

AMPHI ACADEMY
— O N L I N E —

Required Documents for Enrollment

If you do not reside in the Amphitheater School District and wish to enroll at Amphi Academy Online School please contact the Registrar at 520-696-6160.

Currently Enrolled In-District Students - Transfer Process

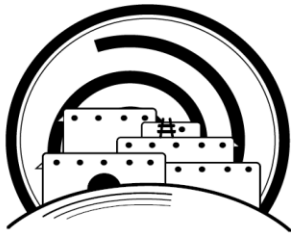
1. Student must withdraw from their current school – returning all textbooks and items checked out.
2. Complete and return the attached AAO registration packet with a copy of your Proof of Residence outlined on the Arizona Residence form.

Currently enrolled outside of our District

Return a completed AAO registration packet with the following documents:

- Withdraw Form – if enrolling during a school year
- Official Transcripts for grades 9 – 12
- Immunization Records
- Copy of Birth Certificate
- Proof of Residence – as listed on the Arizona Residence Form
- If applicable: IEP / 504 Plan
- Students not residing with parents will need to provide Court Issued Guardianship documents
- Pinal County residents must complete a Certificate of Residence – forms available on request.

Please contact for any questions: Shelly Wade, Registrar
Email: swade@amphi.com - Phone: 520-696-6160
2040 W. Omar Drive, Tucson AZ, 85704



AMPHI ACADEMY

— O N L I N E —

2023-2024 AAO Enrollment

Student Name: _____ ID#: _____

Grade Level for 2023-2024: _____

Important Information

- All students enrollment ends at the end of each school year.
- All students must return a registration packet to re-enroll for the next school year.
- There is no automatic re-enrollment process.
- To maintain enrollment: all students must log 30 hours a week, be current or ahead in all courses, parent(s)/guardian(s) must submit a weekly minutes log.

2-Step Registration Process

Return a completed AAO registration packet with the following documents:

1. Complete the attached registration packet
 - Proof of residence is required
 - All pages must be completed and signed or enrollment will be delayed
2. Return the registration packet by email, fax, or dropping off at the office:
 - Email: swade@amphi.com
 - Fax: 520-696-6204
 - Office: 2040 W. Omar Drive, Tucson AZ, 85704

Please contact for any questions: Shelly Wade, Registrar
Email: swade@amphi.com - Phone: 520-696-6160

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

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 _____	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)

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> 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"/> Receives Report Card		<input type="checkbox"/> Can have Parent Portal Access	
<input type="checkbox"/> Is an Emergency Contact				

Parent/Guardian Contact #2

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> 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"/> Receives Report Card		<input type="checkbox"/> Can have Parent Portal Access	
<input type="checkbox"/> Is an Emergency Contact				

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

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> 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"/> Can have Parent Portal Access (Email: _____ @ _____)		<input type="checkbox"/> Is an Emergency Contact	

Additional Contact #4

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> 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"/> Can have Parent Portal Access (Email: _____ @ _____)		<input type="checkbox"/> Is an Emergency Contact	

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, or the Executive Director of Student Services, (520) 696-5230, studentservices@amphi.com.

Escuelas públicas Amphitheater – Forma de registro estudiantil



Escuela			
Año escolar		Grado de entrada para este año escolar	

Instrucciones: Después de completar este formulario, guarde una copia en su computadora. El Formulario de registro del estudiante, junto con cualquier documentación que lo acompañe, se puede entregar en la oficina principal de la escuela en la que está inscribiendo a su estudiante.

INFORMACIÓN DEL ESTUDIANTE (Favor de D el nombre exacto tal como aparece en el certificado de nacimiento)					
Apellido	Primer nombre	Primer nombre preferido	Segundo nombre completo	Generación (Jr. III, IV, etc.)	Género <input type="checkbox"/> M <input type="checkbox"/> F
Origen étnico: <input type="checkbox"/> Hispano <input type="checkbox"/> No hispano	Raza (marque todas las opciones que aplican): <input type="checkbox"/> Negro / Afroamericano <input type="checkbox"/> Blanco <input type="checkbox"/> Hawaiano / Isleño de Pacífico <input type="checkbox"/> Asiático <input type="checkbox"/> Indio americano / Nativo de Alaska Afiliación y número tribal _____				
Fecha de nacimiento (dd/mm/yyyy)	País de nacimiento	Estado de nacimiento (solo EUA)		Ciudad de nacimiento	
Dirección residencial		# de apartamento	Ciudad	Estado	Código postal
Dirección preferida		# de apartamento	Ciudad	Estado	Código postal

Historial de registro	¿Ha asistido este estudiante a una escuela en Arizona anteriormente? <input type="checkbox"/> Sí <input type="checkbox"/> No				
	¿Ha asistido este estudiante a una escuela en Amphitheater anteriormente? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Última escuela de asistencia: _____ <input type="checkbox"/> Pública <input type="checkbox"/> Chárter <input type="checkbox"/> Privada <input type="checkbox"/> En el hogar					
Año	Nivel de grado	Distrito	Ciudad	Estado	

Programas especiales, ajustes o servicios (marque todas las opciones que aplican en el pasado y el presente; provea documentación)	
<input type="checkbox"/> Educación especial <input type="checkbox"/> 504 <input type="checkbox"/> Desarrollo del lenguaje inglés <input type="checkbox"/> Enfermedad crónica <input type="checkbox"/> Dotado/acelerado (<input type="checkbox"/> El estudiante participó previamente en clases/programas acelerados) <input type="checkbox"/> Otro _____ Nota: envíe toda la documentación/registros pertinentes, incluidos, entre otros, el Plan 504, el IEP, el BIP, las enfermedades crónicas, etc.	

Otra información (marque todas la opciones que aplican)
<input type="checkbox"/> Dependiente de militar activo <input type="checkbox"/> Acogido <input type="checkbox"/> DCS <input type="checkbox"/> Condición de refugiado <input type="checkbox"/> McKinney-Vento/Sin hogar <input type="checkbox"/> Matrícula abierta

Otros niños/hermanos menores de 18 años viviendo en la misma dirección			
Nombre (apellido/primer nombre/segundo nombre)	Fecha de nacimiento	Escuela	Grado

Transporte (Los estudiantes deben cumplir con las pautas de elegibilidad que se enumeran en la Política de la Junta. Consulte el sitio web del Amphitheater).
Si viaja en autobús, sería: <input type="checkbox"/> De ida Y vuelta <input type="checkbox"/> Solamente a la escuela <input type="checkbox"/> Solamente de vuelta <input type="checkbox"/> Sitio de cuidado _____
Otras formas de transportación: <input type="checkbox"/> Caminando <input type="checkbox"/> En bicicleta <input type="checkbox"/> Traído/recogido por los padres <input type="checkbox"/> Estudiante conduciendo (solo HS)

Solo para uso de la oficina	AM Bus# _____ Stop _____	Student ID: _____ Entry Code: _____ Start Date: _____
	PM Bus# _____ Stop _____	Data Entry Date: _____ Initials of Person Entering Data: _____

Nombre del estudiante: _____ Grado: _____

Contacto #1 – Padre/guardián (Solamente el contacto #1 es el contacto PRINCIPAL y se le llamará primero.)

<input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Madre de acogida <input type="checkbox"/> Padre de acogida <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro <input type="checkbox"/> Guardián <input type="checkbox"/> Otro _____					
Apellido		Primer nombre		Empleador	
Celular () -		Teléfono hogar () -		Teléfono trabajo () -	
<input type="checkbox"/> La misma dirección que el estudiante	Dirección (si es diferente el estudiante)		# de apartamento	Ciudad	Estado Código postal
Correo electrónico: _____ @			Idioma hablado por contacto #1		
<input type="checkbox"/> De acuerdo en ser contactado electrónicamente, incluyendo mensajes de texto, para asuntos de educación (ej., mensajes electrónicos de los maestros y directores, reportes de progreso, mensajes de la escuela, 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)					
Marque todas las opciones que aplican:		<input type="checkbox"/> Puede recoger al estudiante <input type="checkbox"/> Vive con el estudiante <input type="checkbox"/> Es un contacto de emergencia <input type="checkbox"/> Recibe el reporte de calificaciones <input type="checkbox"/> Puede tener acceso al portal de padres (Parent Portal)			

Contacto #2 – Padre/guardián

<input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Madre de acogida <input type="checkbox"/> Padre de acogida <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro <input type="checkbox"/> Guardián <input type="checkbox"/> Otro _____					
Apellido		Primer nombre		Empleador	
Celular () -		Teléfono/hogar () -		Teléfono/trabajo () -	
<input type="checkbox"/> La misma dirección que el estudiante	Dirección (si es diferente al estudiante)		# de apartamento	Ciudad	Estado Código postal
Correo electrónico: _____ @			Idioma hablado por contacto #2		
<input type="checkbox"/> Por favor, manténganme informado sobre la educación de mi hijo a través de correo electrónico y mensajes de texto, según sea necesario. (por ejemplo, correos electrónicos de maestros y directores, informes de progreso, mensajes de escuelas, etc.)					
<input type="checkbox"/> Entiendo que el Código de Conducta está disponible en línea, pero aun así me gustaría una copia impresa. (Se puede acceder al Código de Conducta del Anfiteatro a través del siguiente enlace: https://www.amphi.com/Domain/1053)					
Marque todas las opciones que aplican:		<input type="checkbox"/> Puede recoger al estudiante <input type="checkbox"/> Vive con el estudiante <input type="checkbox"/> Es un contacto de emergencia <input type="checkbox"/> Recibe el reporte de calificaciones <input type="checkbox"/> Puede tener acceso al portal de padres (Parent Portal)			

¿Quién tiene la custodia legal del niño? <input type="checkbox"/> Contacto #1 <input type="checkbox"/> Contacto #2 (Marque los dos si aplica.)	
¿Hay custodia compartida o un plan parental en efecto? <input type="checkbox"/> Sí <input type="checkbox"/> No (Si hay un plan, una copia debe estar en la escuela.)	
¿Está este estudiante al cuidado de un guardián? <input type="checkbox"/> Yes <input type="checkbox"/> No (Si lo está, una copia de los documentos debe estar en la escuela.)	
¿Hay una orden de restricción en efecto? <input type="checkbox"/> Yes <input type="checkbox"/> No Contra: <input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Otro (Si la hay, una copia debe estar en la escuela.)	
Información adicional:	

Contacto adicional #3

<input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Madre de acogida <input type="checkbox"/> Padre de acogida <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro <input type="checkbox"/> Guardián <input type="checkbox"/> Otro _____					
Apellido		Primer nombre		Idioma hablado por #3	
Celular () -		Teléfono/hogar () -		Teléfono/trabajo () -	
Marque todas las opciones que aplican:		<input type="checkbox"/> Puede recoger al estudiante <input type="checkbox"/> Vive con el estudiante <input type="checkbox"/> Es un contacto de emergencia <input type="checkbox"/> Portal para padres _____ @ _____			

Contacto adicional #4

<input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Madre de acogida <input type="checkbox"/> Padre de acogida <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro <input type="checkbox"/> Guardián <input type="checkbox"/> Otro _____					
Apellido		Primer nombre		Idioma hablado por #4	
Celular () -		Teléfono/hogar () -		Teléfono/trabajo () -	
Marque todas las opciones que aplican:		<input type="checkbox"/> Puede recoger al estudiante <input type="checkbox"/> Vive con el estudiante <input type="checkbox"/> Es un contacto de emergencia <input type="checkbox"/> Portal para padres _____ @ _____			

YO VERIFICO QUE TODA LA INFORMACIÓN EN ESTA FORMA IS CORRECTA

Padre/guardián registrando (letra de imprenta)	Firma del padre/guardián registrando	Fecha
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PLEASE PRINT

**AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD****M**Full Legal Name of Student _____ Sex **F** Grade _____ School _____
(Last) (First) (Middle)

Resident Address _____

Mailing Address (if different) _____

Date of Birth _____ Place of Birth _____

City

State

Country

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

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

Brothers/Sisters:

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

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

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

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

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

If your student is to take medication at school, a signed consent form is required.Please list all medication(s) student is now taking at home or school: _____

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

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

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

Doctor _____ Phone _____ Hospital Preference _____

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

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

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

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

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

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

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 of the property where the student resides:

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

_____ Real estate deed or mortgage documents

_____ Property tax bill

_____ Residential lease or rental agreement

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

_____ Bank or credit card statement

_____ W-2 wage statement

_____ Payroll stub

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

_____ Documentation from a state, tribal or federal government agency (Social Security Administration, 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



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 Amphitheater Public Schools - District 10

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 _____
Fecha _____	
Distrito o Charter <u>Amphitheater Public Schools - District 10</u>	
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)

McKinney-Vento Regulations

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

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

- ◆ You are living with friends or relatives, or moving from place to place, because you cannot currently afford your own housing.
- ◆ You are living in a shelter or a motel.
- ◆ You are living in a Transitional Housing Program
- ◆ You are living in housing without water or electricity.
- ◆ You are living in a place not considered traditional "housing", like a car or a campground.
- ◆ You are a student living on your own (in a similar situation) without a parent or legal guardian.

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

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

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

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

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

Amphitheater Public Schools McKinney-Vento Eligibility Questionnaire

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

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

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

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

Names of adults in the home: _____ Date: _____

Name of School	Name of Student	Grade	Address	Phone number

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



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 _____



AMPHI ACADEMY
— O N L I N E —

AAO State Standardized Testing & Amphi District Requirements Agreement

Per State requirements (ARS15-808), the State standardized tests listed below must be administered at AAO by a trained, qualified proctor. All students enrolled at AAO are required to complete the standardized assessments in-person. We cannot offer any online modifications per the State of Arizona.

Grades 6 - 8: Arizona's Academic Standards Assessment
Reading, Writing & Math – 3 days required

Grades 8 & 11: AzSCI (Science Test) – 1 day required

Grade 9: ACT Aspire – 3 days required

Grade 11: ACT – 1 day required

The following Amphi District tests are also required but are done online:

- District Benchmark MAP Testing: Grades 6 – 10: 3 times a year x 2 days
- Major Clarity: Grades 6 – 12: completed 1st and 2nd semester (via Zoom)

By signing this form, I agree/understand that my student is required to participate in the appropriate State Standardized testing in-person. In addition, I understand the District Benchmark Tests and Major Clarity are required. I also understand my student may be withdrawn if he/she does not participate in these required tests. Note: Typing a name on a signature line constitutes a digital signature & indicates agreement.

Student Name: _____ Grade: _____

Parent Name: _____

Parent Signature: _____ Date: _____

CC Student File: _____

Initials: _____

Questions? Please contact: Shelly Wade, Registrar

swade@amphi.com - Phone: 520-696-6160



Amphi Academy Online Learning Agreement

Parents/Guardians & Students

We are pleased you have chosen Amphi Academy Online (AAO) for your students education. As part of our agreement, as well as meeting the Arizona Online Instruction (AOI) education laws of Arizona, read the below agreements, complete the required area, and sign. Please return with your enrollment documents to our Registrar, Shelly Wade (swade@amphi.com). Thank you.

Student Contract

I, _____, agree to work 30 hours per week (online & (print student name on the line) offline) in all of my assigned courses. I understand the time spent actively working in my courses, both online & offline, will be logged in the required minutes log each week. This log will be submitted by my parent/guardian on Monday of each school week.

I understand I will be assigned 4-6 courses and must submit assignments on a regular basis in all my assigned courses.

I understand AAO will complete a credit check and project the appropriate courses to be completed by grade level each semester. Courses will be assigned based on what is required by grade level and courses completed by the student.

The Amphitheater Public Schools Code of Conduct applies to all AAO students. In addition, the AAO Parent/Student Handbook describes the procedures and policies to be followed including the required hours per week (30).

I understand I may be withdrawn from AAO if I am not making adequate progress in my courses in accordance with ARS 15-808.

I must participate in all standardized state testing in-person as required by ARS 15-808 or I may be withdrawn from AAO.

I must participate in all district benchmark testing including Major Clarity. These will be completed online independently and via Zoom.

I understand that by not following the above contract, I may be withdrawn from AAO.

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date

Note: Typing a name on a signature line constitutes a digital signature & indicates agreement.

CC Student File: _____

Initials: _____

Questions? Please contact: Shelly Wade, Registrar (swade@amphi.com)
Phone: 520-696-6160 – 2040 W Omar Drive, Tucson AZ 85704