



Return Completed Packet As Soon As Possible, for a better chance to get the Electives you want.

La CIMA MIDDLE SCHOOL
Dr. Anne M. Dudley, Principal
Gayle Taylor, Assistant Principal
5600 N. La Cañada Drive Tucson, AZ 85704
(520) 696-6730 • FAX (520) 696-6793

**La Cima Middle School
REGISTRATION CHECKLIST**

First Name: _____ ID#: _____

Last Name: _____ DOB: _____ Grade: _____

**Paperwork Required for RETURNING Students Registration /
Papeleo requerido para el registro de estudiantes que REGRESAN**

- Complete La Cima Registration Packet /Paquete de registro de La Cima completado
- Proof of Residency / Prueba de Residencia
- Birth Certificate / Acta - Certificado de Nacimiento
- Immunization Records / Registros de inmunización

**Additional information needed for ALL NEW Students /
Información adicional necesaria para TODOS los Estudiantes NUEVOS.**

- Withdrawal Forms from Prior School / Formularios de retiro de la escuela anterior
- Transcripts - Prior School / Transcripciones - Escuela anterior
- Grades Records - Prior School / Registros de Calificaciones - De la Escuela Anterior
- Attendance Records - Prior School / Registros de Asistencia - De la Escuela Anterior
- Discipline Records - Prior School / Registros de Disciplina - De la Escuela Anterior
- Any other Important Documents / Cualquier otro documento importante

What do we need to know about your child? ¿Qué necesitamos saber sobre su hijo/hija?

Check off below any that Apply / Marque debajo de cualquiera que aplique

- 504 IEP ELD REACH
- YES Turn in required Paperwork with Enrollment Packet
- NO

Additional Documents if Applicable / Documentos adicionales si corresponde

Is there Documents for Custody / ¿Hay Documentos para Custodia
PendingCustody / Custodia Pendiente

- No YES (see below) / Sí (ver abajo)

We will need / Necesitamos:

- Court Order / Orden judicial Decree / Decreto Custody Documents / Documentos de custodia
- Hearing Date Documents / Fecha de audiencia Documentos Power of Attorney / Poder notarial

PLEASE LET US KNOW IF THERE IS A CHANGE IN ADDRESS AND CONTACT INFORMATION / POR FAVOR, HÁGANOS SABER SI HAY UN CAMBIO EN LA DIRECCIÓN DE IN Y PÓNGASE EN CONTACTO CON INFORMACION

CHOOSE ELECTIVES ON BACK ->



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**2022 - 2023
Electives**

Students Name: _____ Students ID#: _____

- 1. Mathematics
- 2. Social Studies
- 3. Science
- 4. Language Arts – Reading
- 5. Language Arts – Writing

1 – 5 Are Core Placement Classes
Core class placement is pre-determined by teachers and Department heads.

Please only select Elective Options Below:

Please Choice your Top 5 Electives (#1 being first choice, 2nd choice, etc.

___ P.E / Educación física - P.E. Shorts & T-Shirt Required / EDUCACIÓN FÍSICA. Pantalones cortos y camiseta obligatorios

___ ART / ARTE

___ Choir / Coro

___ Beginning Orchestra / Orquesta principiante

___ Beginning Band / Banda principiante

___ STEM / Ciencia, Tecnología, Ingeniería, Matemáticas

___ Computers / Computadora (Ordenadores)

___ Musical Theater Tech / Tecnología de Teatro Musical

___ Musical Theater / Teatro Musical

___ Adv. Choir / Coro Avanzado

___ Adv Band / Band Avanzado

___ Odessy of The Mind / Odesia de la mente

___ Adv. STEM / STEM Avanzado

___ AVID

___ Coding / Codificacion

___ Girls PE / Educacion Fisica de Ninas

**FEEES MAY APPLY FOR
THESE ELECTIVES**

**SE PUEDEN APLICAR CARGOS
POR ESTAS ELECTIVAS**

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"/> American Indian / Alaskan Native (Tribal Affiliation and Number)	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Asian	
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

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.)	
<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 was previously participated in accelerated classes/programs) <input type="checkbox"/> Other _____	
Note: 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)	

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
Cell Phone () - -	Home Phone () - -	Work Phone () - -
<input type="checkbox"/> Address same as the student	Address (if different than student):	
	Apt.#	City ST Zip
Email: _____ @ _____		Contact #1 Spoken Language
<input type="checkbox"/> Agrees to be contacted electronically, including text messages, for educational items (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)		
<input type="checkbox"/> 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
Cell Phone () - -	Home Phone () - -	Work Phone () - -
<input type="checkbox"/> Address same as the student	Address (if different than student):	
	Apt.#	City ST Zip
Email: _____ @ _____		Contact #2 Spoken Language
<input type="checkbox"/> 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.)		
<input type="checkbox"/> 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? <input type="checkbox"/> Contact #1 <input type="checkbox"/> Contact #2 (Check both if applicable.)
Is there a joint custody or parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school.)
Is this student in care of a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal guardianship records must be on file with the school.)
Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No Against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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
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"/> 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
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"/> 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 Frances Araujo Lopez, Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, farajuolopez@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@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.

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.)

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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 takes 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

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



CELL PHONE AGREEMENT



I understand that La Cima Middle School has a **No Cell Phone Use Policy** during the school day. From 8:15am until the end of the school day at 3:35pm, cell phones will be stored in my backpack in my locker.

I understand that La Cima MS and her representatives are not responsible for the loss or theft of personal cell phones.

If I have my cell phone out or if I use it during the school day, 8:15 am – 3:35 pm, without permission, I understand my cell phone will be confiscated and my parent / guardian will have to pick it up.

Student's Name _____ Grade _____

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



LA CIMA MIDDLE SCHOOL STUDENT ID RULES



Identification cards (ID's) and lanyards are required of all students and should **always be worn visibly**.

IDs are required for the following: Daily School Entrance, Cafeteria, Student Dances, Athletic Events, Everyday Buses, and Activity Buses, Yearbook, Library Book Check Out, Access to Internet, and Dress Down Days.

If a student loses his/her ID card and lanyard, he/she may purchase an additional ID card for \$5.00.

Lanyard cost \$1.00, Hard ID Cover cost \$2.00, However, the full ID set is \$6.00 (ID, Hard Cover and Lanyard).

ID's are to remain in their original size and should not Defaced (writing, scribbled out, or added stickers) in way.

I HAVE REVIEWED WITH MY CHILD THE ID/LANYARD RULES AT LA CIMA MIDDLE SCHOOL. WE BOTH UNDERSTAND AND ACCEPT THE REPONSIBLITY INVOLVED IN MAINTAINING A NEAT AND VISIBLE ID.

Student Signature

Date

Parent Signature

Date

LOCKER AGREEMENT

Dear Parents/Student;

Welcome to La Cima Middle School! It will be an exciting year for all of us. I look forward to the challenges and know your child will have the opportunity to be challenged and successful.

As a middle school student, your child goes through many changes and growth. This involves social-emotional adjustments as well as academic growth. The district stresses skills and development in work habits and responsibilities. One of the ways the growth of responsibility is strengthened is through the use of lockers. Each student is assigned a locker in which to store books, writing materials, coats, etc. Instead of having to carry a large number of books from class to class, the students may use the lockers. The students feel a real ownership to them and the proper use of the lockers helps them develop responsibility.

So that each student understands what is expected regarding the use of the locker, we would like you to review each of the following expectations with your child.

- 1. Each student is issued ONE Locker. The combination is given ONLY to the student. NO ONE else, except the registrar and principals have the combination to the locker. The combinations change every year.
- 2. Lockers are to be use appropriately. One should only store items that are necessary for school activities. Items that disrupt the school environment should remain at home.
- 3. DO NOT SHARE THE LOCKER OR COMBINATION WITH OTHERS. Even one's best, best friend should not have it! The locker combination is personal information. When the student opens the locker, make sure others cannot see the combination.
- 4. Some of the lockers can be pre-set in such a manner that one only has to turn to one number and the locker will open. If this occurs, anyone can turn the combination and get in the locker. This has happened frequently in the past and books and personal items have been destroyed/taken. Be sure the lock has been turned after you are finished with the locker.
- 5. UNLESS A LOCKER SHOWS FORCED ENTRY, THE STUDENT IS RESPONSIBLE FOR THE CONTENTS. BOOKS THAT ARE DESTROYED/LOST ARE THE RESPONSIBILITY OF THE STUDENT. PARENTS WILL BE EXPECTED TO REIMBURSE THE SCHOOL FOR THE BOOKS. PLEASE STRESS THIS TO YOUR CHILD. BOOKS ARE ASSIGNED TO EACH STUDENT AND ARE HIS/HER RESPONSIBILITY. THERE ARE TWO WAYS PEOPLE CAN GET IN THE LOCKER - KNOWING THE COMBINATION AND "PRE-SETTING" THEIR COMBINATION.
- 6. Student use of lockers at La Cima is a convenience. If the need arises, the district reserves the right to examine a locker.

IF A PARENT CHOOSES, AN EXTRA LOCK MAY BE PURCHASED FOR THE STUDENT'S ASSIGNED LOCKER. HOWEVER, THE COMBINATION OR AN EXTRA KEY MUST BE TURNED INTO THE FRONT OFFICE. THESE LOCKS MAY BE PURCHASED AT ANY HARDWARE STORE. THANK YOU FOR YOUR COOPERATION IN THIS MATTER. THIS LETTER MUST BE SIGNED AND RETURNED TO THE SCHOOL.

I HAVE REVIEWED WITH MY CHILD THE LOCKER RULES AT LA CIMA MIDDLE SCHOOL. WE BOTH UNDERSTAND THE RESPONSIBILITIES INVOLVED.

PARENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

PRINT STUDENT NAME: _____ GRADE: _____

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**LA CIMA MIDDLE SCHOOL COMPACT
2022-2023**

**L
E
A
R
N**

- Do my best work with a positive attitude each day.
- Do my homework every day and ask for help when I need it.
- Read at least twenty minutes everyday outside of school.
- Give my parents or the adults responsible for my welfare all notices and information received by me from the school every day.
- Follow the Cardinal Code: Be Positive, Be Respectful, Be Ready to Learn, Be Safe, and Be a Problem Solver.

Student Responsibilities I agree to do the following. Sign here: _____

**P
A
R
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N
T**

- Instill the importance of education in my child.
- Ensure that my child attends school regularly and on time.
- Provide a place and time for my child to do homework and give support.
- Stay informed about my child's academic progress.
- Communicate with the school by promptly reading all notices from the school or the school district either received by my child or by mail.
- Attend parent conferences.

Parent Responsibilities: I agree to do the following. Sign here: _____

**T
E
A
C
H**

- Teach curriculum that meets or exceeds Arizona State Standards.
- Provide a positive, safe, caring atmosphere.
- Maintain high expectations.
- Communicate academic progress with students and parents frequently.
- Know my subject matter and continue to refine and develop my skills.

Teacher Responsibilities: I agree to do the following. Sign here: _____













**L
E
A
D**

- Provide leadership that supports and enhances student learning.
- Cultivate a safe and positive learning environment.
- Foster and model open, positive communication with all members of the school community.
- Communicate options and opportunities for families to assist students in the learning process.

Principal Responsibilities: I agree to do the following. Sign here: _____



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



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/or 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 _____



ACHIEVE STUDENT REGISTRATION



Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Homeroom Teacher: _____

Mother or Guardian Name: _____	Father or Guardian Name: _____
Address: _____	Address: _____
Work Phone: _____ Home/Cell Phone: _____	Work Phone: _____ Home/Cell Phone: _____

Transportation:

After the program, my student will get home by (select one):

___ Will be picked up by: _____

Children will not be released to persons whose names do not appear on this form.

___ My child has permission to walk home from the program.

___ My child will ride the bus. Current bus stop: _____

Other: _____

If parent or guardian cannot be reached, name a relative or friend with a LOCAL PHONE who will be responsible for, and has permission to pick up your student if he/she is hurt or becomes ill at school, or in case of an emergency.

Name: _____ Name: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

Any legally restricted custody decisions the teacher should be aware of? : _____

If yes, describe:

My child: _____
<ul style="list-style-type: none"> ▪ <input type="checkbox"/> Does <input type="checkbox"/> Does not have permission to appear in the newspaper, on television or on the radio while participating in school related activities in the program. ▪ <input type="checkbox"/> Does <input type="checkbox"/> Does not have permission to be photographed for school/District newsletters, program materials or web sites.

CONSENT FOR EMERGENCY TREATMENT

If emergency medical action or treatment is required, and the 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 expenses is not the responsibility of the school or the school district.

Physician's Name: _____ Phone Number: _____

Insurance Health Plan: _____ ID Number: _____

Phone: _____ Hospital Preference: _____

Health/Allergies information: _____

Consent for Participation and Emergency Information Provided By:	
Parent/Guardian name, printed: _____	Date: _____
Signature: _____	

NOTE: School Office Staff/Teachers- Please return to ACHIEVE Program Coordinator

The ACHIEVE 21st CCLC program is funded by a Nita M. Lowey 21st Century Community Learning Centers federal grant from the U.S. Department of Education and administered by the Arizona Department of Education. For more information visit: www.azed.gov/21stcclc



LA CIMA ACHIEVE PROGRAM

Middle and High School Student Behavior Agreement



1. Listen to the staff/volunteers in the program.
2. Not hurt, physically or emotionally, any other student or adult in the program.
3. Respect the staff, volunteers, other participants, and property.
4. Be on time to the program.
5. Tell my teacher if I have any problems.
6. Follow the school rules and regulations (according to the Student Code of Conduct).
7. Leave the program when it is over by either, walking, riding the bus, or getting a ride home.
8. The teacher or other adults needing to tell the site coordinator if:
 - a. I threaten to hurt myself;
 - b. I threaten to hurt someone else;
 - c. Someone is hurting me.

Participation in the program is a privilege that is only available to a small number of students. We expect you to follow these rules while having fun. If these rules are not followed, you may be dismissed from the program. *

I have read the above rules and agree to follow them.

Student Signature: _____

DISCIPLINE PROCEDURE

- 1) Verbal Warning
- 2) Written Warning and Parent Contact
- 3) Behavior Contract
- 4) Suspension/Dismissal from Program

*Note regarding parent pickup: If your child is picked up more than 10 minutes late three times, he/she will not be allowed to participate in the program anymore.

Parent Signature: _____ Date: _____

For questions: Please contact Hayley Gotlieb at hgotlieb@amphi.com (520) 696-6762 or Suzanne Graun at sgraun@amphi.com (520) 696-6738

La Cima School
5600 N. La Canada
Tucson, AZ 85704
520.696.6730 (office)
520.696.6793 (Fax)

STUDENT RECORDS REQUEST

New Student Registration

Faxed Mailed

SECTION I: STUDENT INFORMATION

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

STUDENT NAME: _____ GRADE: _____
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

SECTION III: DESCRIPTION OF EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED

Educational records/information for disclosure ALL records/information

- | | |
|--|--|
| <input type="checkbox"/> Official Withdrawal Form | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Academic Records/Transcript of Credits and Grades | <input type="checkbox"/> Evaluations <input type="checkbox"/> Individual Educational Program (IEP) |
| <input type="checkbox"/> Achievement Test Scores (AIMS) | <input type="checkbox"/> Gifted/Talented Program Information |
| <input type="checkbox"/> Discipline and Attendance history | <input type="checkbox"/> Limited English Proficient Records |
| <input type="checkbox"/> Health and Immunization Records (colored folder) | <input type="checkbox"/> School CTDS # and SAIS # (if applicable) |
| <input type="checkbox"/> Birth Record/certified certificate | <input type="checkbox"/> Other Pertinent Information _____ |
| <input type="checkbox"/> Custody Documents (if applicable) | |

SECTION IV: RELEASE INFORMATION TO

*Office Use Date Requested / /

To disclose by *fax* or *mail* educational records/information for the student referenced in SECTION I to:

La Cima Middle School, 5600 N. La Canada Dr., Tucson AZ 85704 Return by Fax 520.696.6793

Attn: Registrar Nurse Special Education Dept

Comment: _____

SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

I hereby grant permission for all confidential, medical, psychological, and academic information be released to *La Cima MS* for educational purposes.

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO STUDENT

DATE

K. Amaya, Registrar

kamaya@amphi.com

La Cima Middle School

“Dress for Success”

Uniform Policy

All Students attending La Cima School must abide by the following uniform policy. School Staff will determine if there is a violation of the uniform policy. If for any reason a student is not complying with this policy, the student will be required to change. Parents may be required to take their student home to change into appropriate clothing and return the student to school the same day. If the student has been corrected for not following the uniform policy, a discipline referral may be warranted.

SCHOOL COLORS

ALL CLOTHING MUST BE IN THESE COLORS

TOPS

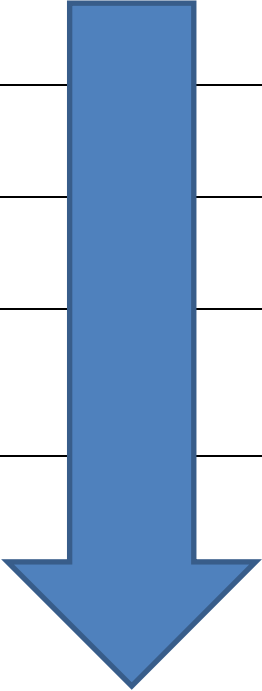
Navy Blue, White

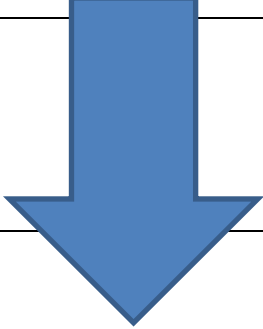
BOTTOMS

Navy Blue (no denim), Khaki

SWEATERS

White, Navy Blue,
Khaki, Gray, Black
(Solid, single color)

Uniform Shirts	Colors	Department Stores:
Knit Shirt (Polo Style) <ul style="list-style-type: none"> • Shirts can be untucked, but must not hang lower than mid-thigh. • Short Sleeve • Long Sleeve • Logos must be smaller than the size of a quarter. 	White Navy Blue	Target, Kohls, Old Navy, Wal-Mart, JC Penney, Sears
Button up Shirt <ul style="list-style-type: none"> • Short Sleeve • Long Sleeve 	White Navy Blue	
Turtleneck <ul style="list-style-type: none"> • Long Sleeve • No mock turtle neck shirts 	White Navy Blue	
Undershirts <ul style="list-style-type: none"> • Worn under uniform clothing • Must not be visible anywhere other than the neckline 	White Navy Blue Gray	
Sweaters – Zippered front sweaters <ul style="list-style-type: none"> • Must be SOLID Single Color (no speckled fabric) • No logos or designs • Zipper must remain unzipped • <u>No pullovers</u> 	White Navy Blue Khaki Gray Black	

Uniform Bottoms	Colors	Department Stores:
Shorts (Dockers or Cargo style): <ul style="list-style-type: none"> Length to knees 	Khaki Navy Blue	Target, Kohls, Old Navy, Wal-Mart, JC Penney, Sears
Pantalones (Dockers or Cargo style): <ul style="list-style-type: none"> Loose fitting No denim No stretch fabric No leggings 	Khaki Navy Blue	
Capris: <ul style="list-style-type: none"> Loose fitting 	Khaki Navy Blue	
Faldas o Jumpers: <ul style="list-style-type: none"> Length to knees 	Khaki Navy Blue	

SHOES AND SHOE LACES, SOCKS, AND BELTS

Shoes, Shoe Laces, Socks, Belts	Colors
Shoe Styles (solid color for shoes and laces) <ul style="list-style-type: none"> Athletic Shoes (small amount of an <u>accent color is o.k.</u>) Shoe laces must match solid shoe color Dress Shoes (No heels or open toe) 	White Brown Navy Blue Gray Black
Socks: <ul style="list-style-type: none"> Any color – must be school appropriate 	Any
Belts (with plain buckles) <ul style="list-style-type: none"> Solid Color No hanging belts 	Khaki Brown Navy Blue Black

Tops and bottoms must be different colors. Uniform clothing must fit properly. No oversized or tight fitting clothing. No sagging pants.

We recommend you print the Uniform Policy

Please check the box to indicate receipt of this information.



La Cima Middle School



Supply List


Please make sure your child has the supplies listed below on their first day of starting school.

- 1 - 2 in. Binder
- 1 – Pack of dividers – 8 tabs (pocket dividers)
- 1 - Pencil pouch
- 1 - Pkg. of Paper
- 1 - Pkg. of colored pencils
- 2 - Black ink pens
- 2 - Red ink pens
- 1 - Pkg Highlighters
- 3 - # 2 Pencils
- 1 - Sticky Note pad (2 x 1.5 in)
- 2 - Composition books
- 4 Spiral Notebooks – College Ruled
- Small Pencil Sharpener

Optional: To be donated to Homeroom Teachers.
Kleenex, Hand Sanitizer and Disinfecting Wipes.

We recommend you print this page

Please check the box to indicate receipt of this information.

If you are viewing and filling in this packet in Adobe Reader  you can click the Submit button to send it to our registrar. The completed form will automatically attach and the address and subject will automatically fill in. You just need to confirm send when the email window appears.

If you are viewing or editing this packet in any non-Adobe program you will need to download the completed packet to your device and send it via email attachment to our registrar at kamaya@amphi.com

Please type: **New Student Registration** in the subject line of the email.

Alternatively, you can choose to download and print this packet and return it to the school office in person.