



SIERRA SUMMIT
ACADEMY

P.O. Box 1360

Hereford, AZ 85615

Phone: [520] 803-0508 Fax: [520] 8030-0594

REGISTRATION FORM

(To be completed and signed by parent/guardian unless student is at least 18 years old)

Please read the entire Registration Packet and submit the following documents and completed forms:

- | | |
|---|---|
| <input type="checkbox"/> 1. Birth Certificate | <input type="checkbox"/> 7. Student request for records |
| <input type="checkbox"/> 2. Withdrawal slip from last school attended | <input type="checkbox"/> 8. Home language survey |
| <input type="checkbox"/> 3. Social Security Card | <input type="checkbox"/> 9. Guide to determine eligible student |
| <input type="checkbox"/> 4. Immunization record (current) | <input type="checkbox"/> 10. Permission/Photo/Video release |
| <input type="checkbox"/> 5. Registration Form | <input type="checkbox"/> 11. Computer agreement |
| <input type="checkbox"/> 6. Student Enrollment Form | |

Student Name: _____
Last First Middle

Has student ever previously attended Sierra Summit Charter School? **YES NO**

If yes, please provide the dates: _____

Has student ever received Special Education Services? **YES NO**

If yes, please provide the dates: _____

Primary language spoken in the home? _____

Student's first acquired language? _____

Primary language most often spoken by student? _____

We have received, read, and understand the Sierra Summit Academy Policies and Procedures which include the Attendance Policy. The above named student agrees to abide by them while attending Sierra Summit Academy. We understand that the student does not follow the policies and procedures that it will be grounds for dismissal from the school.

x _____
Student Signature Date Parent/Guardian Signature Date

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**P.O. Box 1360
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STUDENT ENROLLMENT FORM 2004/2005

(To be completed and signed by parent/guardian unless student is at least 18 years old)

Today's Date ____/____/____ Date of Birth ____/____/____ Age _____ Race _____

Social Security # _____ Gender (M) (F) SAIS # _____

Student Name: _____
Last First Middle

Address: _____
Street / PO Box # City Zip

Mailing Address [if different from above] _____

Home Phone _____ Place of Birth _____

Father/Guardian _____ Daytime Phone# _____

Mother/Guardian _____ Daytime Phone# _____

Emergency Contact _____ Daytime Phone# _____

Have you ever been suspended? _____ Have you ever been suspended? _____

If expelled, please list the school and the reason why: _____

Has the student previously attended Sierra Summit Academy? **NO** **YES** **Dates** _____

Has the student ever received special education services? **NO** **YES**

If YES, please list the dates, school and type of services: _____

List all Middle and High Schools previously attended:

School	_____	City/State	_____	Dates	_____	Grade	_____
School	_____	City/State	_____	Dates	_____	Grade	_____
School	_____	City/State	_____	Dates	_____	Grade	_____
School	_____	City/State	_____	Dates	_____	Grade	_____

x _____
Parent/Guardian Name [Print]

Parent/Guardian Signature

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STUDENT RECORD REQUEST

(To be completed and signed by parent/guardian unless student is at least 18 years old)

Please Release Information To:

Lisa Cohne, M.S.W.
Director of Education, Sierra Summit Academy
PO Box 1360
Hereford, AZ 85615

Student Name: _____ Date of Birth ____/____/____ Last Grade Attended _____

School Last Attended: _____

Mailing Address: _____
Street / PO Box #

City

State

Zip

I hereby request and authorize you to release information and data you have or may receive as indicated below and other information that will aid in providing appropriate educational services for my child.

1. Transcript of grades
2. Withdrawal grades
3. Explanation of marks used in reporting grades
4. Test results (achievement)
5. Health and immunization record
6. Special education evaluations, psychological reports, and I.E.P.s
7. 504 remediation plan
8. Discipline history appropriate to student support and success

All psychological/confidential data will be maintained as such and will not be transferred to any person/agency without parental permission. Parents will have access to all their student's records upon consent to the transfer of the requested records.

x _____
Parent/Guardian Name [Print]

x _____
Parent/Guardian Signature

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GUIDELINES TO DETERMINE FUNDING ALLOCATIONS FOR FEDERAL PROGRAMS

(To be completed and signed by parent/guardian unless student is at least 18 years old)

The Arizona Department of Education provides the following FY 2002 Income Guidelines for determining the eligibility of students between the ages of 5 and 17, who attend public schools. Eligibility is used to determine if the student qualifies for certain Federal funds. The majority of Federal funds available to schools provide direct supplemental services to student toward risk of not meeting Arizona's content and performance standards. The school holds all information given in strictest confidence.

Based on the guidelines below, is your family at our below the current income guidelines? Yes No

**Guidelines to Determine Funding
Allocations for Certain Federal Programs**

Current Income Guidelines

Definition of Income: includes virtually all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, Social Security, retirement benefits, unemployment compensation, aid for depending children, alimony, child support, pensions, insurance or annuity payments, etc.

Family Size	Year	Month	Week
1	\$10,855	\$905	\$209
2	\$14,625	\$1,219	\$282
3	\$18,395	\$1,533	\$354
4	\$22,165	\$1,848	\$427
5	\$25,935	\$2,162	\$499
6	\$29,705	\$2,476	\$572
7	\$33,475	\$2,790	\$644
8	\$37,245	\$3,104	\$717
Each Additional Member Add:	+\$3,770	+\$315	+\$73

If your family qualifies, please complete the following information for your children:

Child's Name	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all of the above information is true and correct.

x _____
Parent/Guardian Signature

Date



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Las PAUTAS para DETERMINAR las ASIGNACIONES de la FINANCIACION PARA PROGRAMAS FEDERALES

(Para ser completado y para ser firmado por padre/guardián a menos que estudiante sido por lo menos de 18 años de edad)

El Departamento de Arizona de la Educación proporciona el FY siguiente 2002 Pautas de Ingresos para determinar la elegibilidad de estudiantes entre las edades de 5 y 17, que asiste las escuelas públicas. La elegibilidad se utiliza para determinar si el estudiante califica con toda seguridad fondos federales. La mayoría de fondos federales disponibles a escuelas proporciona los servicios suplementarios directos al estudiante hacia el riesgo de no encontrar el contenido de Arizona y estándares de desempeño. La escuela tiene toda información se rindió la confianza más estricta.

¿Basado en las pautas abajo, es su familia en nuestro debajo de las pautas actuales de ingresos? Sí No

Las pautas para Determinar las Asignaciones de la Financiación los Programas con toda seguridad Federales

Pautas actuales de Ingresos

La definición de Ingresos: incluye virtualmente todos artículos tales como los sueldos y los salarios antes de cualquier deducción, y antes de los otros ingresos, tal como autoempleo, el bienestar, la Seguridad social, los beneficios de la jubilación, la compensación del desempleo, ayuda para depender a niños, la pensión, apoyo de niño, las pensiones, los pagos del seguro o la anualidad, etc.

Los miembros en su familia	Ingresos anuales	Ingresos mensuales	Ingresos semanales
1	\$10,855	\$905	\$209
2	\$14,625	\$1,219	\$282
3	\$18,395	\$1,533	\$354
4	\$22,165	\$1,848	\$427
5	\$25,935	\$2,162	\$499
6	\$29,705	\$2,476	\$572
7	\$33,475	\$2,790	\$644
8	\$37,245	\$3,104	\$717
cada miembro adicional de la familia agrega:	+\$3,770	+\$315	+\$73

Si su familia califica, completa por favor la información siguiente para sus niños:

El niño'el Nombre de s	El nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yo por la presente certifico que todo el encima de información es verdad y correcto.

x _____
Firma de Padre /guardián

Fecha



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IMMUNIZATIONS INFORMATION

A. R. S. 15 - 872. Proof of immunization; non-compliance; notice to parents, civil immunity

- A. The director of the Department of Health services, in consultation with the superintendent of public instruction, shall developed by rules standards for documentary proof.
- B. A pupil shall not be allowed to attend school without submitting documentary proof to the school administrator unless by rule standards for documentary proof.
- C. Each public school shall make full disclosure of the requirements and exemption as prescribed in sections 15 - 872 and 15 - 873.
- D. On enrollment, the school administrator shall suspend a pupil of the administrator does not have documentary proof and the pupil is not exempted from immunization pursuant to section 15 - 873.
- E. Notwithstanding subsections B and D of this section, a pupil may be admitted to or allowed to attend a school if the pupil has received at least one dose of each of the required immunizations prescribe pursuant to section 36 - 672 and has established a schedule for the completion required immunizations. The parent, guardian, or person in loco parentis of a pupil shall present to the school administrator documentary proof of the immunizations received and a schedule prepared by the people's physician or a health agency for completion of additional required immunizations.
- F. The school administrator shall review the school immunization record for its pupil admitted or allowed to continue attendance pursuant to subsection E of this section at least twice each school year until the pupil receives all of the required immunizations and shall suspend a pupil as prescribed in subsection G of this section who fails to comply with immunization schedule. The immunizations received by a pupil shall be entered in the pupil's school immunization record.
- G. Unless proof of an exemption from immunization pursuant to section 15 -873 is provided, a pupil who is admitted or allowed to continue to attend and who fails to comply with the immunization schedule within the time intervals specified by the schedule shall be suspended from school attendance until documentary proof of the administrator of another dose of each appropriate immunizing agent is provided to the school administrator.
- H. The provisions of subsections B, D, and E of this section do not apply to homeless pupils until that fifth calendar day after enrollment.
- I. A school and its employees are immune from civil liability for decisions concerning the admissions, readmission, and suspension of a pupil, which are based on a good-faith implementation of the requirements of this article.

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IMMUNIZATIONS INFORMATION

A. R. S. 15 - 873. Exemptions; nonattendance during outbreak

- A. Documentary proof is not required for people to be admitted to school with one of the following occurs:
1. The parent or guardian of the pupil submits a signed statement to the school administrator stating that the parent or guardian has received information about immunizations provided by the health Department of Health services, understands the risks and benefits of immunizations and the potential risks of non immunization and that due to personal beliefs, the parent or guardian does not consent to the immunizations of the pupil.
 2. The school administrator receives written certification which is signed by the parent or guardian and by a physician, which states that one or more of the required immunizations may be detrimental to the pupil's health and which indicates the specific nature and probable duration of the medical condition or circumstance which precludes immunization.
- B. An exemption pursuant to subsection A, paragraph 2 is only valid during the duration of the circumstance or condition, which precludes immunization.
- C. Pupils who lack documentary proof of immunization shall not attend school during outbreak periods of communicable immunization preventable diseases as determined by the Department of Health services or local health department. The Department of Health services or local health department shall transmit notice of this determination to the school administrator responsible for the exclusion of the pupils.



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SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS
(Arizona Immunization Program Office)

Latest school and child care requirements:

1) Effective in April of 2000, Arizona students enrolling for the 2000/2001 school year had to meet new immunization requirements prior to 2nd and 7th grade entry that included a second dose of Measles, Mumps, Rubella (MMR) and the 3-dose series of hepatitis B vaccine. The hepatitis B vaccine series takes a minimum of 4 months to complete. The new rule was added to a Kindergarten and 1st grade requirement by phasing in two grade levels. Every year for a five year period, two grade levels will be added until all grades K-12 are included. Schools will be responsible for following the implementation schedule by excluding those who have not started the shots or who are overdue for the next dose.

2) On January 19, 1999 a new rule became effective requiring the 2 dose hepatitis A vaccine series for children aged 2 through 5 attending child care in Maricopa County.

All school and child care centers must require children in attendance to be adequately immunized. The law requires parents or guardians to present a documented immunization record which includes dates of all required immunizations. By law, a child cannot attend if his or her record does not show the month and year (month, day, and year for MMR) of each required dose.

Children without a complete immunization record or with an inadequate record must be referred to a physician or health department for immunizations before entry. Inadequately immunized children must have at least one current dose of each vaccine to attend. Additional vaccine doses must be received when they are due for the child to continue attendance. If there is a medical contraindication (temporary or permanent) both the parent and physician must sign the ADHS exemption form provided by the school or health department. If there is a personal or religious belief exemption, the parent/guardian must sign the ADHS form provided by the school, child care center or health department.

7th, 8th, 9th and 10th grade entry (public, private, parochial and charter school children):

4 or 5 Diphtheria, Tetanus, Pertussis (DTaP or DTP or DT or 3 Td)

3 or 4 Polio

2 Measles, Mumps, Rubella (MMR)

3 Hepatitis B (hep B)

Td booster recommended if more than 5 years since last DTaP/DTP/DT

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11th - 12th grade (public, private, parochial and charter school children):

4 or 5 Diphtheria, Tetanus, Pertussis (DTaP or DTP or 3 Td)

3 or 4 Polio

1 MMR

1 Td booster if 10 years since last DTaP/DTP/DT

*The Arizona School/Child Care Immunization Law allows exemptions for medical reasons or if immunizations are contrary to religious or personal beliefs of the parent or guardian; however, where medical exemptions are allowed at any level, personal beliefs exemptions only apply for schools and religious exemptions only apply for child care centers. Medical exemptions require an exemption form signed by both the physician and parent that is submitted to the school. This form should specify the reason for and duration of the exemption. Personal and religious exemption forms may be obtained from schools and child care centers.

Statute/Regulations: A.R.S. § 36-672. Immunizations; department rules. R9-6-701. Required Immunizations for Child Care or School Entry.

Follow-Up & Exclusion: School administration must exclude children who do not have the required immunizations or who are overdue for the next dose(s) in the vaccine series. Schools must follow up on each student until all required immunizations are completed.

Cost Issues: Children eligible for the federal Vaccines for Children (VFC) program can receive free vaccine from their VFC enrolled providers. Private providers may charge an administration fee not to exceed \$15.43. Immunizations are available at no cost at all County Health Departments.

Last modified on March 12, 2003
AZ Department of Health Services

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HOME LANGUAGE SURVEY

The Arizona State Board of Education requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students.

Your cooperation is helping us meet this important requirement. Please enter the following questions. Thank you.

Student Name: _____

Grade _____ *Last* Age _____ *First* *Middle*

1. Which language teacher child line when he or she first began to talk? _____
2. What language that your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. What language is most frequently spoken by the adults at home? _____

El tablero del estado del Arizona de la educación requiere escuelas para determinar el lenguaje(s) hablado en el país por cada estudiante. Esta información es esencial en la orden para que las escuelas proporcionen la instrucción significativa a todos los estudiantes.

Su cooperación nos está ayudando a resolver este requisito importante. Incorpore por favor las preguntas siguientes. Gracias.

Nombre Del Estudiante: _____

Grado _____ *Último* Edad _____ *Primero* *Medio*

1. ¿Qué línea del niño del profesor de la lengua cuando él o ella primero comenzó a hablar? _____
2. ¿Qué lengua que su niño utiliza lo más con frecuencia posible en el país? _____
3. ¿Qué lengua usted utiliza lo más con frecuencia posible hablar a su niño? _____
4. ¿Qué lengua es hablada lo más con frecuencia posible por los adultos en el país? _____

Padre / Guarda Firma _____ *Fecha* _____

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PERMISSION FORMS

(To only be signed by parent or guardian)

Student Name: _____

Date of Birth ____/____/____

Permission to Leave School with staff for field trips

And I give my permission for the above named student to attend school field trips (if qualified). I realize that he/she may ride in a privately owned vehicle that operated by a school staff member or a parent.

Parent/Guardian signature _____ Date _____

Permission to take part in Life Skills Workshops

Sierra Summit academy intends to provide students with a Life Skills component in addition to our academic skills program. Our Life Skill component covers topics such as Goal Setting, Decision Making and Taking Responsibility. In addition to class activities we plan to invite guest speakers to address issues facing teens. Speakers may discuss family planning, pregnancy prevention, and how to avoid sexually transmitted diseases. If workshops of this nature are **NOT** something you want your child to participate in, please contact the Principal and we will make sure that your child is not included in these activities.

Sierra Summit Academy requires students to take responsibility for their selves, but also encourages parental involvement. If you ever have any questions or concerns, please contact your principal at 378-6366 extension 25.

Please sign below to indicate that you have read this information.

Parent/Guardian signature _____ Date _____

Permission to Dispense Medication

Please list prescription medication(s) that the student is currently taking: _____

Sierra Summit Academy staff has my permission to provide an aspirin type medication to my child as may be needed at school.

The following medication must be dispensed during school hours: _____

I will personally provide the school with the medication and copy of the doctor's orders.

Parent/Guardian signature _____ Date _____

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PHOTO/VIDEO RELEASE FORM

To Whom It May Concern:

I hereby consent to have my child: _____ photographed, videotaped, or interviewed while at school or while participating in school functions. I consent to the use of my child's photograph or likeness in school newsletters, local newspapers, the school website, or other electronic/digital/print media. I also give the school my consent to use creative work generating or authored by my child on the Internet, and educational CD, or any other electronic/digital media. I understand that my child will be identified by first name only.

As the child's parent or legal guardian, I agree to release and hold harmless Sierra Summit Academy and the Local School District. I also agree that no monies are other consideration will become due to me hard to my child because of my child participation in these activities.

Child's Name: _____

School: _____ **Grade** _____

Signature of parent or guardian: _____

Date: _____

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SIERRA SUMMIT ACADEMY COMPUTER USE AGREEMENT

Technology is a part of our ever-changing world. In order to remain current and give the population of Sierra Summit Academy every opportunity to succeed and have access to technology, we have developed a computer lab that will be accessible to all students. Therefore, it is the responsibility of each and every student to assist the school in the maintenance and appropriate use of these computers. Each student and their parent/guardian will be required to read and sign the Computer Use Agreement. Certain regulations must be adhered to in order to maintain the ability to access the computers; the regulations are as follows:

- a. Each student will be assigned to a computer by their lead/home room instructor. Students will sign and out on the sign in sheet provided each time they access the computers. Students will only utilize the computer they are assigned to unless there are extenuating circumstances and the student has teacher approval to use a different computer.**
- b. Computers are to be used in the appropriate manner at all times. Computers may be used for research, word processing, web page design (school related), PowerPoint presentations, etc. All work done on computers must be school related or otherwise authorized by the supervising instructor.**
- c. Students are restricted from changing any settings, are making alterations to any program, firewall, or block, or installation of software on any of the computers. Students found to have violated this regulation may be restricted from use of school computers for the duration of the school year.**
- d. Students will be strictly monitored by supervising instructor.**
- e. Computers will not be used to access personal e-mail accounts, unauthorized web pages, or sites that are inappropriate or unrelated to school assignments.**
- f. Violators of any of these regulations may be restricted from the use of the school computers for the duration of the school year.**

I acknowledge that I have read and understand the regulations set forth in this agreement. I agree to its contents and will adhere to these regulations.

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____