

Amphitheater High School

Home of the Panthers

Required Documents for Enrollment

- ____ Withdrawal Form and Official Transcripts from last high school attended
- OR**
- ____ Proof of 8th grade completion ONLY for incoming 9th graders
- ____ Immunization Record
- ____ Copy of Birth Certificate
- ____ Proof of Residence – any item listed on the Arizona Residency Form (enclosed)
(If you reside outside our school's boundaries, please inquire about Open Enrollment)

Note: Students not residing with parents will need to provide Court Issued Guardianship Papers or a Temporary Power of Attorney delegating a responsible party permission to enroll their child in school.

The Packet – Complete Fully

1. Student Registration Form – Complete back and front, designate which contacts can pick up your student and emergency contacts. Indicate any need for special services.
2. Health Information Card – Indicate any medical needs or concerns.
3. AHS Compact – Our shared commitment to education, please review with your child.
4. Off Campus Permission – Allows your child to leave campus for lunch if they have fulfilled requirements. For 11th and 12th graders **only**.
5. Arizona Residency Documentation Form – Please check the box for the (1) item you intend to use as verification of residency in Arizona, only one is needed.
6. McKinney-Vento – Helps determine if McKinney-Vento can help you in your circumstances.
7. PHLOTE – Responses determine whether a student will be tested for English Language Proficiency.

Registration Process – What's next?

Once you have submitted all of the required documents, and completed a registration packet the enrollment process is as follows:

- Nurse reviews immunization record and completes eye test.
- If no testing is needed, student will be entered into the system and will be scheduled an appointment to meet with a counselor to build their schedule
- After meeting a counselor for their schedule, student will obtain books and ID card from the bookstore, and start classes the same day.

Amphitheater Public Schools - Student Registration Form



School			
School Year		Entering Grade Level for Given School Year	

STUDENT INFORMATION (Please PRINT student name exactly as it appears on the birth certificate)

Legal Last Name		Legal First Name		Full Middle Name		Generation (Jr. III, IV, etc.)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: (Check all that apply) <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan Native Tribal Affiliation and Number _____							
Date of Birth (mm/dd/yyyy)		Country of Birth		State of Birth (US only)		Place of Birth (City)			
Residential Address:				Apt.#	City	ST	Zip		
Preferred Mailing Address (if different):				Apt.#	City	ST	Zip		
For High School	Student Email	@			Student Phone	()	-	

Enrollment History

Has this student ever attended school in Arizona before? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this student ever attended an Amphitheater school any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last school attended: _____ <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Homeschool				
Year	Grade Level	District	City	State

Special Programs, Accommodations or Services (Check all that apply past or present and provide paperwork.)

☐ Special Education ☐ 504 ☐ Speech ☐ English Language Development ☐ Gifted/Accelerated ☐ Chronic Illness ☐ Other _____
 Comments:

Other Information (Check all that apply)

☐ Active Military Dependent ☐ Foster ☐ DCS ☐ Refugee Status ☐ McKinney-Vento/Homeless ☐ Open Enrollment

Other Children/Siblings Under 18 Living at this Address

Name (Last Name, First Name)	Date of Birth	School	Grade

Transportation (Students must meet eligibility guidelines as listed in Board Policy. Please see Amphitheater website.)

If riding bus, student will ride: ☐ To AND From School ☐ To School Only ☐ From School Only ☐ Day Care: _____
 Other modes of transportation: ☐ Walk ☐ Bike ☐ Parent Drop Off / Pick Up ☐ Student Drives (HS only)

Office Use Only

AM Bus# _____ Stop _____
 PM Bus# _____ Stop _____

Student ID: _____ Entry Code: _____ Start Date: _____
 Data Entry Date: _____ Initials of Person Entering Data: _____

Student Name: _____ Grade: _____

Parent/Guardian Contact #1 (Only contact #1 is the PRIMARY contact and will be contacted first)

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other _____

Last Name	First Name	Employer
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Cell Phone () -	Home Phone () -	Work Phone () -
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<input type="checkbox"/> Address same as the student	Address if different than student:	Apt.#	City	ST	Zip
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Email: _____ @	Contact #1 Spoken Language
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☐ Agrees to be contacted electronically for education items. (Teacher emails, progress reports, etc.)

Check all that apply:	<input type="checkbox"/> Can pick up student	<input type="checkbox"/> Lives with student	<input type="checkbox"/> Is an Emergency Contact
	<input type="checkbox"/> Receives Report Card	<input type="checkbox"/> Can have Parent Portal Access	

Parent/Guardian Contact #2

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other _____

Last Name	First Name	Employer
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Cell Phone () -	Home Phone () -	Work Phone () -
--------------------------	--------------------------	--------------------------

<input type="checkbox"/> Address same as the student	Address if different than student:	Apt.#	City	ST	Zip
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Email: _____ @	Contact #2 Spoken Language
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☐ Agrees to be contacted electronically for education items. (Teacher emails, progress reports, etc.)

Check all that apply:	<input type="checkbox"/> Can pick up student	<input type="checkbox"/> Lives with student	<input type="checkbox"/> Is an Emergency Contact
	<input type="checkbox"/> Receives Report Card	<input type="checkbox"/> Can have Parent Portal Access	

Who has legal custody of the child? ☐ Contact #1 ☐ Contact #2 (Check both if applicable.)

Is there a joint custody or parenting plan in effect? ☐ Yes ☐ No (If yes, plan must be on file with the school.)

Is this student in care of a guardian? ☐ Yes ☐ No (If yes, legal guardianship records must be on file with the school.)

Is there a restraining order in effect? ☐ Yes ☐ No Against: ☐ Mother ☐ Father ☐ Other (Papers must be on file with school.)

Additional Information:

Additional Contact #3

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other _____

Last Name	First Name	#3 Spoken Language
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Cell Phone () -	Home Phone () -	Work Phone () -
--------------------------	--------------------------	--------------------------

Check all that apply:	<input type="checkbox"/> Can pick up student	<input type="checkbox"/> Lives with student	<input type="checkbox"/> Is an Emergency Contact	<input type="checkbox"/> Parent Portal email: _____
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Additional Contact #4

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other _____

Last Name	First Name	#4 Spoken Language
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Cell Phone () -	Home Phone () -	Work Phone () -
--------------------------	--------------------------	--------------------------

Check all that apply:	<input type="checkbox"/> Can pick up student	<input type="checkbox"/> Lives with student	<input type="checkbox"/> Is an Emergency Contact	<input type="checkbox"/> Parent Portal email: _____
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I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE

Enrolling Parent/Guardian Printed Name	Enrolling Parent/Guardian Signature	Date
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PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD

M

Full Legal Name of Student _____ Sex **F** Grade _____ School _____
(Last) (First) (Middle)

Resident Address _____

Mailing Address (if different) _____

Date of Birth _____ Place of Birth _____
City State Country

Name/Address of Person(s) with whom Student may reside:

Name	Address (If different than above)	Home #	Work #	Cell #
Father _____	_____	_____	_____	_____
Step-Father _____	_____	_____	_____	_____
Mother _____	_____	_____	_____	_____
Step-Mother _____	_____	_____	_____	_____
Guardian _____	_____	_____	_____	_____

Brothers/Sisters:

Name _____	Age _____	School _____	Name _____	Age _____	School _____
Name _____	Age _____	School _____	Name _____	Age _____	School _____
Name _____	Age _____	School _____	Name _____	Age _____	School _____

Any legal restricted custody decision the school health office should be aware of? If yes, describe: _____

Language(s) spoken by Student _____ Language(s) spoken at home _____

PLEASE CHECK THE FOLLOWING ITEMS, IF THEY PERTAIN TO YOUR STUDENT:

☐ ADHD/ADD ☐ Allergies/drug ☐ Allergies/food ☐ Asthma ☐ Birth defects ☐ Blood disorder ☐ Bowel/bladder
☐ Diabetes ☐ Glasses/contacts ☐ Headaches/migraines ☐ Hearing problem ☐ Heart condition ☐ Orthopedic ☐ Psychiatric disorder
☐ Seizure disorder ☐ Other (If any items were checked, please explain) _____

If your student is to take medication at school, a signed consent form is required.

Please list all medication(s) student is now taking at home or school: _____

What health or physical problem might affect school attendance or participation in PE? _____

Has your student ever been involved in a special education program? If yes, please explain _____

INSURANCE COVERAGE: ☐ None ☐ AHCCCS ☐ Kids Care ☐ Indian Health Services ☐ Other Health Plan _____

Doctor _____ Phone _____ Hospital Preference _____

If parent/guardian cannot be reached, name a relative or friend with a LOCAL PHONE who will be responsible for your student if he/she is hurt or becomes ill at school. (Please notify the school health office of any information changes on this card.)

Name _____ Address _____ Phone(s) _____ Can pick up

Name _____ Address _____ Phone(s) _____ Can pick up

If emergency medical action or treatment is required, and parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be paid for by the parent/guardian or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school or the school district.

Parent/Guardian Signature _____ Date _____
(Signature verifies that all of the information on this card is accurate.)

Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by Anna Maiden, Equal Opportunity & Compliance Director, (520) 696-5164, amaiden@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com.



The Amphi Way School Compact



An Integral Part of the Amphitheater High School Community

*All members of the Amphitheater High School community have the responsibility to promote the Amphi Way and create a **RESPECTful** learning environment.*

The Amphi Community includes:

Students
Staff Members
Parents & Guardians
Guests to the School
The School Campus

The Amphi Way

Responsibility

Empathy

Self-Control

Promptness

Efficacy

Courtesy

Trustworthiness

TEACHERS & STAFF have a responsibility to:

- **Demonstrate a personal enthusiasm** for teaching and learning, and a genuine concern for the individual student.
- **Plan** interesting, challenging, and rewarding experiences for students each day.
- **Guide learning activities** so students learn to think and reason, assume responsibility for their actions, and respect the right of others.
- **Recognize and accept primary responsibility** for student discipline. Each teacher has primary responsibility and authority for student conduct.
- **Be fair, firm, and consistent** in enforcing school rules in classrooms, hallways, rest rooms, school buses, on the school campus, and at all school-sponsored activities.
- **Expect** from students respectful responses to directions and corrections.
- **Give positive reinforcement** for acceptable behavior.
- **Demonstrate, by word and personal example,** respect for law and order, and self-discipline.
- **Refer to a counselor or administrator** any student whose behavior requires special attention.
- **Inform parents** regarding student achievement, behavior, and attendance by responding to e-mails and phone calls, completing report cards/progress reports, and attending parent/teacher conferences.

Teacher & Staff Signature _____

A.J. Malis, Principal

STUDENTS have the responsibility to:

- **Attend school regularly and punctually.** Excuses for absences must be in writing or otherwise confirmed by a parent or guardian. Absences are excused for illness and emergencies beyond student control. Absences for appointments, family trips, or school activities must be prearranged. All other absences are “unexcused.”
- **Dress appropriately** according to the AHS Dress Code, and in a fashion that will not disrupt classroom procedures.
- **Respect the authority of teachers, principals, and other school staff** whose job is to enforce the Student Code of Conduct.
- **Be self-controlled, and non-disruptive** in classrooms, hallways, study areas, school buses, on school property, and at school activities.
- **Be reasonable, self-controlled, and considerate** in your relationships with other students.
- **Strive for mutually respectful relationships** with teachers and other staff members.
- **Keep language and gestures respectful**, and free of profanity or obscenities.
- **Respect private and public property.**
- **Take responsibility for your actions.**

Student Signature _____

PARENTS & GUARDIANS have a responsibility to:

- **Guide your child** to develop socially acceptable standards of behavior, to exercise self-control, and to be responsible for his/her actions.
- **Know and understand the rules** your student is expected to observe at school according to the Student Code of Conduct; be aware of the consequences for violations of these rules, and accept responsibility for your student’s actions.
- **Cooperate with school staff** in carrying out appropriate disciplinary penalties when such action is necessary.
- **Send your child to school**, as required by Arizona Law 22.1-254, to make certain your child’s attendance at school is regular and punctual, and all absences are properly excused.
- **Encourage your child to dress in compliance with the AHS Dress Code.**
and in a fashion that will not disrupt classroom procedures.
- **Teach your child, by word and example**, respect for law, for the authority of the school, and for the rights and property of others.
- **Instill in your child a desire to learn**, by encouraging a respect for honest work, and an interest in exploring broader fields of knowledge.
- **Become acquainted with your child’s school** including its staff, curriculum, and activities.
Attend parent-teacher conferences and school functions.
- **Communicate** your concerns to school staff.

Parent / Guardian Signature _____



Amphitheater High School

"Off Campus Lunch" Permission Form

Leaving campus at lunch is considered a privilege to be enjoyed by responsible Junior and Senior students who meet certain criteria. Students and parents must remember that all aspects of the **Student Code of Conduct** apply even when a student is off campus at lunch.

Students must have parent/guardian permission to leave at lunch. A parent signature on this "Off Campus Lunch" Permission Form constitutes the parent/guardian's permission for the student to leave at lunch. Parents of Junior and Senior students who have signed the "Off Campus Lunch" Permission Form do not need to contact the Attendance Office every time their student leaves campus at lunch, unlike other times when a student leaves campus during the school day.

To receive and use "Off Campus" lunch privileges, students must meet all of the following criteria:

- ☐ Have the "Off Campus Lunch" Permission Form signed by both the student and parent/guardian on file in the AHS office.
- ☐ Have 12 credits if a Junior; 17 credits if a Senior.
- ☐ Present the "Off Campus" ID to security when leaving at lunch. If the student does not have their "Off Campus" ID, the student may NOT leave campus. No exceptions.

"Off Campus lunch" privileges may be temporarily or permanently revoked for any of the following reasons; absences, tardies, if the student leaves campus at any time other than lunch without signing out in the attendance office, or violates any provision of the Amphitheater School District's **Student Code of Conduct**.

If "Off Campus Lunch" privileges are revoked, the student must surrender the Off Campus ID will be issued a new ID.

Parent/Guardian _____
Signature Date

Student _____
Print Name ID Number Signature

Office use only:

Off Campus Privileges Granted: _____ Date: _____

Off Campus Privileges Denied: _____ Date: _____ Reason: _____

ADMISSION OF RESIDENT STUDENTS
RESIDENCY DOCUMENTATION FORM
 Amphitheater Unified School District

Student _____ School _____

Parent/Legal Guardian _____

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

_____ Valid Arizona driver's license, Arizona identification card, Valid U.S. passport or motor vehicle registration

_____ Real estate deed or mortgage documents

_____ Property tax bill

_____ Residential lease or rental agreement

_____ Water, electric, gas, cable, or phone bill

_____ Bank or credit card statement

_____ W-2 wage statement

_____ Payroll stub

_____ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address

_____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

 Signature of Parent/Legal Guardian

 Date

Amphitheater Public Schools McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine services a student may be eligible for. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes____ No____
2. Is your temporary address due to loss of housing or economic hardship? Yes____ No____

If you answered "NO" to both of these questions you may stop here. Thank you.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home: _____ Date: _____

Name of School	Name of Student	Grade	Address	Phone number

1. Where are these students presently living? (Check one box.)
 - ☐ Doubled up with relatives or friends
 - ☐ In a transitional housing program
 - ☐ In a motel
 - ☐ In a shelter
 - ☐ Moving from place to place
 - ☐ In a place not considered traditional "housing" (campground, car, public place, etc.)
2. Do you also have pre-school children at home? Yes ____ No ____
3. Are you a high school student who is currently living on your own due to hardship? Yes ____ No ____
Unaccompanied youth also qualify for services under this law.
4. Are there any pressing needs that could prevent your child from being successful in school? No____
Yes ____ Please explain: _____

McKinney-Vento Regulations

If your living arrangement is both temporary and the result of economic hardship, you may qualify for services under the McKinney-Vento Act. The purpose of this law is to provide academic stability for students of families in transition.

You may want to talk with the Amphitheater Homeless Education Liaison if your family's temporary living arrangement is one of the following:

You are living with friends or relatives, or moving from place to place, because you cannot currently afford your own housing.

You are living in a shelter or a motel.

You are living in a Transitional Housing Program

You are living in housing without water or electricity.

You are living in a place not considered traditional "housing", like a car or a campground.

You are a student living on your own (in a similar situation) without a parent or legal guardian.

*A student may qualify as an "unaccompanied youth" if he or she is living with someone who is not a parent or guardian, or if he or she is moving from place to place without a parent or guardian.

Children who qualify under McKinney-Vento have the right to:

Attend the school they were attending when their family was forced to move to a temporary address because of economic hardship, even if that school is in another school district. The choice must be a reasonable one that is in the best interest of the children involved. Check with the district Homeless Education Liaison if you are not sure.

- ◆ Attend the school closest to where they are being sheltered.
- ◆ Stay in this school for the duration of the school year if their families are forced to move to another temporary address because of economic hardship.
- ◆ Receive assistance with transportation to attend school while they are being temporarily housed.
- ◆ Start school immediately while people at school help families obtain school and immunization records or other documents necessary for enrollment.
- ◆ Enroll in school without having a permanent address.
- ◆ Participate in the same programs and services that other students participate in.
- ◆ Receive Title 1 services, including free breakfast and lunch.

If you feel your family may be eligible under the McKinney-Vento Homeless Assistance Act, please contact **Mary Beth Santillan, McKinney-Vento Ed. Liaison, @ 696-6946 or mbsantillan@amphi.com**



Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



Amphitheater Public Schools
COVID-19 Waiver, Release, and Assumption of Risk Form

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Nevertheless, the State of Arizona has elected to reopen schools for the 2020/2021 school year. Although Amphitheater Public Schools (the "District") has put in place protective measures to reduce the spread of COVID-19, the District cannot guarantee that your child will not become infected with COVID-19. Your child's physical attendance at school, together with other students, inherently increases the risk that your child, you, and/or your household members will contract COVID-19, notwithstanding any precautions taken by the District or school.

On behalf of myself, my household members, and my minor child, _____, I acknowledge the extremely contagious nature of COVID-19 and specifically assume all risks and hazards associated with my child's in-person school attendance during the COVID-19 pandemic. I acknowledge that by attending in person, my child will be associating with staff and other children and may acquire COVID-19 notwithstanding any precautions taken by the school. I acknowledge that the school cannot absolutely control the conduct of its students, guarantee that they or their parents will follow safety protocols and procedures, or prevent infected students from attending and potentially spreading COVID-19 to my child, directly or indirectly.

I further acknowledge that my child's physical attendance at a District school is wholly voluntary. By permitting my child to attend school during the COVID-19 pandemic, I voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me and members of my household.

I certify that my child is in good health and has no fever. I understand that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. I certify that my child currently has none of these symptoms, and I will prevent my child from physically attending school if my child develops any of these symptoms or any other symptoms identified by the CDC as being associated with COVID-19. I further certify that my child will be symptom-free, without any medication, for twenty-four (24) hours before returning to school. I will also notify the school and not permit my child to attend if my child tests positive for COVID-19. My child and I will follow all COVID-19 protocols and procedures adopted by the District or school.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, its insurers, the District's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, or death that may occur to my child, me, or my household members as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____



Information for Families about COVID-19

Signature of Parent/Guardian Required

As students and their families prepare to return to in-person instruction, it is important that everyone familiarize themselves with the inherent risks associated with attending school in person during this COVID-19 pandemic. This document provides helpful guidance for families about COVID-19 and the health protocols that must be followed by students who are physically at school. Parents and guardians should initial, sign and return these forms to acknowledge receipt of these disclosures and agreement to the expectations detailed on both sides of the document.

(Initial) I understand that during this COVID-19 public health emergency, I will NOT be permitted to enter the facility/school beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present at the facility/school and to limit to the extent possible everyone's risk of exposure.

(Initial) I understand that it is my responsibility to inform other members of my household of the information contained herein.

(Initial) I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands and wear a mask before entering. While in the facility, I will practice social distancing and remain 6 feet from all other people, except for my own child.

(Initial) Symptoms of COVID-19 typically appear 2 to 7 days after being infected. Your child must be symptom-free, without any medication, for twenty-four (24) hours before returning to school. Symptoms include:

- Fever of 100.0 degrees Fahrenheit or higher
- Chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Any other symptom of illness, whether or not you believe it's related to COVID-19

(Initial) I understand that in order to be at the school, my child must be free from COVID-19 symptoms. If any of the following symptoms appear, my child will be separated and moved to a supervised, secure area. I will be contacted, and my child MUST be picked up within 1 hour of being notified. While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency.

(Initial) I understand that as the parent/guardian, I will need to take my child's temperature prior to coming to school. I understand that, as the parent/guardian, I must also conduct daily self-screening of my child for symptoms prior to the child arriving at school.

(Initial) I understand that over the course of the school day, my child's temperature will be taken.

(Initial) I understand that my child will be required to wash their hands throughout the day using CDC-recommended handwashing procedures.

(Initial) I understand that my child must wear a face covering throughout the day according to the protocols established by the District.

(Initial) I will immediately notify the Site Point of Contact if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines "close contact" as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.

(Initial) The Site/District will continue to follow the guidelines of both the CDC and state and local officials. As changes occur, parents and guardians will be notified. The Site Point of Contact will contact the Arizona Department of Health Services if any staff member or student contracts COVID-19 to help make crucial decisions on next steps.

(Initial) I understand that, while present at school each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined herein.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child's Name: _____

DOB: _____

Parent's Name: _____

Date: _____

Parent's Signature: _____

2020-2021

Fill Out Online @
Family.TitanK12.com

FEDERAL PROGRAM INCOME VERIFICATION FORM

Please fill out the Income Form if any children attend the following schools: Amphi High School, Amphi Middle School, Prince Elementary, Keeling Elementary, Nash Elementary, Holaway Elementary, Rio Vista Elementary, and Rillito Center

Return form to your school or Mail to: 701 W Wetmore Rd. Tucson, AZ 85705



(Form #)

(Date Received)

STEP 1

LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 IN YOUR HOUSEHOLD
(If more spaces are required for additional names, attach additional sheets.)

Child's First Name	MI	Child's Last Name	Date of Birth	School Name	Foster Child	Homeless, Migrant, Runaway
			/ /			
			/ /			
			/ /			
			/ /			
			/ /			

OPTIONAL:
Children's Race & Ethnic Identities

Ethnicity (check one):

- ☐ Hispanic or Latino
☐ Not Hispanic of Latino
Race (check one or more):
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Sometimes children in the household earn income/ Please include the TOTAL GROSS income earned by all children household members listed in STEP 1. If no income enter "0".

Child GROSS income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly

If YES write the CASE # below:

STEP 2

Do any household members (including yourself) currently participate in one of the following assistance programs: SNAP, TANF, or FDPIR? ☐ NO ☐ YES

If a case number is entered, SKIP STEP 3 and go to STEP 4

STEP 3

ALL OTHER HOUSEHOLD MEMBERS: List all household members NOT included in STEP 1 (including yourself) even if they do not receive income. If income is received by any person listed, report the total amount from each source in whole dollars only and select the correct how often box. For members with no income from any source, leave blank or write "0" under the appropriate column. If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly

OFFICE USE ONLY

- ☐ Free
☐ Reduced
☐ Neither
☐ Federal Program _____

Household size: _____

Total Income: \$ _____

Per: Week Bi-Weekly 2x Month Monthly Annual

Determining Official's Signature & Date
Follow -Up Official's Signature & Date

STEP 4

I certify (promise) that all information on this verification form is true and that all income is reported.

Signature of adult completing the form- Required		Printed name of adult completing the form		Today's Date		Phone Number	
Street Address (if available) Apt #		City		State		Zip Code	
Email (Optional)							

Sources of Income for Children		Sources of Income for Adults		
Type of Income	Examples	Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
Earnings from work	A child has a job where they earn a salary or wages.	<div>- Salary, wages, cash bonuses</div> <div>- Net income from self-employment (farm or business)</div> <div>If you are in the U.S. Military:</div> <div>- Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>)</div> <div>- Allowances for off-base housing, food and clothing</div>	<div>- Unemployment benefits</div> <div>- Workers Compensation</div> <div>- Supplemental Security Income (SSI)</div> <div>- Cash Assistance from State or local government</div> <div>- Alimony payments</div> <div>- Child support payments</div> <div>- Veteran's benefits</div> <div>- Strike benefits</div>	<div>- Social Security (including railroad retirement and black lung benefits)</div> <div>- Private Pensions or disability</div> <div>- Regular income from trusts or estates</div> <div>- Annuities</div> <div>- Investment Income</div> <div>- Earned Interest - Rental Income</div> <div>- Regular cash payments from outside household</div>
Social Security	A child is blind or disabled and receives Social Security benefits.			
-Disability payments	A parent is disabled, retired, or deceased and their child receives social security benefits.			
-Survivor Benefits				
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> provides a child spending money.			
Income from any other source	A child receives income from a private pension fund, annuity or trust.			

AMPHITHEATER PUBLIC SCHOOLS FOOD SERVICE 2020/2021
CONSENT FOR SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Summer School and PAL/ASAP**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Extracurricular Activities (Middle and High School Only)**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **District Offices for Curriculum and Testing (Middle and High School Only)**
-
- ☐ No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

****If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.****

Signature of Parent/Guardian: _____ Printed Name: _____ Date: _____ Address: _____

For more information, you may call the Amphitheater Food Service Office at **(520) 696-5133** or e-mail our office at **stmiller@amphi.com**

Return this form to: **Amphitheater Public Schools Cafes**

Mailing Address: **Amphitheater Public Schools**
701 W Wetmore Rd Tucson, AZ 85705

Physical Address: **Amphitheater Public Schools**
200 E Roger Rd Tucson AZ 85705

This institution is an equal opportunity provider.

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.