



Celebrating 12 years of educational services
to our community

AZ Compass Prep School
Grades 7 - 12

Enrollment Packet

School Year 2011 - 2012

AZ Compass Prep School

2020 North Arizona Ave. G-62 ~ Chandler, AZ 85225

HOME OF VECTOR DANCE COMPANY

www.skylineschools.com

Phone: (480) 779-2000

Fax: (480)779-2100

AZ COMPASS
 2020 North Arizona Ave G-62 ~ Chandler, AZ 85225
Enrollment Form for School Year 2011 - 2012

Please Print

→ _____

Student Name (First)	Last Name	MI	Legal Last Name
Physical Address		City	State Zip Code
Mailing Address		City	State Zip Code
Entering Grade Level	Date of Birth (mm/dd/yyyy)	Age	Last Grade
Name of Last School & District of Attendance		Address, City, State, Zip of Last School	
Male/ Female	Entry Date (Official only)	Entry Code (Official Use 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

Name of Male (First, Middle, Last)	Relationship to Student
Address	Apt/Suite City State Zip Code
Home Phone	Business Phone Cell Phone
E-mail Address	

Name of Female (First, Middle, Last)	Relationship to Student
Address	Apt/Suite City State Zip Code
Home Phone	Business Phone Cell Phone
E-mail Address	

PARENT/GUARDIAN(S) SIGNATURE:

Male	Female	Date
Special Education Category & Service Type (if applicable):		

English Language Learner (if applicable): † YES † NO
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)

AZ Compass Fees for 2011 - 2012

Students Name: _____

REQUIRED FEE:

- **LAB FEE** **\$25.00**
Lab fees include science equipment, computer lab and other classes that are over the usual amount of cost during the school year. **Non-refundable.**
- **Transportation FEE (SEE ROUTES)** **\$20.00**
Students ID's will be required for ALL bus riders.
A one time fee to assure your status is required. **Non-refundable.**

Choose one of the following focuses

- **AZ Compass Visual Arts Focus Students** **\$20.00**
Visual arts fee assist with art supplies, guest teachers and display costs. **Non-refundable.**
- **AZ Compass Performing Arts Focus Students** **\$20.00**
Performing arts fee assist with supplies, costumes guest teachers and production costs. **Non-refundable.**
- **AZ Compass Athletics Focus Students** **\$20.00**
Athletics fee assist with equipment and guest instructors. **Non-refundable.**

OPTIONAL FEES:

- **Competitive Athletics Fee**
\$35.00 one time annually to assist with uniforms, Transportation, umpires, referees and facilities.
- **Vector Dance Company (Grades 7 - 12 pending audition)**
\$35.00 one time annually to assist with productions, venue rentals, guest artists and technical needs.

OTHER FEES/CHARGES:

- **School Meals**
\$2.45 /day Lunch (5 days @ \$2.45=\$12.25)
\$1.25/day Breakfast (5 days @ 1.25= \$6.25)
- **Student ID**
\$7.50

Total Amount _____

Check Number _____ Receipt Number: _____ Date: _____

AZ Compass

Class Schedule 2011 - 2012

Monday through Friday

Regular Schedule: 7:45am to 2:45 pm

Half Day Schedule: Half Days occur throughout the school year. Please check your school calendar.

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 contacted us for early dismissal. Students are not allowed to go to the parking lot or unsupervised area during school or breaks for any reason.

Dress Code and Uniforms

<u>7 - 8 Girls:</u> <ul style="list-style-type: none">✓ Tennis Shoes✓ Khaki or Black Pants, Dress, Skort, Shorts, or Skirts (worn no shorter than two inches above the knee.)✓ Collared polo shirt or button down blouse in Black, Green or White✓ Layering of school cloths is permitted providing it stays within the uniform colors. (i.e. Black, Green, White or Khaki)	<u>7 - 8 Boys:</u> <ul style="list-style-type: none">✓ Tennis Shoes✓ Khaki or Black Pants or Shorts (worn properly on the waist)✓ Collared polo shirt or button down shirt in Black, Green or White.✓ Layering of school cloths is permitted providing it stays within the uniform colors. (i.e. Black, Green, White or Khaki)
<u>9 - 12 Girls:</u> <ul style="list-style-type: none">✓ Tennis Shoes✓ Khaki or Black Pants, Jeans, Dress, Skort, Shorts, or Skirts (worn no shorter than two inches above the knee.)✓ Collared polo shirt or button down blouse in Black, Green or White✓ Layering of school cloths is permitted providing it stays within the uniform colors. (i.e. Black, Green, White or Khaki)	<u>9 - 12 Boys:</u> <ul style="list-style-type: none">✓ Tennis Shoes✓ Khaki or Black Pants, Jeans, or Shorts (worn properly on the waist)✓ Collared polo shirt or button down shirt in Black, Green or White.✓ Layering of school cloths is permitted providing it stays within the uniform colors. (i.e. Black, Green, White or Khaki)

Jeans are only permitted to be worn by high school students in grades 9 - 12

- **Shoes:**
Tennis shoes are to be tasteful, without blinking lights, wheels, sounds or distractions of any kind.
No boots or open toed sandals are to be worn to school.
- **Hair:**
Hairstyles for both boys and girls should be conservative and not detract from the focus of education. Hats and bandanas are prohibited. **No Hats or Headgear**
- **Jewelry:**
Jewelry should be limited to one watch, one necklace, one ring, and tasteful earrings.

Arts/Athletics Dress Code:

- **High School Performing Arts Focus Dress Code:**
Girls: Black leotard, black footless tights or jazz pants, hair secured off face & neck
Boys: Form fitted shirt without pockets or writing and fitted dance pants of sweats without pockets that cover the knee
 - **High School Athletics Focus Dress Code:**
Girls: Athletic Shorts(Black) and t-shirt shirt(Black or White) waist length, sports bra, running shoes with socks, hair secured off face in a ponytail, no jewelry
Boys: Athletic Shorts(Black) and t-shirt(Black or White) waist length, running shoes with socks
- Competition uniforms must be worn as given for games.**
Athletes are not permitted to wear the clothing that they wear for practice at games.

AZ Compass Prep School
FORMAL REQUEST FOR STUDENT RECORDS

STUDENT
NAME _____ BIRTHDATE _____ M ___ F ___

PARENT/GUARDIAN _____

REQUESTED FROM: _____
(Last School Attended)

Parent/Guardian Signature

Date

INFORMATION REQUESTED:

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

Note:

SEND RECORDS TO:

AZ COMPASS PREP SCHOOL
Attn: Registrar
2020 N. Arizona Ave. G-62 Chandler, AZ 85225
Phone: (480) 779-2000 Fax: (480) 779-2100

SCHOOL REGISTRAR OR AUTHORIZED PERSON: _____

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

***State Law 15-828 Paragraph F states that NO SCHOOLS SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS.

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

AZ COMPASS
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 THE BOX 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)

Please Print

NAME (PARENT/GUARDIAN) _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE: _____

PHONE NUMBER _____

AZ Compass

State of Arizona
Department of Education



Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE)

Home Language Survey

(Effective July 1, 2009)

This question is in compliance with A.R.S. §15-756. **Identification of English Language Learners**
Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

(Answer with the language used most often by the student)

Language: _____

Student
Name: _____

Date of Birth: _____

Parent/
Guardian Signature: _____ Date: _____

(For Office Use Only)

Student SAIS

ID: _____ ID: _____

1. Office of English Language Acquisition Services (OELAS) – Arizona Department of Education 1535 West Jefferson Street – Phoenix, Arizona - 85007 (Office) 602-542-0753 (Fax) 602-542-3050

(For School Determining Official's Use Only)

**USDA CHILD NUTRITION PROGRAM
INCOME GUIDELINES**

July 1, 2009 - June 30, 2010 – Extended

FREE

HOW OFTEN INCOME WAS RECEIVED

Family Size:	HOW OFTEN INCOME WAS RECEIVED				
	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$14,079	1,174	587	542	271
2	18,941	1,579	790	729	365
3	23,803	1,984	992	916	458
4	28,665	2,389	1,195	1,103	552
5	33,527	2,794	1,397	1,290	645
6	38,389	3,200	1,600	1,477	739
7	43,251	3,605	1,803	1,664	832
8	48,113	4,010	2,005	1,851	926
Each Additional Member Add:	+4,862	+406	+203	+187	+94

REDUCED

HOW OFTEN INCOME WAS RECEIVED

Family Size:	HOW OFTEN INCOME WAS RECEIVED					
	Year	Month	Twice Per Month	Every Two Weeks	Week	
1	\$20,036	1,670	835	771	386	
2	26,955	2,247	1,124	1,037	519	
3	33,874	2,823	1,412	1,303	652	
4	40,793	3,400	1,700	1,569	785	
5	47,712	3,976	1,988	1,836	918	
6	54,631	4,553	2,277	2,102	1,051	
7	61,550	5,130	2,565	2,368	1,184	
8	68,469	5,706	2,853	2,634	1,317	
Each Additional Member Add:	+6,919	+577	+289	+267	+134	

Note:

If all income is received on the same schedule

Example: alimony = \$100–month & pension = \$300–month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: alimony = \$100–month & pension = \$300–week

Income MUST be converted to yearly.

Yearly Income = Monthly x 12

Yearly Income = Twice Per Month x 24

Yearly Income = Every Two Weeks x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion

AZ Compass

Information about Free or Reduced Price Meals

Helpful FACS to assist you

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: AZ Compass Prep School: 2020 North Arizona Ave G-62 Chandler, AZ 85225**
- 2. Who can get free meals?** Children in households getting Food Stamps or Cash Assistance (CA) or FDPIR and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown below.
- 4. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 5. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 6. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, CA or FDPIR or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 7. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Meal Program Administrator, Skyline Education Inc., 17667 N. 91st Ave., Peoria, AZ, 85382**
- 8. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 9. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 10. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 11. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

2010-2011 FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

Names of household members (First, Middle Initial, Last)	CHECK IF NO INCOME	School Name for Each Child	SNAP, FDPIR or TANF case number for any member of the household. If you list a case number, skip to Part 5
1.	<input type="checkbox"/>		
2.	<input type="checkbox"/>		
3.	<input type="checkbox"/>		
4.	<input type="checkbox"/>		
5.	<input type="checkbox"/>		
6.	<input type="checkbox"/>		
7.	<input type="checkbox"/>		

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL: ADDY SHIPMAN AT 623-385-3581 HOMELESS MIGRANT RUNAWAY

PART 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Check if no income. Skip to Part 5.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often

1. NAME (List any household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED EXAMPLE: \$50--WEEKLY \$50--TWICE A MONTH \$50--EVERY OTHER WEEK 50--MONTHLY							
	Earnings From Work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		All Other Income	
	How Much	How Often	How Much	How Often	How Much	How Often	How Much	How Often

PART 5. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: __/__/__
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____ Social Security Number: ____-____-____ I do not have a Social Security Number

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \$ _____ **Per:** Week, Every 2 Weeks, Twice A Month, Month, Year **Household size:** _____

Case # Application **Eligibility:** Free, Reduced, Denied -- Reason: _____ **Date Withdrawn:** __/__/__

Error-Prone Directly Certified - Attach to **match result**

Determining Official's Signature: _____ Date: __/__/__
 Confirming Official's Signature: _____ Date: __/__/__
 Follow-up Official's Signature: _____ Date: __/__/__
 Date Notice Sent: __/__/__

Selected for Verification (see attachment)
 Temp. Free - Zero Income (45 days) Temp. Free - homeless/migrant/runaway (30 days) **Temporary Free Expires:** __/__/__

Privacy Act Statement: This explains how we will use the information you give us.

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

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

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 1875-0240. 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., FOB-6/Room 5C152, Washington, D.C. 20202-6335.

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ **Date of Birth** _____

(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Indian Group _____ Organized _____
 Federally Recognized, State Meeting #5 of the
 Including Alaska Native Recognized Terminated Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

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

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ **DATE** _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

AZ Compass
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 _____	3. Name _____
Home # _____	Home # _____
Work # _____	Work # _____
Cell # _____	Cell # _____
Relation _____	Relation _____
2. Name _____	4. Name _____
Home # _____	Home # _____
Work # _____	Work # _____
Cell # _____	Cell # _____
Relation _____	Relation _____

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

Name _____ Custody papers on file ____yes ____no

Name _____ Name _____

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

AZ COMPASS
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 _____

AZ COMPASS
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

AZ Compass
Media/Photo 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

AZ Compass

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.

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 other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

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

For additional information or to file a complaint, you may call the federal government at (202) 260-3887

(voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-5901	Arizona Department of Education Exceptional Student Services 1535 W. Jefferson, BIN 24 Phoenix, AZ 85007
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School and Child Care Immunization Requirements

Latest school and child care requirements:

- 1) Effective in April of 2000, Arizona students enrolling for the 2000/2001 school year had to meet new immunization requirements prior to 2nd and 7th grade entry that included a second dose of Measles, Mumps, Rubella (MMR) and the 3-dose series of hepatitis B vaccine. The hepatitis B vaccine series takes a minimum of 4 months to complete. The new rule was added to a Kindergarten and 1st grade requirement by phasing in two grade levels. Every year for a five year period, two grade levels will be added until all Grades K-12 are included. Schools will be responsible for following the implementation schedule by excluding those who have not started the shots or who are overdue for the next dose.
- 2) On January 19, 1999 a new rule became effective requiring the 2 dose hepatitis A vaccine series for children aged 2 through 5 attending child care in Maricopa County. All school and child care centers must require children in attendance to be adequately immunized. The law requires parents or guardians to present a documented immunization record which includes dates of all required immunizations. By law, a child cannot attend if his or her record does not show the month and year (month, day, and year for MMR) of each required dose. Children without a complete immunization record or with an inadequate record must be referred to a physician or health department for immunizations before entry. Inadequately immunized children must have at least one current dose of each vaccine to attend. Additional vaccine doses must be received when they are due for the child to continue attendance. If there is a medical contraindication (temporary or permanent) both the parent and physician must sign the ADHS exemption form provided by the school or health department. If there is a personal or religious belief exemption, the parent/guardian must sign the ADHS form provided by the school, child care center or health department.

Arizona Immunization Law for Child Care and School Entry*

15 through to 59 months of age:

Less than 2 months of age:

1 Hepatitis B (hep B)

2 to 3 months of age:

1 Diphtheria, Tetanus, Pertussis (DTaP or DT or DTP)
 1 Polio
 1 *Haemophilus Influenzae* type b (Hib)
 1 Hepatitis B (hep B)

4 to 5 months of age:

2 Diphtheria, Tetanus, Pertussis (DTaP or DT or DTP)
 2 Polio
 2 *Haemophilus Influenzae* type b (Hib)
 2 Hepatitis B (hep B)

6 through 11 months of age:

3 Diphtheria, Tetanus, Pertussis (DTaP or DT or DTP)
 3 Polio
 3 *Haemophilus Influenzae* type b (Hib)
 3 Hepatitis B (hep B)

12 through 14 months of age:

4 Diphtheria, Tetanus, Pertussis (DTaP or DT or DTP)
 3 Polio
 1 Measles, Mumps, Rubella (MMR)
 3 or 4 *Haemophilus Influenzae* type b (Hib)
 3 Hepatitis B (hep B)

4 Diphtheria, Tetanus, Pertussis (DTaP or DT or DTP)
 3 Polio
 1 Measles, Mumps, Rubella (MMR)
 3 or 4 *Haemophilus Influenzae* type b (Hib)
 3 Hepatitis B (hep B)

2 through 5 years of age:

2 Hepatitis A (HepA)
 Required in Maricopa County

Kindergarten, 1st, 2nd, 3rd, 4th and 5th grade Entry (public, private, parochial and charter school children)

4 or 5 Diphtheria, Tetanus, Pertussis (DTaP or DT or DTP)
 3 or 4 Polio
 2 Measles, Mumps Rubella (MMR)
 3 Hepatitis B (hep B)

6th grade entry (public, private, parochial and charter school children):

4 or 5 Diphtheria, Tetanus, Pertussis (DTaP or DTP or DT or 3 Td)
 3 or 4 Polio

1 Measles, Mumps, Rubella (MMR)

7th, 8th, 9th and 10th grade entry (public, private, parochial and charter school children):

4 or 5 Diphtheria, Tetanus, Pertussis (DTaP or DTP or DT or 3 Td)

3 or 4 Polio

2 Measles, Mumps, Rubella (MMR)

3 Hepatitis B (hep B)

Td booster recommended if more than 5 years since last DTaP/DTP/DT

**AZ Compass Prep School
2011 - 2012**

August '11

Su	M	Tu	W	Th	F	Sa
	T	T	I	T	T	6
7	F	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September '11

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	H	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October '11

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	E	E	8
9	H	H	H	H	T	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November '11

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	H	12
13	14	15	16	17	18	19
20	21	22	23	H	H	26
27	28	29	30			

December '11

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	E	17
18	H	H	H	H	H	24
25	H	H	H	H	H	31

Grading Periods:

180 days

First Block (44 days)

August 8 – October 7

Second Block (41 Days)

October 17 – December 16

Third Block (47 Days)

January 3 – March 9

Fourth Block (47 Days)

March 20 – May 24

August

- 3 Back to School Night
- 8 First Day of School

September

- 5 No School/Labor Day

October

- 7 – 8 Parent/Teacher Conferences
- 10 - 14 Fall Break
- 14 No School/TWD
- 28 Fall Festival

November

- 11 Veterans Day/No School
- 12 No School/TWD
- 11-12 VDC Fall Production
- 24-25 Thanksgiving Holiday

December

- 13 Winter Celebration
- 19-30 Winter Break

January

- 2 No School/TWD
- 3 Students Return
- 16 Civil Rights Day/No School

February

- 3 Early Release/Conferences
- 11 Game Night
- 20 Presidents Day/No School

March

- 2 Spring Theater Production
- 12-19 Spring Break

April

- 6 Teacher In-Service
- 26 Skyline Olympics

May

- 14-19 VDC Spring Production
- 23 Kindergarten Promotion
- 23 8th Grade Promotion
- 24 HS Graduation
- 28 Memorial Day/No School

June

- 4 Summer School Begins

Legend

- H Holiday/No School
- E Early Release
- X Winter/Spring Break
- T Teacher In-Service/No School
- P Promotion
- F First Day of School
- L Last Day of School
- Special Event

January '12

Su	M	Tu	W	Th	F	Sa
1	T	F	4	5	6	7
8	9	10	11	12	13	14
15	H	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February '12

Su	M	Tu	W	Th	F	Sa
			1	2	E	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	H	21	22	23	24	25
26	27	28	29			

March '12

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	H	H	H	H	H	17
18	T	F	21	22	23	24
25	26	27	28	29	30	31

April '12

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	T	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May '12

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	P	L	T	26
27	H	29	30	31		

June '12

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

School Hours: 7:55 – 2:45

Office Hours: 7:30 – 4:00