

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"/> 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 _____	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 () -
<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 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.)

Madre Padre Madre de acogida Padre de acogida Madrastra Padrastro Guardián 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

Madre Padre Madre de acogida Padre de acogida Madrastra Padrastro Guardián 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? Contacto #1 Contacto #2 (Marque los dos si aplica.)

¿Hay custodia compartida o un plan parental en efecto? Sí No (Si hay un plan, una copia debe estar en la escuela.)

¿Está este estudiante al cuidado de un guardián? Yes No (Si lo está, una copia de los documentos debe estar en la escuela.)

¿Hay una orden de restricción en efecto? Yes No Contra: Madre Padre Otro (Si la hay, una copia debe estar en la escuela.)

Información adicional:

Contacto adicional #3

Madre Padre Madre de acogida Padre de acogida Madrastra Padrastro Guardián 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

Madre Padre Madre de acogida Padre de acogida Madrastra Padrastro Guardián 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 ES CORRECTA

Padre/guardián registrando (letra de imprenta)	Firma del padre/guardián registrando	Fecha
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El Distrito Escolar Unificado de Amphitheater no discrimina por motivos de raza, color, religión/creencias religiosas, género, sexo, edad, origen nacional, orientación sexual, credo, estado de ciudadanía, estado civil, creencias políticas/afiliación, discapacidad, idioma del hogar, antecedentes familiares, sociales o culturales en sus programas o actividades y brinda igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. Las consultas relacionadas con las políticas de no discriminación del Distrito son atendidas en 701 W. Wetmore Road, Tucson, Arizona 85705 por el Oficial de Cumplimiento de Equidad y Seguridad y Coordinador del Título IX, (520) 696-5164, TitleIXCoordinator@amphi.com, o, Directora Ejecutiva de Servicios Estudiantiles, (520) 696-5230, studentservices@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



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 _____

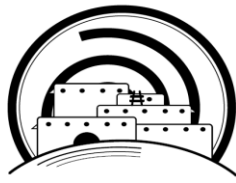
Parent Section:

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