



Welcome to  
Cross Middle  
School!

We are pleased  
to have you as  
part of our  
school  
community.

Questions: Contact

Sue Williams, Registrar  
[swilliams2@amphi.com](mailto:swilliams2@amphi.com)  
520-696-6003

**2023-2024**

## New Student Registration Information

**PLEASE READ THROUGH ALL OF THE INFORMATION BELOW.**

The attached registration forms must be completed for enrollment to be valid in the Amphitheater Public Schools.

Complete ALL of the required information, read the following Check list sheet and be sure to **attach all of the necessary documents**. Incomplete packets will not be accepted.

**PRINT, SIGN and return the completed student registration packet to the Cross Office.** (Please do NOT email the packet back to the school)

*\*Printed version of packet is available in the front office upon request.*

### **IMPORTANT INFORMATION:**

- 7<sup>th</sup> and 8<sup>th</sup> grade Students MUST pick (2) Primary electives and (2) alternates (Course descriptions are available in the Course Catalog on the Cross Website)
- Electives which require applications MUST have the applications attached to the registration packet. (Applications can be found on the cross website under the registration tab / elective and PE applications).
- Elective application that require a teacher's recommendation/authorization: student should write the teachers name. The Office will distribute to the appropriate teacher.

## Summer Walk Through / Orientation

Summer Walk Thru/Orientation is for students who have *already turned in a completed registration packet*. During this time, students will have photos taken for their student ID, receive their class schedule and athletic information, as well as pay any necessary fees. We offer a special W.E.B. Welcome Program held for all NEW incoming students. This program is guided by 8<sup>th</sup> grade student leaders as mentors.

Please plan to attend the following Walk Through Orientation dates:

- **6<sup>th</sup> Grade: Tuesday, July 25<sup>th</sup>, 7:00 am – 12:00 pm**
- **7<sup>th</sup> Grade: Wednesday, July 26<sup>th</sup>, 7:00 am – 12:00 pm**
- **8<sup>th</sup> Grade: Thursday, July 27<sup>th</sup>, 7:00 am – 12:00 pm**

### **NEW Student Welcome Program, Friday Jul 28<sup>th</sup>:**

- For 6<sup>th</sup> graders, our special W.E.B. Orientation program, held Friday, July 29<sup>th</sup>, from 8:00am – 12:00pm, with a 'celebratory' lunch to follow the orientation. It is a **student only** function; however, parents are invited to the family lunch at 12:00.
- For new 7<sup>th</sup> and 8<sup>th</sup> graders, our W.E.B. program will host a special orientation held Friday, July 29<sup>th</sup>, from 2:00pm to 4:00pm. Snacks and refreshments will follow. It is a **student only** function; however, parents are invited for refreshments after.



**Cross Middle School**  
**Acknowledgement / Registration Checklist**  
**NEW STUDENT PACKET**

Student \_\_\_\_\_ Current Grade \_\_\_\_\_ 2023-24 Grade \_\_\_\_\_  
Last Name First Name

Parent Signature Required \_\_\_\_\_ Date \_\_\_\_\_

**Forms and Documents *Required* for Registration**

- ☐ Acknowledgement /Checklist
- ☐ Student Registration
- ☐ Residency Form
- ☐ Health Information Form
- ☐ McKinney-Vento Questionnaire
- ☐ Primary Home Language Survey
- ☐ Student Records Request
- ☐ Elective Selection Form

**DOCUMENTS**

- ☐ Birth Certificate
- ☐ Parent ID/ Driver's License (Identification purposes)
- ☐ Immunization Records – ***REQUIRED TO START SCHOOL***  
***\*6<sup>th</sup> grade – 1 dose ea. Tdap & Meningococcal (11 yrs)***
- ☐ Withdrawal Form – prior school
- ☐ Current report Card/ Grades
- ☐ Current Proof of Residency Document Mandatory. Attach ONE of the following:  
*Utility bill, tax, deed, pay stub, insurance, bank statement, driver's license, lease or rental agreement, mortgage.*

**Additional Documents if Applicable**

- ☐ Custody Document / Pending Custody  
(Court Order/Decree/Custody Document/Hearing date document/ Power of Attorney)
- ☐ IEP                      ☐ Evaluation Reports                      ☐ 504                      ☐ Gifted

Has student ever attended another Amphi School? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, School Name \_\_\_\_\_ Year Attended \_\_\_\_\_

# Amphitheater Public Schools - Student Registration Form



School			
School Year		Entering Grade Level for Given School Year	

**Directions:** After completing this form, please save a copy on your computer. The Student Registration Form, along with any accompanying documentation, can be turned into the front office of the school you are enrolling your student.

STUDENT INFORMATION (Please PRINT student name exactly as it appears on the birth certificate)					
Legal Last Name	Legal First Name	Preferred 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:		Apt.#	City	ST	Zip

<b>Enrollment History</b>	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.)	
<input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> English Language Development <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Gifted/Accelerated ( <input type="checkbox"/> Student has previously participated in accelerated classes/programs) <input type="checkbox"/> Other ____ <b>Note:</b> Please submit all relevant documentation/records, including but not limited to 504 Plan, IEP, BIP, Chronic Illness, etc.	

Other Information (Check all that apply)	
<input type="checkbox"/> Active Military Dependent <input type="checkbox"/> Foster <input type="checkbox"/> DCS <input type="checkbox"/> Refugee Status <input type="checkbox"/> McKinney-Vento/Homeless <input type="checkbox"/> 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: <input type="checkbox"/> To AND From School <input type="checkbox"/> To School Only <input type="checkbox"/> From School Only <input type="checkbox"/> Day Care: ____ Other modes of transportation: <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Parent Drop Off / Pick Up <input type="checkbox"/> Student drives (HS only)	

<b>Office Use Only</b>	AM Bus# _____ Stop _____	Student ID: _____ Entry Code: _____ Start Date: _____
	PM Bus# _____ Stop _____	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, including text messages, for educational items (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)

☐ I would like to receive a printed copy of Amphitheater Code of Conduct (Amphitheater Code of Conduct is accessible via the following link: <https://www.amphi.com/Domain/1053>)

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 (     )     -
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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 #2 Spoken Language
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☐ Please keep me informed regarding my child's education through email and text messages as needed. (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)

☐ I understand the Code of Conduct is available online, but I would still like a printed copy. (Amphitheater Code of Conduct is accessible via the following link: <https://www.amphi.com/Domain/1053>)

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 (     )     -
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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"/> Can have Parent Portal Access (Email: _____ @ _____)		

**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 (     )     -
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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"/> Can have Parent Portal Access (Email: _____ @ _____)		

**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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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 the Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, [TitleIXCoordinator@amphi.com](mailto:TitleIXCoordinator@amphi.com), or the Executive Director of Student Services, (520) 696-5230, [studentservices@amphi.com](mailto:studentservices@amphi.com).



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

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder Amphitheater Public Schools

Parent/Legal Guardian \_\_\_\_\_

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

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)
- \_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- \_\_\_\_\_ 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

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

**AMPHITHEATER SCHOOL DISTRICT  
HEALTH INFORMATION FORM**

Student **Full Legal Name** \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ School **Cross MS**  
Last First Middle M/F

Resident Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
City State County

**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 ☐Allergies/drug ☐Allergies/food ☐Allergies/seasonal ☐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 \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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** \_\_\_\_\_

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



AMPHITHEATER PUBLIC SCHOOLS  
**McKinney-Vento Questionnaire**



This questionnaire is intended to address the McKinney-Vento Act, Title IX, Part A of the *Every Student Succeeds Act*. Answers to these questions will help determine services for which a student may be eligible. See the attached page for a description of the McKinney-Vento Act provisions.

**Information provided is confidential.**

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 your answer is "NO" to both of these questions, you may stop here. Thank you.  
Your housing situation does not qualify for McKinney-Vento services.**

If you answer "Yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children, but please provide a copy to each school.

**Please list ALL children in the home, regardless of whether or not they attend school.**

Name of Child	School	Grade	Address Where Student Slept Last Night	Phone Number

1. Where are these students presently living?

- ☐ Doubled up with relatives or friends
- ☐ In a transitional housing program - Name of Program: \_\_\_\_\_
- ☐ In a motel
- ☐ In a shelter
- ☐ In an unsheltered location (campground, car, public place, etc.)
- ☐ In a place that does not have windows, heat, running water, electricity or is overcrowded
- ☐ None of the above (please explain): \_\_\_\_\_

2. Do you also have pre-school children at home? Yes \_\_\_\_ No \_\_\_\_

3. A. Are you a high school student who is currently living on your own due to hardship? Yes \_\_\_\_ No \_\_\_\_  
B. Or, are you living with an adult who is not your legal guardian? Yes \_\_\_\_ No \_\_\_\_

4. Are there any pressing needs that could prevent the child(ren) from being successful in school? Yes \_ No \_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Providing Information

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Relationship to student: Parent / Self / Caregiver / Legal guardian / Other: (please explain) \_\_\_\_\_



## AMPHITHEATER PUBLIC SCHOOLS **McKinney-Vento Regulations**



PLEASE RETAIN THIS DOCUMENT FOR YOUR RECORDS

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 who are living in transitional housing situations.

You may want to talk with the Amphitheater McKinney-Vento (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 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 legal guardian.

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

- Attend the school they were attending when their family was forced to move to a temporary address because of economic or other 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 McKinney-Vento 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 in school immediately while people at school help family 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 student may be eligible under McKinney-Vento Homeless Assistance Act, please contact:**

Mary Beth Santillan  
McKinney-Vento Liaison  
Amphitheater Public Schools  
696-5061 or [mbsantillan@amphi.com](mailto: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?**

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

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

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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)



## Arizona Department of Education

Office of English Language Acquisition Services

### Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

**1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

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**2. ¿Qué idioma habla el estudiante la mayoría del tiempo?**

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**3. ¿Qué idioma habló o entendió el estudiante primero?**

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Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Fecha _____	
Distrito o Charter _____	
Escuela _____	

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)



Amphitheater Public Schools is deeply committed to technology as a vital tool for its students, teachers, and parents. As a user of technology, I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Amphitheater Public School Technology Values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior.

Amphitheater Public Schools Technology Values			
We value <b>Communication;</b> Therefore, I will	 Make appropriate decisions when communicating.	 Participate in collaboration.	 Think before I post.
We value <b>Privacy &amp; Safety;</b> Therefore, I will	 Secure my personal information.	 Be aware that anything I do electronically is not private and can be monitored.	 Report any cyberbullying.
We value <b>Learning;</b> Therefore, I will	 Do my best.	 Have a positive attitude.	 Explore using appropriate resources. I will not use nonacademic search words.
We value <b>Respect;</b> Therefore, I will	 Follow copyright rules.	 Respond thoughtfully to other people's ideas.	 Take proper care of all equipment.



## Acceptable Use Policy

We are very pleased to bring a wide range of technologies to students, staff and faculty in Amphitheater Public Schools. The internet and devices on our network are used to support the educational objectives of Amphitheater Public Schools. Use of these technologies is a privilege and is subject to a variety of terms and conditions. Amphitheater Public Schools retains the right to change such terms and conditions at any time.

### 1. Communication

I will make appropriate decisions when communicating and will not send or share mean or inappropriate content. I will participate in collaboration while using effective participation skills. I will be mindful of what I post and not use profanity or any language that is offensive to anyone.

### 2. Privacy & Safety

I will secure personal information about family, faculty or myself. This includes passwords, home addresses, phone numbers, ages, and birth dates. I will be aware that anything I do online or electronically is not private and can be monitored. I will seek help if I feel unsafe, bullied or witness any form of unkind behavior including cyberbullying.

### 3. Learning

I will do my best. I will have a positive attitude and be willing to explore different technologies. I understand some sites are inappropriate and I will not search for words that are not related to my academics. I will evaluate the validity of information presented as I explore online and understand that not everything online is true.

### 4. Respect

I will follow all copyright rules and give credit when it needed. This includes documenting and properly citing all information acquired through online sources including but not limited to images, videos and music. I will respond thoughtfully to the opinions, ideas and values of others. I will take proper care of all equipment including district provided and personal devices of others. I will report misuse and/or inappropriate content to my teachers and adults.

**Student Section:**

I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Amphitheater Public School Technology Values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior. I will not engage in activities that are in violation of the Technology Acceptable Use Policy.

I have read the Acceptable Use Policy and agree to follow the rules and guidelines when using technology. This applies while I am on or off Amphitheater Public School property.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

**Parent Section:**

I hereby release Amphitheater Public Schools, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Amphitheater Public School network. I will instruct my child regarding the rules of use contained in this document and understand and agree that the agreements contained herein are incorporated into the contract under which my child is enrolled in Amphitheater Public School District. I understand that it is impossible for Amphitheater Public Schools to restrict access to all controversial materials and I will not hold the school responsible for materials accessed on the network.

I accept full responsibility if and when my child's use of technology is not in a school setting and understand that my child is subject to the same rules and agreements while not at school. I understand that Amphitheater Public Schools encourages parents and guardians to supervise and monitor any online activity. I am aware of my child's account information and passwords for the Amphitheater Public Schools network, G-Suite Account and HelloID Single Sign-On account accessing assigned digital curriculum.

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

**CROSS MIDDLE SCHOOL**

1000 W Chapala Drive,  
Tucson, AZ 85704  
520.696.5920 Fax 520.696.5996

**STUDENT RECORDS REQUEST**

New Student Registration

**SECTION I: STUDENT INFORMATION**

This form provides authorization to release education records and/or information relating to the following student enrolling in our school.

STUDENT NAME: \_\_\_\_\_ GRADE: ☐ 6 ☐ 7 ☐ 8  
Last First Middle

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_Female \_\_\_\_Male

**SECTION II: INFORMATION TO BE RELEASED FROM PREVIOUS SCHOOL OF ATTENDANCE**

Provide information to request student records from the **last** school of attendance. Year attended: (\_\_\_\_)

SCHOOL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
Street City State/Zip

**BELOW FOR OFFICE USE ONLY**

DATE REQUESTED: \_\_\_\_\_

**SECTION III: EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED (OFFICE USE ONLY)**

**ALL** records / information

- |   |   |
|---|---|
| <input type="checkbox"/> Official Withdrawal Form             | <input type="checkbox"/> 504 Plan                                 |
| <input type="checkbox"/> Academic Records/ Credits and Grades | <input type="checkbox"/> Evaluations <input type="checkbox"/> IEP |
| <input type="checkbox"/> Achievement Test Scores              | <input type="checkbox"/> Gifted Program Information               |
| <input type="checkbox"/> Discipline and Attendance History    | <input type="checkbox"/> Limited English Proficient Records       |
| <input type="checkbox"/> Health Immunization Records          | <input type="checkbox"/> Birth Record / Certified Certificate     |
| <input type="checkbox"/> Custody Documents (If applicable)    | <input type="checkbox"/> Other Information _____                  |

**SECTION IV: RELEASE RECORDS TO:****Cross Middle School**

1000 W Chapala Drive  
Tucson, AZ 85704  
Attn: Registrar

Email to: swilliams2@amphi.com

OR

Return by Fax 520.696.5996

Requested by: *Sue Williams*, Cross Middle School Registrar, 520-696-6003, swilliams2@amphi.com

Comments: \_\_\_\_\_

**SECTION V: SIGNATURE AND ACKNOWLEDGEMENT**

I hereby grant permission for all confidential, medical, psychological and academic information to be released to *Cross Middle School* for educational purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

Under FERPA, Parental consent is NOT required for records to be released.

"Under FERPA, school officials may disclose any and all education records, including disciplinary records and records that were created as a result of a student receiving special education services under Part B of the *Individuals with Disabilities Education Act*, to another school or postsecondary institution at which the student seeks or intends to enroll." See 34 CF 99.31 (1)(2) and 34 CFR 99.34 (a).

# Cross Middle School

2023/2024 Course Selection

Grade 6

Name \_\_\_\_\_

1. Mathematics
2. Social Studies
3. Science
4. Language Arts
5. 6 Physical Education
6. RAMS 101

**Core class placement is pre-determined  
by teachers and department heads.  
(#1-4)**

**Please only select Elective options.**

Choose **ONE** of the options below:

7. \_\_\_\_\_ Exploratory Rotation (1 qtr. each of 4 of the following: Art, Cartography, Spanish, Music, or Sign Language)

Choice and rotation designated by school.

- \_\_\_\_\_ Beginning Band
- \_\_\_\_\_ Intermediate Chorus
- \_\_\_\_\_ Intermediate Orchestra
- \_\_\_\_\_ Introduction to Theater
- \_\_\_\_\_ Jazz Band (***audition and teacher approval required***)
- \_\_\_\_\_ Percussion
- \_\_\_\_\_ Odyssey of the Mind (***Application Required***)\*

**Electives are subject to change based on staffing. Course descriptions available on the Cross Registration webpage**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***\*Applications are available on the Cross Registration webpage or in the front office.***

## Schedule Changes

Parents and students should be aware that there are limited opportunities for making changes to a student's schedule. Schedules may be changed upon availability during the first ten days of the school year. *Cross reserves the right to change student schedules for administrative reasons at any time.*

# Cross Middle School

2023/2024 Course Selection

Grade 7

Name \_\_\_\_\_

Student # \_\_\_\_\_

1. Mathematics

2. Social Studies

3. Science

4. Language Arts

**Core class placement is pre-determined  
by teachers and department heads.  
(#1-4)**

**Please only select Elective options.**

5. \_\_\_\_\_ 7 Physical Education \_\_\_\_\_ Volleyball-Sports Conditioning\*\* \_\_\_\_\_ Weight Training  
**Choose ONLY ONE PE option**

6. Elective \_\_\_\_\_ Primary \_\_\_\_\_ Alternate

7. Elective \_\_\_\_\_ Primary \_\_\_\_\_ Alternate

**Choose 2 primary and 2 alternate electives from the list below**

## 7<sup>th</sup> Grade Elective Options

Advanced Band (Winds)

Advanced Chorus

Advanced Orchestra

Art 2 & 3 Dimensional

Computer Programming

Conversational Spanish

Guitar

Introduction to Theater

Introduction to Sign Language

Intermediate Band (Winds)

Intermediate Chorus

Intermediate Orchestra

Jazz Band (**audition and teacher approval required**)

Harelsion Helper\*\*

Lab Science

Library Aide\*\*

Musical Theater

Odyssey of the Mind (OM)\*\*

Office Aide\*\*

Percussion

STEM

Teacher Aide\*\*

Technology

**\*\* Electives - Application Required** – Applications available online, from the elective teacher, or the front office.

**Course descriptions available on the Cross Registration webpage**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Schedule Changes**

Parents and students should be aware that there are limited opportunities for making changes to a student's schedule. Schedules may be changed upon availability during the first ten days of the school year. *Cross reserves the right to change student schedules for administrative reasons at any time.*



# Cross Middle School

2023/2024 Course Selection

Grade 8

Name \_\_\_\_\_

Student # \_\_\_\_\_

1. Mathematics

2. Social Studies

3. Science

4. Language Arts

**Core class placement is pre-determined  
by teachers and department heads.  
(#1-4)**

**Please only select Elective options.**

5. \_\_\_\_ 8 Physical Education \_\_\_\_ Volleyball-Sports Conditioning\*\* \_\_\_\_ Weight Training

**Choose ONLY ONE PE option**

6. Elective \_\_\_\_\_ Primary \_\_\_\_\_ Alternate

7. Elective \_\_\_\_\_ Primary \_\_\_\_\_ Alternate

**Choose primary and alternate electives from the list below**

## 8<sup>th</sup> Grade Elective Options

Advanced Band (Winds)

Advanced Chorus

Advanced Orchestra

Art 2 & 3 Dimensional

Career Exploration

Computer Programming

Conversational Spanish

Guitar

Harelson Helper \*\*

Intermediate Band

Intermediate Chorus

Intermediate Orchestra

Introduction to Sign Language

Introduction to Theater

Jazz Band (**audition and teacher approval required**)

Lab Science

Library Aide\*\*

Musical Theater

Odyssey of the Mind (OM)\*\*

Office Aide\*\*

Percussion

Spanish 1 – **High School Credit Class**

STEM

Teacher Aide\*\*

Technology

W.E.B.\*\*

**\*\* Electives - Application Required** – Applications available online, from the elective teacher, or the front office.

**Course descriptions available on the Cross Registration webpage**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Schedule Changes** - Parents and students should be aware that there are limited opportunities for making changes to a student's schedule. Schedules may be changed upon availability during the first ten days of the school year. *Cross reserves the right to change student schedules for administrative reasons at any time.*