



Canyon del Oro High School



Home of the Dorados

Required Documents for Enrollment

- Withdrawal from – if enrolling during the school year
- Official transcripts or final report card for incoming freshman
- Immunization records
- Copy of birth certificate
- Proof of residence – as listed on the Arizona Residency Form
- Students not residing with parents will need to provide Court Issued Guardianship Papers or Power of Attorney
- Pinal County resident must complete a Certificate of Residency – Forms in office

Required Documents – Applying for Open Enrollment (Families living out of the CDO attendance area only)

- Current grades
- Transcript of complete grades 9-12
- Attendance records
- Discipline records or letter from school stating none
- Brief statement written by the student to the Principal as to why they want to attend CDO High School

Please contact for any questions: Brenda Garcia - Registrar
Email: bgarcia@amphi.com – Phone: (520) 520-696-5574

Amphitheater Public Schools - Student Registration Form



School			
School Year		Entering Grade Level for Given School Year	

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

Enrollment History	Has this student ever attended school in Arizona before? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this student ever attended an Amphitheater school any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last school attended: _____ <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Homeschool	
Year	Grade Level District City State
Special Programs, Accommodations or Services (Check all that apply past or present and provide paperwork.)	
<input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> Speech <input type="checkbox"/> English Language Development <input type="checkbox"/> Gifted/Accelerated <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Other _____ Comments: _____	
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 _____	Student ID: _____ Entry Code: _____ Start Date: _____
	PM Bus# _____ Stop _____	Data Entry Date: _____ Initials of Person Entering Data: _____

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 () -

Address same as the student Address if different than student: Apt.# City ST Zip

Email: @ Contact #1 Spoken Language _____

Agrees to be contacted electronically for education items. (Teacher emails, progress reports, etc.)

Check all that apply: Can pick up student Lives with student Is an Emergency Contact
 Receives Report Card 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 () -

Address same as the student Address if different than student: Apt.# City ST Zip

Email: @ Contact #2 Spoken Language _____

Agrees to be contacted electronically for education items. (Teacher emails, progress reports, etc.)

Check all that apply: Can pick up student Lives with student Is an Emergency Contact
 Receives Report Card 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 _____

Cell Phone () - Home Phone () - Work Phone () -

Check all that apply: Can pick up student Lives with student Is an Emergency Contact Parent Portal 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: Can pick up student Lives with student Is an Emergency Contact Parent Portal email: _____

I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE

Enrolling Parent/Guardian Printed Name _____ Enrolling Parent/Guardian Signature _____ Date _____

PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD

M

F

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

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:

Table with 5 columns: Name, Address (If different than above), Home #, Work #, Cell #. Rows include Father, Step-Father, Mother, Step-Mother, Guardian.

Brothers/Sisters:

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 medication(s) student is now taking at home or school:

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

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

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

Doctor Phone Hospital Preference

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

Name Address Phone(s) Can pick up

Name Address Phone(s) Can pick up

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

Parent/Guardian Signature Date

(Signature verifies that all of the information on this card is accurate.)

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

JFAA-EA

**ADMISSION OF RESIDENT STUDENTS
RESIDENCY DOCUMENTATION FORM
Amphitheater Unified School District**

Student: _____ School: _____

Parent/Legal Guardian: _____

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

- Valid Arizona driver's license, Arizona Identification card, Valid U.S. passport or motor vehicle registration.
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veterans Administration, Arizona Department of Economic Security).
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date



AMPHITHEATER PUBLIC SCHOOLS

McKinney-Vento 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.

Table with 5 columns: Name of Child, School, Grade, Address Where Student Slept Last Night, Phone Number

1. Where are these students presently living?

- Options for living arrangements: Doubled up with relatives or friends, In a transitional housing program, In a motel, In a shelter, In an unsheltered location, 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



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

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

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

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

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

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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

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



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?

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

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

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

Office of English Language Acquisition Services

1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas



(To be completed by the student)

EDUCATION AND CAREER ACTION PLAN

Canyon Del Oro High School



Student Name: _____

ID #: _____

School year: _____

Current Grade Level (check one): 9 10 11 12

Post High School Plans

Education: (check one) (you can find more information to help you with this on the "Education" tab in AzCIS)

- | | |
|---|--|
| <input type="checkbox"/> Attend a University directly after
graduating highschool | <input type="checkbox"/> Military |
| <input type="checkbox"/> Attend a Community College and then | <input type="checkbox"/> Trade/Technical School |
| <input type="checkbox"/> Attend a Community College to earn a
2-year degree or certificate Top | <input type="checkbox"/> Work Force transfer to a University |
| | <input type="checkbox"/> Other: _____ |

3 college choices:

Career Interests: (check all that apply) (you can find more info to help you with this on the "Occupations" tab in AzCIS)

- | | | |
|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Government/Public Administration | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Architecture/Construction | <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Science, Technology, Engineering
and Math |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Hospitality and Tourism | <input type="checkbox"/> Transportation, Distribution and
Logistics |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Human Services/Counseling | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Information Technology | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Law, Public Safety, Correction and
Security | |
| <input type="checkbox"/> Finance | | |

Extracurricular Activities and Honors/Awards:

Extracurricular activities: _____

Honors/Awards: _____

AzCIS information: While this document serves as your official documentation of having completed your ECAP for this year, the real work on creating your plan occurs in AzCIS. Please maintain your AzCIS account on a regular basis! (<http://azcis.intocareers.org>) Please see your counselor for assistance.

I acknowledge that I have completed this ECAP and that I have reviewed my plan with my parent or guardian. I understand that I may make changes to my ECAP at any time during the school year by contacting my school counselor and that I will complete an updated ECAP document early each school year.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Canyon Del Oro High School Technology Survey

Student Name: _____ Grade: _____

1. Do you have access to internet at home so that your child has the ability to complete online assignments?

_____ Yes

_____ No

2. Please check the devices your child has access to at home they can use to complete online assignments.

_____ Home Computer

_____ Laptop













_____ Tablet

_____ Cell Phone

_____ No Device



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 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 _____



****Completed form is only needed for incoming 9th and 10th grade students interested in the IB Programme****



Canyon del Oro High School International Baccalaureate (IB) Interest Form

Canyon del Oro High School is proud to offer the International Baccalaureate (IB) program. IB courses are rigorous, weighted courses taken in 11th and 12th grade (almost all are two-year courses). IB classes are geared for students who are looking to challenge themselves by taking one or more advanced courses and are a great alternative to AP courses. IB students seek **personal** and **academic** growth and the program aims to develop inquiring, knowledgeable, and caring our people who work towards becoming active, compassionate, life-long learners with international awareness. IB courses generally involve more class discussion and writing and delve deeper into the subject matter than non-IB courses.

CDO students have two IB options. They may participate in the full IB Diploma Programme, which consists of taking courses in six academic areas (Literature, Second Language, History, Chemistry, Mathematics, and an elective); participate in a Theory of Knowledge course; complete and Extended Essay (research paper); and engage in extracurricular activities that are creative, active, and service in nature. As an alternative, students may take 1-3 IB courses as part of the IB Certificate Course Programme. Additional information about the CDO IB program can be found at:

<https://www.amphi.com/page/7844>

Incoming 9th and 10th grade students who may be interested in joining the IB program in 11th grade, are encouraged to turn in an IB interest form. Submission of this form is not a commitment to participate in IB or constitute admission to the program, but it will allow the IB Counselor (Jessica Dale, jdale@amphi.com) to identify you in order to support your transition to CDO and ensure that you are on-track for whichever IB option is right for you.

IB prerequisites include successful completion of the following courses by 11th grade: two years of English, two years of math, two years of science, two years of a second language (French, German, Spanish), world history, government/economics, one year of PE, and one year of a fine art or career and technical education (CTE) course.

Student Name: _____ Year of HS Graduation: _____

Middle School: _____ Student Email Address: _____

Student Signature: _____

Parent/Guardian Signature: _____

****Please fill our form only if interested in the IB Programme****



Canyon del Oro High School



Memorandum of Understanding Transfer Student Athlete

RE: Memorandum of Understanding – Transfer Student Athlete

We have completed the AIA form 520 Application for Eligibility online, accurately and have not provided any false information on the form. In addition, we have: (check one of the options below)

Completely vacated our original residence at _____
City _____ State _____ and no family members will continue to reside at this address. All personal belongings have been removed from the domicile.

Enrolling through Open Enrollment and/or live with-in CDO attendance area and have not changed our residence.

Our permanent residential address is:

_____, _____, _____, _____
Street Address City State Zip Code

No member of this family has had any prior contact with the coaches or any representative of the school, including parents, regarding playing at Canyon del Oro High School and in no way have been contacted or recruited to play any interscholastic sport at Canyon del Oro High School.

My (our) signature(s) indicate I (we) have read and agree with the above statements. As part of our discussions I (we) understand that the falsification or omission of any information can affect interscholastic eligibility for _____ (student name) and may result in the forfeiture of competitions which will jeopardize Canyon del Oro High School’s standing with the Arizona Interscholastic Association (AIA).

Print Parent/Guardian Name Signature Date

Print Parent/Guardian Name Signature Date