZ College and Career Standards (AZCCR) based curriculum at all grade levels.
 - ❖ Teach academic skills in the classroom based upon the AZCCR standards.
 - ❖ Assess student knowledge of the AZCCR standards skills regularly.
 - ❖ Provide interventions for students in the areas of reading and math in preparation for the State assessment of the standards.
 - ❖ Provide high quality curriculum and instruction in a supportive and effective learning environment.
 - ❖ Ensure that parents are aware when the state assessment of the standards will be given and encourage parents to work on academic skills with their children.
 - ❖ Ensure that all students participate in state assessment of the standards.
 - ❖ Provide information to parents regarding their children's performance on the state assessment of the standards.
 - ❖ Provide support for parents at school through conferences and workshops.
 - ❖ Encourage parent involvement in their children's education.
2. Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.
 - ❖ Parent-teacher conferences are annually scheduled in October of each school year.
 - ❖ Parent-teacher conferences may be scheduled during the year as needed.
3. Provide parents with frequent reports on their children's progress.
 - ❖ Progress reports are sent to parents in the middle of each grading period.
 - ❖ Progress may be mailed to parents upon request.
 - ❖ Weekly progress reports are available to students and parents upon request.
 - ❖ Parents may view student's grades at any time using the Parent Web-based Portal.
4. Provide parents reasonable access to staff.
 - ❖ Parents may meet with administration of the school and district whenever they are available.
 - ❖ Teachers are available to meet with parents after school with prior notice.
 - ❖ Parents are encouraged to communicate with teachers to keep informed of their child's progress.
5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities.
 - ❖ Parents may schedule a time with the teachers when they may visit the classroom.
 - ❖ Parents are encouraged to participate and volunteer at all school activities and sporting events.

B. Parent Responsibilities:

We, as parents, will support our children's learning by:

1. Monitoring attendance.
2. Making sure that homework is complete.
3. Monitoring amount of television my child watches.
4. Volunteering in my child's classroom.
5. Participating, as appropriate, in decisions relating to my child's education.
6. Promoting positive use of my child's extracurricular time.
7. Staying informed about my child's education by properly reading all notices from the school or school district either received by my child or by mail and responding as appropriate.
8. Communicating with the school and/or classroom teacher about any questions, comments, or concerns I may have
9. Serving as a parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the district-wide Policy Advisory Council, the State's Committee of Practitioners, the School Support Team or other school advisory or policy groups.

II. Optional Additional Provisions

A. Student Responsibilities:

We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards by:

1. Doing my homework every day and asking for help when I need to.
2. Reading for at least the recommended minutes every day outside of school time.
 - Kindergarten: 15 minutes reading plus 15 minutes in other academic areas
 - First Grade: 15 minutes reading plus 20 minutes in other academic areas
 - Second Grade: 15 minutes reading plus 30 minutes in other academic areas
 - Third Grade: 20 minutes reading plus 30 minutes in other academic areas
 - Fourth Grade: 20 minutes reading plus 45 minutes in other academic areas
 - Fifth Grade: 25 minutes reading plus 45 minutes in other academic areas
 - Sixth Grade: 30 minutes reading plus 45 minutes in other academic areas
3. Giving my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.
4. Doing my best in all academic areas and in all my classes.
5. Conducting myself as a leader would in and out of classroom.

III. Additional Required School Responsibilities (requirements that schools must follow, but optional as to being included in the school-parent compact.)

A. South Phoenix Prep, South Valley Prep, Skyline Prep, Skyline Gila River, AZ Compass, Vector Prep will:

1. Involve parents in the planning, review, and improvement of the school's parent involvement policy, in an organized, ongoing, and timely way.
2. Involve parents in the joint development of any school wide program plan, in an organized, ongoing, and timely way.
3. Hold an annual meeting to inform parents of the school's participation in Title I, Part A programs, and to explain the Title I, Part A requirements, and the right of parents to be involved in Title I, Part A programs. The school will convene the meeting at a convenient time to parents, and will offer a flexible number of additional parent involvement meetings, such as in the morning or evening, so that as many parents as possible are able to attend. The school will invite all parents of children participating in Title I, Part A programs to this meeting.
4. Provide information to parents of participating students in an understandable and uniform format, including alternative formats upon the request of parents with disabilities, and, to the extent practicable, in a language that parents can understand.

5. Provide to parents of participating children information in a timely manner about Title I, Part A programs that includes a description and explanation of the school's curriculum, the forms of academic assessment used to measure children's progress, and the proficiency levels that students are expected to meet.
6. On the request of parents, provide opportunities for regular meetings for parents to formulate suggestions, and to participate, as appropriate, in decisions about the education of their children. The school will respond to any such suggestions as soon as practicably possible.
7. Provide to each parent an individual student report about the performance of their child on the State assessment in at least math, language arts, and reading.
8. Provide each parent timely notice when their child has been assigned or has been taught for four (4) or more consecutive weeks by a teacher who is not highly qualified within the meaning of the term in section 200.56 of the Title I Final Regulations (67 Fed. Reg. 71710, December 2, 2002).

B. Optional School Responsibilities:

To help build and develop a partnership with parents to help their children achieve the State's high academic standards, Skyline Schools, Inc. will:

1. Recommend to the local educational agency (LEA), the names of parents of participating children of Title I, Part A programs who are interested in serving on the State's Committee of Practitioners and School Support Teams.
2. Notify parents of the school's participation in literacy and specialized programs.
3. Notify parents of the School's participation in Early Reading First, Reading First, and Even Start Family Literacy programs operating within the school, the district, and the contact information.
4. Work with the LEA in addressing problems, if any, in implementing parental involvement activities in section 1118 of Title I, Part A.
5. Work with the LEA to ensure that a copy of the SEA's written complaint procedures for resolving any issue of violation(s) of a Federal statute or regulation of Title I, Part A programs is provided to parents of students and to appropriate private school officials or representatives.

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

Your signature indicates you have read the Title One School-Parent Compact and understand the shared responsibilities of the parents and the school.

Please return this signed page to the Registrar at School

FERPA NOTIFICATION

Annual Notification to Parents Regarding Confidentiality of Student Education Records

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:

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 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 sources, 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 the 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
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Arizona School Immunization Requirements:
Kindergarten - 12th Grade

- Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>. Homeless students are allowed a 5-day grace period to submit proof of immunization records.
- The immunization record for each vaccine dose must include the complete date and the doctor or clinic name.
- The statutes and rules governing school immunization requirements are:
 - Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701-708

Please check requirements for each child's age and grade level in the chart below.

Age→	Under age 7	7 – 10 years	11 years and older
Grade→	Kindergarten and above	Kindergarten-5 th grade	6 th through 12 th grade
Vaccine ↓			
DTaP (Proof of DTP or DT counts toward DTaP requirement)	4-5* doses At least 1 dose at 4 years of age or older is required. *A 6 th dose is required if 5 doses have been given before 4 years of age.	3 DTaP and/or Td doses are required if all doses were given <u>after</u> 12 months of age. Or 4 DTaP and/or Td doses are required if any of the doses were received <u>before</u> 12 months of age. Tdap may be counted to meet the requirements above. Tdap is <u>not</u> required for 11 year olds until they enter 6 th grade.	<u>1 Tdap dose is required for students 11 years and older.</u> Students who completed the primary series of tetanus/diphtheria doses must receive a Tdap when 5 years have passed since the student's last tetanus/diphtheria dose. Students who did not complete the primary series of tetanus/diphtheria doses before age 11 are required to receive a total of 3 doses, including 1 Tdap and 2 Td doses. Tdap doses given prior to age 11 meet the requirement. A Td booster is required 10 years after the Tdap dose.
Td			
Tdap			
Meningococcal		<u>Not required but may be counted as valid when given at this age.</u>	1 dose is required.
Polio	3-4 doses 4 doses meet the requirement. 3 doses meet requirements if dose #3 was given at 4+ years of age. (Not required for students 18+ years of age.)		
MMR	2 doses A 3 rd dose will be required if dose #1 was given before more than 4 days before the 1 st birthday.		
Hepatitis B	3 doses A 4 th dose will be required if the third dose was given before 24 weeks of age.		
Varicella	1 dose is required if the 1 st dose was given before 13 years of age. 2 doses are required if the 1 st dose was given at 13 years of age or later. Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. Students enrolling for the first time after 09/01/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.		

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.

Childcare and preschool immunization requirements are posted at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>.
Arizona Immunization Program Office • 150 North 18th Avenue, Suite 120 • Phoenix, AZ 85007 • (602) 364-3630 • Toll-free (855) 222-2329 • August, 2014



**Skyline Gila River
District 5**

**Gila River D5 MS
2017-2018 CALENDAR**

AUGUST '17						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	R	10	E	12
13	14	15	16	17	E	19
20	21	22	23	24	E	26
27	28	29	30	31		

July
26 New Teachers Begin
31 Returning Teachers Begin

FEBRUARY '18						
S	M	T	W	Th	F	S
				1	E	3
4	5	6	E	E	E	10
11	12	13	14	15	E	17
18	H	20	21	22	E	24
25	26	27	28			

SEPTEMBER '17						
S	M	T	W	Th	F	S
					E	2
3	H	5	6	7	E	9
10	11	12	13	14	H	16
17	18	19	E	E	E	23
24	25	26	27	28	E	30

August
8 Open House
9 First Day of School

September
4 No School - Labor Day
15 No School - Native American Day
20-21 Teacher Conferences - Early Release

October
9-13 Fall Break
16 Teachers In service
17 Students Return

MARCH '18						
S	M	T	W	Th	F	S
				1	E	3
4	5	6	7	8	E	10
11	X	X	X	X	X	17
18	T	R	21	22	E	24
25	26	27	28	29	E	31

OCTOBER '17						
S	M	T	W	Th	F	S
1	2	3	4	5	E	7
8	A	A	X	X	X	14
15	T	R	18	19	E	21
22	23	24	25	26	E	28
29	30	31				

November
10 2nd Annual Turkey Trot
22 Early Release
23-24 Thanksgiving Holiday

December
2 13th Annual Golf Tournament
15 Early Release
18-29 Winter Break

January
3 Teachers In service
4 Students Return
15 No School - Civil Rights Day

APRIL '18						
S	M	T	W	Th	F	S
1	2	3	4	5	E	7
8	9	10	11	12	E	14
15	16	17	18	19	E	21
22	23	24	25	26	E	28
29	30					

NOVEMBER '17						
S	M	T	W	Th	F	S
			1	2	E	4
5	6	7	8	9	E	11
12	13	14	15	16	E	18
19	20	21	E	H	H	25
26	27	28	29	30		

February
7-8 Teacher Conferences - Early Release
19 No School - Presidents' Day

March
12-16 Spring Break
19 Teachers In Service
20 Students Return

April

MAY '18						
S	M	T	W	Th	F	S
		1	2	3	E	5
6	7	8	9	10	E	12
13	14	15	16	17	E	19
20	21	22	23	24	E	26
27	H	29	P/L	T		

May
30 Promotion
Early Release- Last Day of School

Legend
A Admin/Registrar Work Day
H Holiday/No School
E Early Release
X Fall/Winter/Spring Break
T Teacher In-Service/No School
P Promotion
R First Day of School/Students Return
L Last Day of School
- Special Event

DECEMBER '17						
S	M	T	W	Th	F	S
					E	2
3	4	5	6	7	E	9
10	11	12	13	14	E	16
17	A	A	X	X	X	23
24	X	X	X	X	X	30
31						

Hours of Operation:
School Hours: 7:45-2:30 Mon-Thu
7:45-3:15 Friday
Early Release: 7:45-12:00
Office Hours: 7:30-4:00 Daily

Skyline District 5
978 N. Preschool Road
Mailing address: PO Box 10858
Bapchule, AZ 85121
Phone: 480.403.8580 or
520.315.3237

Website:
<http://sard.skylineschools.com/>
To Report Absences:
absentgilariver@skylineschools.com

JANUARY '18						
S	M	T	W	Th	F	S
	X	X	T	R	E	6
7	8	9	10	11	E	13
14	H	16	17	18	E	20
21	22	23	24	25	E	27
28	29	30	31			

Blocks	Days
1	Aug. 9th-Oct. 13th 41
2	Oct. 17th-Dec. 20th 42
3	Jan. 3rd-Mar. 16th 46
4	Mar. 20th-May 30th 51





**Skyline Gila River
District 5**

**Gila River D5 HS
2017-2018 CALENDAR**

AUGUST '17						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	R	10	M	12
13	14	15	16	17	M	19
20	21	22	23	24	M	26
27	28	29	30	31		

SEPTEMBER '17						
S	M	T	W	Th	F	S
					M	2
3	H	5	6	7	M	9
10	11	12	13	14	H	16
17	18	19	E	E	M	23
24	25	26	27	28	M	30

OCTOBER '17						
S	M	T	W	Th	F	S
1	2	3	4	5	M	7
8	A	A	X	X	X	14
15	T	R	18	19	M	21
22	23	24	25	26	M	28
29	30	31				

NOVEMBER '17						
S	M	T	W	Th	F	S
			1	2	M	4
5	6	7	8	9	M	11
12	13	14	15	16	M	18
19	20	21	E	H	H	25
26	27	28	29	30		

DECEMBER '17						
S	M	T	W	Th	F	S
					M	2
3	4	5	6	7	M	9
10	11	12	13	14	M	16
17	A	A	X	X	X	23
24	X	X	X	X	X	30
31						

JANUARY '18						
S	M	T	W	Th	F	S
	X	X	T	R	M	6
7	8	9	10	11	M	13
14	H	16	17	18	M	20
21	22	23	24	25	M	27
28	29	30	31			

FEBRUARY '18						
S	M	T	W	Th	F	S
				1	M	3
4	5	6	E	E	M	10
11	12	13	14	15	M	17
18	H	20	21	22	M	24
25	26	27	28			

MARCH '18						
S	M	T	W	Th	F	S
				1	M	3
4	5	6	7	8	M	10
11	X	X	X	X	X	17
18	T	R	21	22	M	24
25	26	27	28	29	M	31

APRIL '18						
S	M	T	W	Th	F	S
1	2	3	4	5	M	7
8	9	10	11	12	M	14
15	16	17	18	19	M	21
22	23	24	25	26	M	28
29	30					

MAY '18						
S	M	T	W	Th	F	S
		1	2	3	M	5
6	7	8	9	10	M	12
13	14	15	16	17	M	19
20	21	22	23	24	M	26
27	H	29	G/L	T		

July
26 New Teachers Begin
31 Returning Teachers Begin

August
8 Open House
9 First Day of School

September
4 No School - Labor Day
15 No School - Native American Day
20-21 Teacher Conferences - Early Release

October
9-13 Fall Break
16 Teachers In service
17 Students Return

November
20-22 5th Annual Ken Ferguson Memorial Turkey Shoot Out
22 Early Release
23-24 Thanksgiving Holiday

December
2 13th Annual Golf Tournament
15 Early Release
18-29 Winter Break

January
3 Teachers In service
4 Students Return
15 No School - Civil Rights Day

February
7-8 Teacher Conferences - Early Release
19 No School - Presidents' Day

March
12-16 Spring Break
19 Teachers In Service
20 Students Return

April
30 Graduation/Last Day of School

Legend
A Admin/Registrar Work Day
H Holiday/No School
E Early Release
M Makeup Day for Absences-Tutoring
X Fall/Winter/Spring Break
T Teacher In-Service/No School
G Graduation/Early Release
R First Day of School/Students Return
L Last Day of School
- Special Event

Hours of Operation:
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Makeup Hours: 7:45-3:15 Friday
Early Release: 7:45-12:00
Office Hours: 7:30-4:00 Daily

Skyline District 5
978 N. Preschool Road
Mailing address: PO Box 10858
Bapchule, AZ 85121
Phone: 480.403.8580 or
520.315.3237

Website:
<http://sgrd.skylineschools.com/>
To Report Absences:
absentgilariver@skylineschools.com

Blocks	Days
1 Aug. 9th-Oct. 13th	33
2 Oct. 17th-Dec. 20th	34
3 Jan. 3rd-Mar. 16th	35
4 Mar. 20th-May 24	43
Total	145

