

PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD

TEACHER'S NAME _____

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

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) _____

Name _____ Address _____ Phone(s) _____

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.



State of Arizona
Department of Education



Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective April 4, 2011)**

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

District _____

Student Name _____ 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 indicate the student's home or primary language. (Revised 01-2019)



State of Arizona
Department of Education



Office of English Language Acquisition Services

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____

2. ¿Cuál idioma habla el estudiante con mayor frecuencia? _____

3. ¿Cuál fue el primer idioma que aprendió el estudiante? _____

Nombre del estudiante _____ Distrito
Núm. de identificación _____

Fecha de nacimiento _____ SSID _____

Firma del padre o tutor _____ 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 indicate the student's home or primary language. (Revised 01-2019)

**LA CIMA MIDDLE SCHOOL COMPACT
2019-2020**

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

L E A R N	<ul style="list-style-type: none"> ➤ 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.
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Parent Responsibilities: I agree to do the following. Sign here: _____

P A R E N T	<ul style="list-style-type: none"> ➤ 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.
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Teacher Responsibilities: I agree to do the following. Sign here: _____

T E A C H	<ul style="list-style-type: none"> ➤ 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.
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Principal Responsibilities: I agree to do the following. Sign here: _____

L E A D	<ul style="list-style-type: none"> ➤ 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.
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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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