



*Celebrating 12 years of educational service
to our community!*

Skyline Tech High School

Enrollment Packet 2011-12

Skyline Education, Inc

Skyline West Prep School, Peoria
Skyline Tech HS, Ahwatukee/Phoenix
Skyline Prep and Arts Academy, Chandler
Skyline Gila River, Casa Blanca
Vector Prep and Arts, Chandler
AZ Compass Prep School, Chandler

www.skylineschools.com

SKYLINE TECH HIGH SCHOOL

Parent Checklist

REGISTRATION FORMS

- ❖ PLEASE CHECK ALL REGISTRATION FORMS, AND ASSURE THAT ALL FORMS ARE SIGNED BY PARENTS OR LEGAL GUARDIANS

COPY OF ORIGINAL BIRTH CERTIFICATE

IMMUNIZATION RECORDS

STUDENT UNOFFICIAL TRANSCRIPT

Grades 9-12 only

WITHDRAWAL FORM/AIMS RESULTS

- ❖ FROM PREVIOUSLY ATTENDED SCHOOL

GUARDIAN, FOSTER PARENT, GROUP HOME PARENT MUST PROVIDE:

- ❖ LEGAL DOCUMENTATION OF CUSTODY OR PLACEMENT (MUST BE NOTARIZED)
- ❖ CASE NUMBER

FEES- \$25.00 WITH ENROLLMENT PACKET

MEET ADMINISTRATIVE STAFF UPON ENROLLING

SKYLINE TECH HIGH SCHOOL
 15220 S. 50th St. Suite 109
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

Student's Cell Phone Student's E-mail Address

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 Entry Code (Official Use Only)

(Must Circle Only One) White African-American Hispanic 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 long term suspended or expelled YES NO

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

SKYLINE TECH HIGH SCHOOL
Fees for 2011-12

Students Name: _____ **Grade:** _____

REQUIRED FEE:

• **LAB FEE**

\$25.00

Lab fees include science, computer, art, theater, dance, and other classes that are over the usual amount of cost during the school year. **Non-refundable.**

OPTIONAL FEES:

• **Student ID Fee (Non-refundable)**

\$5.00 prior to Aug. 14, '10

\$7.50 after Aug. 14, '10

• **Yearbook Fee**

To be determined

• **Sports Fee/Extracurricular (Non-refundable)**

\$35.00 to assist transportation, umpires, referees and facilities.

Add'l costs may be incurred depending on sport.

OTHER FEES/CHARGES:

• **School Lunches**

\$2.45/day or \$39.20/month

• **Transportation Fee (Non-refundable)**

Please Circle YES if requesting transportation or NO if you are not requesting transportation:

YES

NO

\$20.00 Transportation not available in all areas, check at enrollment.

• **Field Trips**

As announced throughout the year

Total:

Check Number _____ **Receipt Number:** _____ **Date:** _____

*There is a 10% processing fee for any qualifying refunds.

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.

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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:

SKYLINE TECH HIGH SCHOOL
FORMAL REQUEST FOR STUDENT RECORDS

STUDENT
NAME _____ BIRTHDATE _____ M ___ F ___

PARENT/GUARDIAN _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE: _____

REQUESTED FROM: _____
(Last Junior-High or High School Attended)

INFORMATION REQUESTED:

- OFFICIAL TRANSCRIPTS
- WITHDRAWAL FORMS
- HEALTH DATA
- TEST SCORES (AIMS, TERRANOVA or Stanford 9)

SPECIAL NEEDS: YES NO (Circle one and check which apply)

- SPECIALIZED STUDENT DATA/504 Accommodation Plan
- SPECIAL EDUCATION DATA including the most recent:
 - Psychological Evaluation
 - MET with eligibility determination
 - IEP

SEND RECORDS TO:

SKYLINE TECH HIGH SCHOOL
Attn: Registrar
15220 S. 50th St. Suite 109, Phoenix AZ 85044
Phone: (480) 763-8425 Fax: **(480) 763-8427**

It is agreed that the information received will be used by the professional school staff assigned to work with the above-named student, and will not be released to any other party without prior written consent of the parent.

SCHOOL REGISTRAR OR AUTHORIZED PERSON: _____

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

PARENTAL CONSENT

Consent is hereby granted for the release of all my child's records to the above named school. It is requested that such records be forwarded with urgency. I am aware of my rights to review the records and receive copies at my expense if I so request.

Parent/Guardian Signature

Date

SKYLINE TECH HIGH SCHOOL

Class Schedule 2011-2012

Monday through Thursday **4 days per week**

9:15 – 10:50 Period 1

10:50 – 12:25 Period 2

30 min Lunch

12:55 – 2:30 Period 3 (*Early Release)

2:30 – 4:05 Period 4

Regular Schedule: For all freshmen and sophomores. Additionally, for juniors and seniors who have not passed the AIMS assessment or who are completing credits for college. For all students who participate in extracurricular programs or sports.

***Early Release:** Concludes at the end of Period 3. Early release is for juniors and seniors who have passed AIMS and are on target with graduation credits and are enrolled in the work exploration program with prior approval from a supervising teacher.

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 the office for early dismissal. Students are not allowed to go to their cars during school or breaks for any reason or leave campus for lunch.

WHY A 4 DAY SCHEDULE

- ❖ Friday is a school day for absences occurring Mon.-Thurs.
- ❖ Fridays allow time for tutoring; all teachers are at school.
- ❖ Friday is for credit recovery
- ❖ Friday is also used for in-school-suspensions

WHY BLOCK SCHEDULING

- ❖ More time to monitor students work,
- ❖ To develop deep into the topic or theme,
- ❖ Time to work on individual projects,
- ❖ Opportunity to have a variety and types of instruction,
- ❖ To solidify concepts taught during the block,
- ❖ Teachers have less stress trying to cover all the materials,
- ❖ Less preps and teachers are forced to be organized, Less students for teachers
- ❖ Less class changes
- ❖ Fewer classes for students to be responsible for homework.

SKYLINE TECH HIGH SCHOOL
SPECIAL EDUCATION QUESTIONNAIRE

***This page must be completed by all enrolling students.**

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)

Please Print

NAME (PARENT/GUARDIAN) _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE: _____

PHONE NUMBER _____

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:** _____

Student ID: _____ (For Office Use Only)
SAIS ID: _____

SKYLINE TECH HIGH SCHOOL

Information about Free or Reduced Price Meals

Children need healthy meals to learn. Skyline Tech offers healthy meals every school day. The cost of lunch is \$2.45; however, your children may qualify for free lunch or reduced priced lunch. Reduced priced lunch is \$.45.

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

***This chart is only a guide. Each year, after the Start of school, the federal government sends the new guidelines. Then new applications will be sent home for completion in August.**

| FEDERAL INCOME CHART | | |
|-----------------------------|--------|---------|
| For School Year 2009-10 | | |
| Household size | Yearly | Monthly |
| 1 | 20,036 | 1,670 |
| 2 | 26,955 | 2,247 |
| 3 | 33,874 | 2,823 |
| 4 | 40,793 | 3,400 |
| 5 | 47,712 | 3,976 |
| 6 | 54,631 | 4,553 |
| 7 | 61,550 | 5,130 |
| 8 | 68,469 | 5,706 |
| Each additional person: | +6,919 | +577 |

Based on the above guidelines, is your family at or below the current income guidelines?

Please Circle: **YES** **NO**

If yes, on the next page you will find a Free and Reduced Price School Meals Family Application. **Please complete the application and return it to school with the other enrollment papers.**

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 Food Stamp Program, Cash Assistance (CA) 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.

SKYLINE TECH HIGH SCHOOL

Information about Free or Reduced Price Meals

Helpful FAQs 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: Skyline Tech High School, 15220 S. 50th St. Suite 109, Phoenix, AZ 85044.**
- 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 Schools, 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.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

| Part 1. Children in School (Use a separate application for each foster child) | | | Part 2. Food Stamp/ Cash Assistance/ FDPIR Case Number For EACH Student | |
|--|-------------|-------|---|--|
| Names of all children in school (First, Middle Initial, Last) | School Name | Grade | If your child(ren) have a Case Number please ENTER BELOW for each student. Skip to Part 6. | |
| 1. | | | 1. | |
| 2. | | | 2. | |
| 3. | | | 3. | |
| 4. | | | 4. | |
| 5. | | | 5. | |
| 6. | | | 6. | |

Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Addison Shipman at 623-385-3581.

Part 4. 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: \$ _____. **Skip to Part 6.**

Part 5. Total Household Gross Income —You must report *HOW MUCH* and *HOW OFTEN*

| 1. Name (List everyone in household including children in school) | 2. Check if NO Income | 3. GROSS INCOME and HOW OFTEN it was received | | | | | | | |
|---|------------------------------|---|-----------|---------------------------------|-----------|---------------------------------------|-----------|------------------|-----------|
| | | <i>Example: \$50–monthly \$50–twice a month \$50–every other week \$50–weekly</i> | | | | | | | |
| | | Earnings from work before deductions | | Welfare, child support, alimony | | Pensions, retirement, Social Security | | All Other Income | |
| | | How Much | How Often | How Much | How Often | How Much | How Often | How Much | How Often |
| | <input type="checkbox"/> | \$ | | \$ | | \$ | | \$ | |
| | <input type="checkbox"/> | \$ | | \$ | | \$ | | \$ | |
| | <input type="checkbox"/> | \$ | | \$ | | \$ | | \$ | |
| | <input type="checkbox"/> | \$ | | \$ | | \$ | | \$ | |
| | <input type="checkbox"/> | \$ | | \$ | | \$ | | \$ | |
| | <input type="checkbox"/> | \$ | | \$ | | \$ | | \$ | |
| | <input type="checkbox"/> | \$ | | \$ | | \$ | | \$ | |
| | <input type="checkbox"/> | \$ | | \$ | | \$ | | \$ | |

Part 6. Signature and Social Security Number (Adult MUST sign)

An adult household member must sign the application. If Part 5 is completed, the adult signing the form must also 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.

Must Sign here: _____ Print name: _____ Date: __/__/__

Social Security Number: _____ - _____ - _____ I **do not** have a Social Security Number

Address: _____ APT# _____ Phone #: (____) _____ - _____

Part 7. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander

- Black or African American
 Other

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Don't fill out this part. This is for school use only.

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

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: __/__/__

Temp. Free – Zero Income (45 days) Temp. Free – homeless/migrant/runaway (30 days) Temporary Free Expires: __/__/__

Determining Official's Signature: _____ Date: __/__/__ Date Notice Sent: __/__/__

Confirming Official's Signature: _____ Date: __/__/__

Follow-up Official's Signature: _____ Date: __/__/__

Selected for Verification (see attachment)

SKYLINE TECH HIGH SCHOOL
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: (**Must supply the school with custody papers**).

| | |
|------------|---|
| Name _____ | Custody papers on file at school _____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 OR AGE OF DISEASE OR VACCINATION? _____

Additional Comments _____

Other Special Instructions _____

The above emergency information is provided by _____

Parent/ Guardian Signature

Date

SKYLINE TECH HIGH SCHOOL
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

Hearing Problems

Diabetes

Convulsions

Asthma

Allergies

Medication Allergies

Food Allergies

The above medical information is provided by: _____

Parents/Guardian Signature

Date

SKYLINE TECH HIGH SCHOOL

MEDICATION RELEASE

Please Print

I, _____, hereby give consent
(Parent/Guardian name)

For _____ to receive the following over-the-counter first aid
(Student name)

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 TECH HIGH SCHOOL

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 Technical High School, Inc.

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

Parent's signature

Date

SKYLINE TECH HIGH SCHOOL

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 is 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 TECH HIGH SCHOOL
Safe Student Transportation
Required Conduct

1. Obey the driver at all times. If available, **wear your seat belt at all times.**
2. Be on time for the van/bus. Be at your stop ten minutes prior to pick up time.
3. Stand or wait at the designated location and be a safe distance from the curb or highway.
4. Stay seated. Do not move from seat to seat during the ride.
5. Be courteous to the van/bus driver and other passengers.
6. The driver has the right to do assigned seating. Do not block aisles.
7. NO eating, smoking, chewing gum, spitting, or drinking.
8. Keep your body and all objects inside the van/bus.
9. Talk in a normal voice. Loud, rude vulgar or obscene language or gestures is prohibited.
10. Keep the van/bus free of graffiti and trash at all times.
11. State law prohibits the following items:

| | | |
|------------------------------|-------------------------------|--------------------------|
| Alcoholic beverages | Weapons | Explosives, Pepper spray |
| Drugs of any kind | Glass items | Fireworks |
| Smoke or stink bombs | Tobacco or related substances | |
| Animals, insects or reptiles | Other dangerous objects | |
12. All personal items must be in your control at all times. They must be carried on your lap or between the seats or if available properly secured in a vacant seat. The drivers or the school are not responsible for loss of property of any kind.
13. You are permitted to get on the bus and leave the bus only at your designate stop.
14. You are permitted to ride only your assigned bus.
15. **NO unauthorized passengers at any time.**
16. The driver controls the radio stations and the volume on the radio/CD/tapes.
17. Students who do not show at the designated pick up stop and time for more than three days will be taken off the bus.
18. Drivers will only pick up and drop off at the designated stop.

Infractions against School Bus and Van Riding rules will result in disciplinary action according to the school policy and procedure manual.

I have read and understand the above rules for safety and conduct on school transportation.
Please sign below....

Student name

Student Signature

Date

Stop Time: _____

Stop Location: _____

Skyline Tech High School 2011-2012 4 Day/per Week School Calendar

August

| S | M | T | W | T | F | S |
|-----|-----|-----|-----|-----|-----|-----|
| J24 | J25 | J26 | J27 | J28 | J29 | J30 |
| J31 | 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 | 31 | | | |

July 25 New Teacher Report
July 26 All teachers Report
Aug. 2nd 1st day of School for Students

September

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | | | 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 | |
| | | | | | | |

Sept. 5th Labor Day Holiday
Sept. 28th, 29th Parent teacher conf.

October

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | | | | 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 | 31 | | | | | |

Oct. 7th End of 1st Block
Oct. 11th Start 2nd Block
Oct. 10th and 14th No School

November

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | 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 | | | |
| | | | | | | |

Nov. 11th Veteran's Day Holiday
Nov. 24-25th Thanksgiving Holiday

December

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | | | 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 | 31 |
| | | | | | | |

Dec. 16th End of 2nd Block
Dec. 19th Beginning of Winter Break
Dec. 30th last day of Winter Break

January

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | | | | | |
| 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 | 31 | | | | |

Jan. 3rd Start Block 3
Jan. 16th MLK Holiday

February

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | | 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 | | | |
| | | | | | | |

Feb. 20th Presidents' Day Holiday

March

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | | | 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 | 31 |
| | | | | | | |

Mar. 9th End of 3rd Block
Mar. 12-16th Spring Break-no classes
Mar. 19th Beginning of 4th Block

April

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | | | | | |
| 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 | | | | | |

April 20th No School

May

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | 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 | 31 | | |
| | | | | | | |

May 28th Memorial Holiday
May 30th Graduation
May 31st Last day for Everyone

June

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | | | | 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 |
| | | | | | | |

Jun. 4th to June 29th summer school

155 Student Days

Red- Holidays/No School
Gray-Student make-up days/TWD
Green-1st and last day of school
Blue – Parent Teacher conferences
Yellow – HS AIMS test days

Grading Ends

| | |
|-----------------------|---------------------------------|
| 1 st block | Oct. 7 th (38 days) |
| 2 nd block | Dec. 16 th (38 days) |
| 3 rd block | Mar. 9 th (37 days) |
| 4 th block | May. 30 th (42 days) |
| | 155 days |

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:
 - o School officials with legitimate educational interest
 - ⌚ A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or 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:

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*

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)

15 through to 59 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)

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 DPT 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

Skyline Schools, Inc
Athlete Code of Ethics

General

1. Eligibility: players must be full time students.
2. Attendance: Good school attendance is required. Missing practices is only excusable due to sickness or family emergencies. Make your doctor appointments and other appointments outside of practice times. To obtain credit for participation a player must attend 80% of all practices and games. School absence on a game day will result in not playing in the game, unless there is a bonifide excuse acceptable to the coach.
3. Classes: Athletes must be passing all classes at all times, and maintain a min. 2.0 GPA.
4. During the season, a **suspension** from school will mean a suspension from all practices and games for the duration of the suspension. A second suspension during the season may be grounds to drop the student from the team with a loss of credit. The coach will confer with the athletic director and the principal for guidance where a second suspension is involved.
5. As a **representative of the school**, you are expected to obey the policies and procedures of Skyline Schools at all times and act in an appropriate manner consistent with being representative of our school. No tobacco, alcohol, or drug use is permitted at any time by an athlete.
6. Just as a classroom teacher has the right, **the coach has the right to discipline players** for infractions against the policies and procedures of the school as well as infractions against established rules specific to the team.

Team/Practice/Games

1. Absolutely no profanity or disrespect to each other, the coach, other teams and their coaches, or to the fans is permitted.
2. For safety, no jewelry. If you have to ask whether something is jewelry, it is.
3. No arguing with the officials, coaches, security guards, or fans.
4. Helping with the equipment and other setup related to practice and games is expected.
5. No hats, do-rags, skull caps, or other head gear (except sweat band) is allowed during the games.
6. Games and practices are school functions and all pol. and proc. are in effect.

I HAVE READ THE ABOVE CODE OF ETHICS AND AGREE TO ABIDE :

Student Name: Print

Signature

Date

Skyline Schools, Inc
Event Ethics and Behavior

Why Extracurricular and Sports Programs?

Skyline Schools provides extracurricular and athletic programs for students to:

- Build character through competitive events
- Teach proper self-control and temperament under stressful conditions
- Build self-esteem and confidence
- Encourage team work with peers
- Teach respect for those in authority, such as coaches, school officials and referees
- Experience the environment and culture of other community schools
- Enhance physical well being

Ethics and Behaviors

Ethical behaviors we expect from players, coaches, school officials and fans/spectators:

- Act in an appropriate manner consistent with being a representative of the school
- Do not use profanity directed to the opposing team, game officials, coaches or school officials.
- Defer to the judgment of coaches, school officials and game officials during the event.
- Control other fans/spectators/family members that you may bring, as they too are acting as representatives of the school
- Absolutely do not engage in any activity that will cause mayhem or violence before, during, or after the activity.

What if there is a problem?

Cautions:

- All school sponsored and supported events are part of the educational environment, and therefore, all school policies and procedures are in effect before, during and after the event.
- It is violation (felony or misdemeanor depending on gravity of the situation) against criminal code ARS 13-2911 for anyone to interfere or disrupt an educational environment. Under this criminal code, the school administrator, or his designee, may order people off the grounds of the school and sports environment when attempting to keep order.
- Under criminal code ARS 13-1204 assaulting a school official is aggravated assault, a felony, especially when the school official is acting in a manner to safeguard and control the environment.

I understand the above Skyline Schools Ethics and Behavior statements, and agree:

Parent/ Guardian Name

Signature

Date

Student Athlete Name _____

SKYLINE TECH HIGH SCHOOL

New Student Interview and Questionnaire

Date _____

Student Name _____

Parent's Name _____

Parent phone number _____

Parent e-mail _____

Student grade _____ Freshman year (i.e., 06/07) _____

Previous School _____

How did you hear of us?

What are the student/parents goals or expectations at Skyline?

Are there behavior issues from the previous school?

Is there an IEP?

(If so, arrange a meeting with Special Ed)

(If there is no prior special education and the parent would like their child to be tested or evaluated, please submit the request in writing to the special education department.)

Do you have a transcript?

For Office Use

Interviewer: _____

Review with prospective student:

- “D” grades not acceptable for core classes in English and Math
- Dress code
- Absence and tardy policy and our procedures for reporting
- Explain our prep focus and small school environment

Comments or Agreements made at the time of the interview:
