



Celebrating 11 years of educational service to our community!

**SKYLINE GILA RIVER, LLC,
A NON-PROFIT ORGANIZATION**

**SKYLINE DISTRICT 5
MIDDLE SCHOOL 5-8 GRADE**

**Enrollment Packet
School Year 2010-2011**

Skyline District 5
5th through 8th grade
www.skylineschools.com

Phone: (480) 403-8580

(520) 315-3237

Fax: (520) 315-3233

HOME OF AURORA DAY SCHOOL

SKYLINE DISTRICT 5

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 LAST REPORT CARD

WITHDRAWAL FORM/TESTING RESULTS

- ❖ FROM LAST ATTENDED SCHOOL

GUARDIAN, FOSTER PARENT, GROUP HOME PARENT MUST PROVIDE:

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

FEES WITH ENROLLMENT PACKET

MEET ADMINISTRATIVE STAFF UPON ENROLLING

Skyline District 5

Fees for 2010-2011

Students Name: _____

REQUIRED FEE:

- **LAB FEE** **\$10.00**
Lab fees include school ID, science equipment, computer lab and other classes that are over the usual amount of cost during the school year. **Non-refundable.**

OPTIONAL FEES:

- **Competitive Athletics Fee (Junior High)**
\$15.00 one time annually to assist with uniforms, transportation, umpires, referees and facilities.

OTHER FEES/CHARGES:

- **School Meals if not Free and Reduced**
\$2.25 /day Lunch (5 days @ \$2.45=\$12.25)
\$1.25/day Breakfast (5 days @ 1.50= \$7.25)
- **ID Card** - \$5.00
- **Yearbook** - \$10.00

Total Amount _____

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

SKYLINE DISTRICT 5
P. O. Box 10858, Bapchule, AZ 85221

Enrollment Form for School Year 2010-2011

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)
(Please Circle One) White Afro-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 from ANY school YES NO

Native American Certificate #(Tribal ID Number) (if applicable): _____

(Please fill out Native American Forms)

CALANDER TO BE INSERTED HERE

**Skyline District 5
Class Schedule 2010-2011**

Monday through Thursday
Regular Schedule: 7:55 am to 2:30 pm
Friday Schedule: 7:55 am to 2:00 pm

Half Day Schedule: Half Days occur throughout the school year. Please check your school calendar. We will follow Friday schedule for half days.

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. **All parents come to the front office to be sign in or sign out their student.**

Dress Code and Uniforms

<p><u>5-8 Girls:</u></p> <ul style="list-style-type: none">✓ Tennis Shoes✓ Socks ankle high✓ Khaki or Navy or Black Pants, jeans, dress, shorts, shorts, or Skirts (worn no shorter than two inches above the knee.)✓ T-Shirt or button down blouse or polo shirts in Grey, Navy, Black or White. Skyline Gila River Shirts available.✓ Sweaters or <u>non-hooded</u> sweatshirts during winter	<p><u>5-8 Boys:</u></p> <ul style="list-style-type: none">✓ Tennis Shoes✓ Socks ankle high✓ Khaki, Navy or Black Pants, jeans, or shorts (worn properly on the waist)✓ Collared polo shirt, button down shirt or t-shirts in Grey, Navy black, or White. Skyline Gila River Shirts available.✓ <u>Non-hooded</u> sweatshirts
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- Undershirts – white only
- Shoes:
Tennis shoes are to be tasteful, without blinking lights, wheels, sounds or distractions of any kind.
No boots or sandals are to be worn to school. **Royal blue or baby blue shoe strings prohibited.**
 - **Belts and shoe laces are to be black, white or brown. NO blue belts or shoe laces!**
- Hair:
Hairstyles for both boys and girls should be conservative and not detract from the focus of education. Hats and bandana are prohibited. **No Hats or Headgear or Hoodies.**
- Jewelry:
Jewelry should be limited to one watch, one necklace, one ring, and tasteful earrings.

Arts/Athletics Dress Code:

- Jr. High Athletics Focus Dress Code:
Girls: Athletic Shorts and t-shirt shirt waist length, sports bra, running shoes with socks, hair secured off face in a ponytail, no jewelry
Boys: Athletic Shorts and t-shirt shirt waist length, running shoes with socks
Competition uniforms must be worn as given for games and returned after games. Athletes are not permitted to wear the clothing that they wear for practice at games.

SKYLINE DISTRICT 5

P. O. Box 10858, Bapchule, AZ 85221

FORMAL REQUEST FOR STUDENT RECORDS

STUDENT
NAME _____ BIRTHDATE _____ M ___ F ___

PARENT/GUARDIAN _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE: _____

REQUESTED FROM: _____
(Last School Attended)

INFORMATION REQUESTED:

- OFFICIAL FILE
- WITHDRAWAL FORMS
- HEALTH DATA
- TEST SCORES (AIMS, TERRANOVA)
- SPECIALIZED STUDENT DATA/504 Accommodation Plan
- SPECIAL EDUCATION DATA including the most recent:
 - Psychological Evaluation
 - MET with eligibility determination
 - IEP

SEND RECORDS TO:

SKYLINE DISTRICT 5
Attn: Registrar
P. O. Box 10858, Bapchule, AZ 85221
Phone: (480) 403-8580 Fax: (520) 315-3233

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 DISTRICT 5

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)

Please Print

NAME (PARENT/GUARDIAN) _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE: _____

PHONE NUMBER _____

SKYLINE DISTRICT 5

PHLOTE – Primary Home Language Other Than English Home Language Survey

Student Name: _____

Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Response to these statements will be used to determine whether your child will be assessed for English Language Proficiency. (In accordance with R7-2-306)

1. What is the primary language used in the home? _____.

SKYLINE DISTRICT 5

Information about Free or Reduced Price Meals

Children need healthy meals to learn. Skyline Education offers healthy meals every school day. The cost of lunch is \$2.25; however, your children may qualify for free lunch or reduced priced lunch. Reduced priced lunch is \$.40.

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

FEDERAL INCOME CHART			
For School Year 2010-2011			
Household size	Yearly	Monthly	Weekly
1	\$18,130	\$1,511	\$349
2	\$24,420	\$2,035	\$470
3	\$30,710	\$2,560	\$591
4	\$37,000	\$3,084	\$712
5	\$43,290	\$3,608	\$833
6	\$49,580	\$4,132	\$954
7	\$55,870	\$4,656	\$1,075
8	\$62,160	\$5,180	\$1,196
Each additional person:	+\$6,290	+\$525	+\$121

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

Please Check: 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.

See next page for some helpful facts.

SKYLINE DISTRICT 5

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: Skyline District 5, P. O. Box 10858, Bapchule, AZ 85221**
- 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.

FREE AND REDUCED PRICE SCHOOL MEALS, FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)		
Names of all children in school (First, Middle Initial, Last)	School Name	Grade

Part 2. Food Stamp / Cash Assistance / FDPIR Case Number
If your child(ren) have a Case Number please enter it here. Skip to Part 6.

Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

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 tell us how much and how often					
1. Name (List everyone in household)	3. Gross income and how often it was received <i>Example: \$50/monthly \$50/twice a month \$50/every other week \$50/weekly</i>				2. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	

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.

Sign here: X _____ Print name: _____
Address: _____ Phone Number: _____
Social Security Number: ____ - ____ - _____ I do not have a Social Security Number

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

<u>Mark one or more racial identities:</u>	<u>Mark one ethnic identity:</u>
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> White	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Other	

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: _____
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____
Temporary Free: ___ Time Period: _____ (expires after ___ days)
Determining Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

SOLICITUD PARA COMIDAS ESCOLARES GRATIS O A PRECIO REDUCIDO

Parte 1. Niños en escuela (Use una solicitud diferente para cada hijo de crianza)

Nombres de todos los niños en escuela (Nombre, Inicial del Segundo Nombre, Apellido)	Nombre de la Escuela	Grado

Parte 2. Parte 2. El numero de caso de cupones para alimentos / Beneficios en Efectivo (Cash Assistance) / FDPIR

Si su(s) niño(s) tienen un número de caso por favor escríbalo aquí. **Vaya a la parte 6.**

Parte 3. Si el niño para el que usted solicita es un niño sin hogar, emigrante o que ha abandonado su hogar, marque el bloque apropiado y llame a [your school, homeless liaison, migrant coordinator at phone #]

Sin Hogar Emigrante Abandonó su Hogar

Parte 4. Hijo de Crianza

Si esta solicitud es para un niño que es responsabilidad de una agencia de bienestar social o una corte, marque este bloque luego anote la cantidad de ingreso personal que recibe el niño mensualmente: \$ _____. **Vaya a la parte 6.**

Parte 5. Ingreso bruto de su hogar—Usted debe decirnos cuanto es y cuando lo recibe

1. Nombre (Anote a todos en su hogar)	3. Ingreso bruto y frecuencia <i>Ejemplo: \$50/mes \$50/dos veces al mes \$50/cada 2 semanas \$50/semanales</i>				2. Marque si no hay ingresos
	Ganancias del trabajo antes de deducciones	Asistencia de beneficios sociales, sustento de menores, pensión de divorcio	Pensiones, pensiones de jubilación, Ingresos de Seguro Social	Otros Ingresos	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Parte 6. Firma y Número de Seguro Social (Un Adulto debe firmar)

Un miembro adulto de la familia deberá firmar esta solicitud. Si completa la parte 5, el adulto que firma la solicitud deberá anotar su número de Seguro Social o marcar el bloque que indica que no tiene número de Seguro Social. (Vea el Acta de Privacidad al dorso.)

Prometo que toda la información en esta solicitud es verdadera y que he reportado todos los ingresos. Entiendo que la escuela recibirá fondos Federales basado en la información que yo provea. Entiendo que los oficiales de la escuela pueden verificar dicha información. Entiendo que si deliberadamente proveo información falsa, mis niños podrían perder los beneficios de comidas y yo podría ser procesado legalmente.

Firme Aquí: X _____ Nombre deletreado: _____

Dirección: _____ Teléfono: _____

Número de Seguro Social: ____ - ____ - ____ No tengo número de Seguro Social

Parte 7. Identidad étnica y racial de los niños (opcional)

Marque una o más de las identidades raciales: Marque una identidad étnica:

Asiático Indígena Norteamericano o Nativo de Alaska Hispano Latino

Blanco Hawaiano o de otra isla del Pacífico No Hispano ni Latino

De raza negra o Afro-Americano Otro

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: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free__ Reduced__ Denied__ Reason: _____

Temporary Free: ____ Time Period: _____ (expires after ____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

SKYLINE DISTRICT 5
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

SKYLINE DISTRICT 5

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 DISTRICT 5
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 DISTRICT 5
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 DISTRICT 5

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.