

**PEORIA ACCELERATED**



*Home of the Bulldogs!*

**HIGH SCHOOL**

Marcus Englund  
Principal  
8885 W. Peoria Ave  
Peoria, AZ 85345  
T 623.979.0031  
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MANAGED BY  THE LEONA GROUP, L.L.C.

*A new kind of public school®*  
Accredited by North Central Association

# CHECKLIST FOR COMPLETING THE ENROLLMENT PACKET

**Please Note - It is the Parent/Legal Guardian's responsibility to obtain the following documentation from the previous school prior to the student/parent interview. PAHS will not fax request to the previous school at the time of interview. It is against the law for any school to deny the release of unofficial records of any student to the parent or legal guardian.**

- 📄 Parent/guardian and student must read the entire packet
- 📄 Obtain copies or Originals of the following documents:
  - Immunization Records
  - Birth Certificate
  - Unofficial Transcripts
  - Withdrawal Slip (From previous school)
  - Proof of Residency
  - **Guidance/ Discipline Records**
  - Social Security Card or number
  - 8<sup>th</sup> grade Diploma/ Certificate or Letter of Social Promotion (For Incoming freshman)
  - Copy of Custody Papers (If applicable)
  - Copy of Current IEP (If applicable)
- 📄 Complete, sign, and date Customer Satisfaction Questionnaire
- 📄 Complete the ECAP questionnaire
- 📄 Complete, sign, and date Student Enrollment Form
- 📄 Complete, sign, and date Ethnicity Questionnaire
- 📄 Complete, sign, and date Consent for Medical/Dental Emergency Treatment And Medical Information Form
- 📄 Complete, sign, and date Home Language Survey
- 📄 Read, sign, and date Student Agreement/Contract (Both student and parent/guardian signature required)
- 📄 Read, sign, and date, School-Parent Compact
- 📄 Read Parent Involvement Statement Completely and keep for your records
- 📄 Read and sign student/parent Electronic and Computer Resource Agreement
- 📄 Complete, sign, and date Consent for Off Campus Activity
- 📄 Complete, sign, and date Athletic League Consent Form
- 📄 Read Rights of Homeless Students and keep for your records
- 📄 Read and sign McKinney-Vento Eligibility Questionnaire
- 📄 Complete, sign, and date Student Records Form (both student and parent/guardian signature required)
- 📄 Complete, sign, and date Records Request For Special Services Form
- 📄 Complete the National School Lunch Program eligibility form
- 📄 Call 623-979-0031 to schedule an appointment for the student and parent /guardian to meet the school leader. All students need to arrive one hour before the appointment time to complete a pre-placement test. Bring all required documents to your appointment. Appointment will be rescheduled if student/parent arrives without all required documents.
- 📄 **There is a \$20 non-refundable activity fee per student each time the student is enrolled/ re-enrolled. The fee is due at the time of enrollment, and payable by cash, check, debit/credit card, money order.**
- 📄 New student enrollment is conditional upon a student/parent interview by and administrator and completion of a student file with the items listed.
- 📄 Admission is open to all students' ages 14-21. All others with documentation shall be referred to the Principal for review and consideration.

## CUSTOMER SATISFACTION QUESTIONNAIRE

Thank you for your interest in Peoria Accelerated High School. We are committed to serving all our customers in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. This information will be used to monitor customer satisfaction and all responses will be kept confidential.

1. How did you hear about us?

Billboard

Radio

Passed by School

Internet

Postcard

Friend or Relative

Flyer/Mailer

Counselor (School): \_\_\_\_\_

YES    NO

2. If you called for information, was the call answered promptly and in a friendly and courteous manner?

With whom did you speak? \_\_\_\_\_

What date did you call? \_\_\_\_\_

3. Did you receive the information you requested within a reasonable amount of time?

4. When you came into the office to pick up an information packet and/or for your appointment were you greeted promptly in a friendly and courteous manner?

5. Were all questions regarding the enrollment process and Peoria Accelerated High School answered to your satisfaction?

If the answer is no to any of the above questions, please explain:

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Do you have any suggestions for improving customer service and/or the registration process at Peoria Accelerated High School? Please list them below:

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Thank you for taking the time to complete this questionnaire. Your feedback is important to us.

This form needs to be filled out by the student

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_



ECAP Questionnaire

1. What school did you get promoted from 8th grade?

School Name: \_\_\_\_\_

2. What career goals/interests do you have after high school?

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

3. Do you plan on attending university/college/tech school/trade school after graduation? If yes what are you top three choices? YES NO

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

4. Do you plan on joining a branch of the military after graduation? If yes what are you top three choices? YES NO

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

5. Have you completed your Free Federal Application for Student Aide form (FAFSA)?

Yes No Need more information

6. What is your highest score on your Arizona Instrument to Measure Standards (AIMS)? If you have not taken the test mark N/A.

Math Reading Writing Science

7. Where are you currently working? If you are not working mark N/A.

Business Name: \_\_\_\_\_ Average hours weekly: \_\_\_\_\_

8. Are you volunteering at any location? (Court Mandated does not apply)

Agency Name: \_\_\_\_\_ Average hours weekly: \_\_\_\_\_

9. Do you have any interest in participating in any sports? YES NO

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

10. Do you have any interest in participating in any clubs? YES NO

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

Office Use Only Office Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_



### Peoria Accelerated High School

SAIS ID: \_\_\_\_\_

Enrollment Form for 2011-2012

\*For re-enrollment within 2011-2012

#### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Gender: Female Male Have you ever attended this school? Yes No

Race:	American Indian/Alaskan Native	Native Hawaiian or Pacific Islander	Is Ethnicity Hispanic or Latino?
	Asian	White	
	Black or African American		
	Yes	No	

School year student was first a freshman? 2011-2012 2010-2011 2009-2010 2008-2009 Before 2008

Is the student pending expulsion or long term suspension? YES NO

Last School Attended: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_

Has the student ever been identified for and/or placed in a special education program? Yes No

If yes, does the student have a current IEP? (Please bring to enrollment interview) Yes No

Student's Place of Birth? City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_ What is the language that the student first acquired? \_\_\_\_\_

Has the student attended school in the United States for more than 3 years? YES NO

#### Parent/Guardian Information

##### Primary/mailling contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Lives with Contact? Yes No Has Legal Custody? Yes No OK to Pickup? Yes No Receives Report Cards Yes No

##### Secondary Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives with Contact? Yes No Has Legal Custody? Yes No OK to Pickup? Yes No Receives Report Cards Yes No

##### Other Emergency Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ OK to pick up? Y N

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*As I re-enroll my student: \_\_\_\_\_, I acknowledge the information above has not changed and is still current.  
(student name)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewer Initials:	Date:	Official Entry Date:	Entry Code:
Session: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night		Block: 1 2 3 4	
Data Entered into Schoolmaster by Initials:	Date Entered into Schoolmaster:	Copy to SPED?	



8885 W Peoria Avenue Peoria, Arizona 85345 T 623.979.0031 F 623.979.0113  
www.peoriabulldogs.com

Student Name: \_\_\_\_\_

Dear Parent/Guardian:

In 1997, the United States Office of Management and Budget published new standards for Federal agencies on the collection of racial and ethnic data. These new standards revise data collection standards that have been in place since 1977. Under the current standards parents can select only one race/ethnicity for their child. Beginning with the 2010-2011 school year, parents will have greater flexibility in reporting the ethnic and racial heritage of their children. Parents are allowed to report more than one racial or ethnic group for their child(ren). We are asking parents to report their child's racial and ethnic background according to the new rules. Please answer the two questions below for the child listed on this form. The first is focusing on ethnicity and the second on race.

Thank you in advance for your assistance.

**Is your child of Hispanic or Latino origin? (Mark one only)**

*\* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."*

Yes     No

**What is your child's race? (Mark one or more)**

**American Indian or Alaska Native**

*\*A person having origins in any of the original peoples of North and South America (including Central America), and whom maintains tribal affiliation or community attachment.*

**Asian**

*\*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*

**Black or African American**

*\*A person having origins in any of the black racial groups of Africa. Term such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."*

**Native Hawaiian or Other Pacific Islander**

*\*A person having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Islands.*

**White**

*\*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONSENT FOR MEDICAL/DENTAL EMERGENCY TREATMENT AND MEDICAL INFORMATION**

In the event of a medical emergency, we will attempt to contact the primary guardian first and then the secondary guardian, both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school.

**STUDENT NAME:**

**Yes, I give permission** for my child to receive emergency medical treatment by authorized pre-hospital personnel and members of the hospital staff, as may, in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference			
Medical Insurance Carrier		Policy #	
Family Physician Name		Phone #	
Dental Insurance Carrier		Policy #	
Family Dentist Name		Phone #	
Please use this space to explain any special procedures or requests:			

**No, I do not give permission** for my child to receive emergency medical treatment.

Please use this space to explain any special procedures or request:			
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**EMERGENCY CONTACT NAME AND PHONE NUMBER**

<b>Emergency Contact Name:</b> <i>This person will be contacted only if the primary and secondary guardians are unavailable.</i>	
<b>Emergency Contact Phone Number:</b>	

**MEDICAL/ALLERGY INFORMATION**

Please list any existing medical problems:	
Please list any known allergies:	

**CONSENT FOR PRESCRIPTION AND OVER-THE-COUNTER MEDICATION**

The office staff has some over-the-counter medication that can be given to students for common ailments. They cannot and will not distribute any more than the recommended dosages listed on the packages.

**Yes, I give permission** for my child to receive over the counter pain reliever from the school office staff (*i.e. non-aspirin pain reliever, aspirin, anti-acids, cold & flu relief*).

**No, I do not give permission** for my child to receive over the counter pain reliever.

I understand that if my student needs medication, prescription or anything other than the recommended dosage for over-the-counter medication, the following stipulations must be met:

1. Whether a prescription drug or an over-the-counter drug, the medication must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
2. The parent must provide signed and written directions to the school regarding medication to be administered.
3. All medications shall be kept in the school office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Legal Guardian Signature		Date	
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State of Arizona  
Department of Education  
Office of English Language Acquisition Services

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

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

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

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

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

# Peoria Accelerated High School STUDENT AGREEMENT/CONTRACT

The following rules and procedures are enforced at Peoria Accelerated High School for the purpose of maintaining a safe, drug-free learning environment:

1. Peoria Accelerated operates on a Block Schedule. Each Block consists of 36 days. Arizona law requires that a student attend a set amount of time to receive credit. Therefore, if a student accumulates more than one absence during the block, the student may receive a letter grade of an "F" for that class. Any absences accumulated during the week must be flexed by day's end Friday of the same week the absence occurred. All absences are encouraged to be phoned into the office on the day of the absence.
2. Peoria Accelerated High School operates a "**Closed Campus**". A student will NOT be allowed to leave during school hours. Students who become ill or must leave for an emergency must report to the school office and sign out. Students under eighteen years of age must receive parental permission before leaving campus or must have administrative approval. Appointments should not be made during school hours.
3. Students may not receive personal calls during school hours. Emergency calls from parents will be delivered to the student. A phone is available in the administrative office for student use during non-class hours.
4. No fighting or intimidation will be tolerated. Any such occurrence may result in immediate suspension, expulsion, and/or criminal prosecution.
5. Possession, selling, or use of drugs/alcohol, or drug paraphernalia on campus is grounds may result in immediate suspension, expulsion, and criminal prosecution.
6. Possession of weapons, or any dangerous items of any kind, are not permitted on campus and will result in suspension or expulsion, and criminal prosecution.
7. Possession of tobacco products on campus is illegal and will result in school consequences and notification to the authorities.
8. Involvement in any type of "gang activities or secret societies" on campus is in violation of school policy and may result in suspension, expulsion, and notification of the appropriate authorities.
9. Gambling, in any form, is not allowed on campus.
10. Vandalism is forbidden on campus. Graffiti, tagging, or any destruction of school or student property is prohibited. Any destruction to school property, including books, by the student the responsibility of the student and the parent/guardian. Vandalism will result in criminal as well as civil prosecution
11. Cell phones, CD Players, Radios and IPODS are not to be used in the classroom unless allowed by administration.
12. PAHS is not responsible for lost or stolen property. If you have valuables - leave them at home. PAHS will not replace lost or stolen items.
13. Disrespect to teachers, assistants, other staff members, as well to other students will not be tolerated. This includes the use of racist, sexist, obscene language, gestures, and on class work and on campus.

14. Students are expected to attend class on time. If a student arrives to class after the designated start time they are tardy. Three tardies equal an absence.
15. Students are expected to wear appropriate attire during the school day and at all school sponsored activities. Any attire, which is inappropriate or distracts from the school program, will not be tolerated (this includes visible tattoos). The following guidelines are to be followed:
  - Profane or disrespectful writing on clothing or jewelry is not acceptable.
  - Pictures and/or words on any garment must be in good taste with nothing that is obscene, vulgar, or that promotes anything that is illegal.
  - Appropriate dress is required. The body shall be adequately covered. Short shorts, bathing suits, bare chests, strapless shirts, tube tops, undershirts, bare midriffs, mesh or sheer garments, etc. or any other garment that does not provide adequate coverage will not be permitted.
  - Hats are not permitted to be worn in the classroom whatsoever.
  - No solid color, short sleeved T-Shirt (crew or v-neck) is permitted.
  - No athletic jerseys of any type are allowed at any time.
17. Students are required to possess their school id on campus, and at any school sponsored off campus event.

**Parent/Guardian:**

As a parent/guardian of a child attending Peoria Accelerated High School, I agree to support the school by ensuring that my child follows the policies and procedures as indicated in the Student Agreement/Contract. I recognize that Peoria Accelerated High School is a public charter school, and I have voluntarily chosen to enroll.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Student:**

I am aware that Peoria Accelerated High School is a ***school of choice***. After talking with my parents/guardians, I have chosen to attend Peoria Accelerated High School.

As a student of Peoria Accelerated High School, I agree to accept responsibility for aforementioned policies and procedures as described in the Student Agreement/Contract.

Student Name (printed) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>Transportation</b>				
<input type="checkbox"/> Walk	<input type="checkbox"/> School bus	<input type="checkbox"/> City Bus	<input type="checkbox"/> Drive	<input type="checkbox"/> Dropped off

# School-Parent Compact

Date \_\_\_\_\_

## Parent/Guardian Agreement

I want my child to achieve. Therefore, I will encourage him/her by doing the following:

- See that my child is punctual and attends school regularly.
- Support the school in its efforts to maintain proper discipline.
- Establish a time for homework and review it regularly.
- Provide a quiet, well lighted place for study.
- Encourage my child's efforts and be available for questions.
- Stay aware of what my child is learning.
- Provide a library card for my child.
- Read with my child and let my child see me read.
- Provide PAHS with a current **email** address. Those without an email address will have one created by PAHS staff during enrollment process.

Parent/Guardian Signature \_\_\_\_\_

## Student Agreement

It is important that I work to the best of my ability. Therefore, I shall strive to do the following:

- Attend school regularly.
- Come to school each day with pens, pencils, paper, and other necessary tools for learning.
- Complete and return homework assignments.
- Observe regular study hours.
- Conform to rules of student conduct.
- Provide PAHS with a current **email** address. Those without an email address will have one created by PAHS staff during enrollment process

Student Signature \_\_\_\_\_

## School Agreement

It is important that students achieve. Therefore, we shall strive to do the following:

- Provide homework assignments for students.
- Provide necessary assistance to parents so that they can help with the assignments
- Encourage students and parents by providing information about student progress.
- Use special activities in the classroom to make learning enjoyable
- Provide an environment that allows for positive communication between that teacher, parent and student.
- Encourage teachers to regularly provide homework assignments that will reinforce classroom instruction.
- PAHS provides high quality curriculum and instruction in a supportive and effective learning environment.

Admin. Signature \_\_\_\_\_

## **Peoria Accelerated High School Parent Involvement Statement**

A strong partnership between the school and home is essential if a quality educational program is to be provided to all students. Peoria Accelerated High School is dedicated to the philosophy that parent involvement is integral to the success of each student. For this reason, parents are actively recruited as our partners for success.

As a Peoria Accelerated parent, you are the necessary link between our educational program and our students. We invite any comments or suggestions you may have to help improve this line of communication. To enhance the lines of communication, we will ensure that information relating to school meetings, parent programs, and associated activities will be sent to students and parents in a form and language that parents can understand. Our resource staff, office staff and administration will be available whenever required.

The faculty, staff, and administrators at Peoria Accelerated High School recognize the necessity and value of parent involvement to enable our school to provide opportunities for students served to acquire the knowledge and skills contained in the State's challenging content and student performance standards that all children are expected to meet. In order to assure collaborative partnerships between parents and school, Peoria Accelerated is committed to pursuing the following goals in ways that recognize and respect the diversity and differing needs of families. The overall goal of Peoria Accelerated High School Title 1 program is to promote partnerships that will increase parental involvement and participation in promoting the social, emotional and academic growth of children. Currently, many strategies are in place to facilitate the school/parent partnership:

### **Parenting:**

- Community newsletter offering research-based parenting tips
- Parent/School compact outlines specific parenting needs for academic success
- Daily feedback to parents regarding student absences to aid in supervision
- College and Career representatives from community colleges available during Open House events

### **Communicating:**

- Language translators available on-campus
- PASS online system available for monitoring student attendance and grading (updated weekly)
- Phone calls to parents of absent or struggling students
- Bi-annual Open House events
- Parent/Teacher conferences offered four times a year
- Grades sent home every nine weeks
- Daily individual tutoring and parent communication

- Community Newsletter sent with important announcements and upcoming events
- School website [www.peoriabulldogs.com](http://www.peoriabulldogs.com)
- School Messenger system that calls students for absences, important announcements and reminders
- Parent attendance at induction of NHS members

### **Volunteering:**

- AdvancEd and Title 1 committees
- Field Trips
- Graduation
- Athletic teams and events
- Prom and Campus events

### **Learning at home:**

- Tutoring available to provide support for independent learning
- AIMS preparation materials available upon request
- AIMS information provided through study guides and reports
- College and Career appointments to aid parents as their students transition from high school

### **Decision Making:**

- Announcements and invites in newsletters for Title 1 and AdvancEd Meetings
- Parent and student surveys sent home
- Review of parent/school compact annually
- Individual feedback to parents and office staff maximized

### **Community Involvement:**

- Peoria police department for security
- PAHS serves as a training ground for practicum and student teachers from Rio Salado and Ottawa University
- United Blood Services and the Special Olympics
- Relationships with local group homes
- PAHS serves as a testing site for Glendale Community college placement exam
- Key Club food and water drives

## PEORIA ACCELERATED HIGH SCHOOL INTERNET USE POLICY

PRIOR TO RECEIVING AUTHORIZATION TO USE THE INTERNET, STUDENTS AND THEIR PARENTS/GUARDIANS MUST SIGN THE FOLLOWING PERMISSION AND CONTRACT DOCUMENT:

To be completed by all Parents/Guardians:

I give my permission for my son/daughter to participate in the use of the Internet, a worldwide telecommunications network. I realize that s/he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold Peoria Accelerated High School accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Use Policy.

Student's Name: (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Name: (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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To be completed by all Students:

I will abide by the Internet Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for Peoria Accelerated High School to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and appropriate school discipline and/or legal action may be taken.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed: \_\_\_\_\_

## ATHLETICS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

Participant's Name \_\_\_\_\_

Your son or daughter (the "Participant") would like to participate in Athletics (the "League") as a player. The League requires each Participant's parent or guardian (and if the Participant is 18 years of age, the participant) to sign this Acknowledgment and Assumption of Risk and Release. By signing this document you:

(1) Acknowledge that injury may result from the Participant's participation in the League;

(2) Represent to the League, The Leona Group Arizona, L.L.C., and their affiliates, schools, officers, employees, and members (the "Leona Group") that the Participant has no injury, illness or other medical condition that would prevent him/her from participating in the League or that would make it dangerous, harmful, or inadvisable for him/her to do so;

(3) Assume the risk of and release and hold the Leona Group harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in the League; and

(4) Agree that neither the Leona Group, nor the facility at which any game, practice or other League activity is held, nor any other person involved in organizing or conducting the League (including coaches, referees, and schools) shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns:

Signature of Parent or Guardian \_\_\_\_\_

Signature of Participant (if 18 years of age or older) \_\_\_\_\_

Date \_\_\_\_\_

Peoria Accelerated High School  
**PERMISSION FORM**

Please check the boxes of the items you would like to allow your student to participate in and sign below:

Permission to Participate in Off-Campus Activities

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

Permission to Release News Information

There may be times during the school year when the school, The Leona Group, news media or others wish to photograph or videotape your child at school for use in print, video, Internet or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums.

Permission to Use Artwork

There may be times during the school year when the school, The Leona Group, news media or others wish to use artwork created by your student at the school for use in print, video, Internet or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of mediums.

\_\_\_\_\_  
Student's Name (Please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## RIGHTS OF HOMELESS STUDENTS

This school shall provide an education environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate education opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applied to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building
- In temporary or transitional foster care placement

According to the McKinney-Vento Homeless Act, eligible students have rights to:

Immediate enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school.

School Selection: McKinney Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)
- In Maricopa County, Thomas J. Pappas School

Remain enrolled in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.

Participate in programs in which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.

Transportation Services: A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond quickly and it must be a written response. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making decision, providing notice of any appeal process, and filling out dispute forms. You have the right to appeal a decision to the state level.

For more information, refer to <http://www.ade.az.gov/asd/homeless/> or contact:

Teresa Enriquez Homeless Liaison Peoria Accelerated H.S. 8885 W. Peoria Ave Peoria, AZ 85296 (623) 979-0031	Frank Migali Homeless Education Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ (602) 542-4963 Frank.migali@azed.gov
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MANAGED BY  THE LEONA GROUP, L.L.C.

*A new kind of public school®*

Accredited by North Central Association



# Peoria Accelerated High School

8885 W. Peoria Ave

Peoria, AZ 85345

P# (623) 979-0031 F# (623) 979-0113

## REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the transcript(s) of:

(Student Name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Whom enrolled in grade \_\_\_\_\_

At **Peoria Accelerated High School** on \_\_\_\_\_

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well.

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### **Please send the following information:**

- AIMS Student Report Information
- Birth Certificate
- Official Transcript
- Letter of Promotion
- Test Scores (SELP/AZELLA Scores – oral, reading, writing)
- Official Withdrawal Form
- Grades to Date of Withdrawal
- Course Description/Catalog of Courses
- ECAP Documentation
- Immunization Records/Health Records
- Hearing and Vision Screening Results
- Discipline and Attendance Records
- Explanation of Grading/Credit System. (Please Indicate symbols designating Accelerated classes.)
- Special Education Records, including IEP's, Psychological Reports, etc.

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### **Please sign and complete the information below:**

Name and address of last school attended:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number / Fax Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**\*State Law 15-828 Paragraph F States that NO SCHOOLS SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. \*New Federal Law 99.31- No parent or signature required for educational records to be sent to another educational agency.**

RECORDS REQUEST FOR SPECIAL SERVICES  
Student Services Department

Please forward the following records for \_\_\_\_\_  
(Student Name)

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to The Leona Group Arizona, Student Services Department.

This student enrolled at **Peoria Accelerated High school** in the \_\_\_\_\_ grade  
on \_\_\_\_\_ Student ID No. \_\_\_\_\_  
(Last school attended)

List the three schools the student last attended, with the most current school listed first.

I give permission to:

\_\_\_\_\_  
(Name of schools last attended) ( Name of schools last attended) (Name of schools last attended)

\_\_\_\_\_  
(Address) (Address) (Address)

\_\_\_\_\_  
(City, State, Zip Code) (City, State, Zip Code) (City, State, Zip Code)

To release the records checked below to The Leona Group Arizona, Student Services.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Psycho-educational Evaluations            | <input checked="" type="checkbox"/> Nurses Report                    |
| <input checked="" type="checkbox"/> Individual Education Plans                | <input checked="" type="checkbox"/> Psychiatric Therapy Evaluations  |
| <input checked="" type="checkbox"/> Eligibility Form                          | <input checked="" type="checkbox"/> Occupational Therapy Evaluations |
| <input checked="" type="checkbox"/> Multidisciplinary Evaluation Team Minutes | <input checked="" type="checkbox"/> Physical Therapy Evaluations     |
| <input checked="" type="checkbox"/> Vision/Hearing Screening Results          | <input checked="" type="checkbox"/> 504 Accommodations Plan          |
| <input checked="" type="checkbox"/> Speech Evaluations                        | <input checked="" type="checkbox"/> Probation Officer's Reports      |
| <input checked="" type="checkbox"/> Behavioral Plans                          | <input checked="" type="checkbox"/> Guardianship Papers              |
| <input checked="" type="checkbox"/> Discipline Records                        |  |

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Telephone

Please Forward Records to:  
The Leona Group Arizona  
Student Services Department  
7878 N. 16th St. Suite 150  
Phoenix, AZ 85020

Phone: (602) 953-2933 Fax: (602) 279-8068

## 2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

**PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL **Teresa Enriquez 623-979-0031****  
**HOMELESS    MIGRANT    RUNAWAY    If completing this section, fill out Box A and Box B in Part 2 and then skip to Part 3.**

### PART 2. ALL HOUSEHOLD MEMBERS

Box A.	Box B.	Box C.	Box D.	Box E.	Box F.			
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school attended by each child and grade or indicate "NA" if household member is not in school	If any member of your household receives SNAP, FDPIR or TANF Cash Assistance, provide the case number and <b>skip to Part 3.</b>	Check if a foster child (legal responsibility of welfare agency or court) <b>If completing this section skip to Part 3.</b>	Check if NO income	<b>TOTAL HOUSEHOLD GROSS INCOME</b>			
					Please report how much and fill in the circle indicating how often income is received using the following income frequencies: Weekly (wk) <u>or</u> Every Other Week (bi-wk) <u>or</u> Monthly (mo) <u>or</u> Twice a Month (bi-mo) <u>or</u> Annually/Yearly (yr)			
					Earnings From Work before deductions		All Other Income (Welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, other)	
					How much	How Often	How much	How Often
					wk	bi-wk	mo	bi-mo
					yr			
1.					\$			\$
2.					\$			\$
3.					\$			\$
4.					\$			\$
5.					\$			\$
6.					\$			\$
7.					\$			\$
8.					\$			\$

**If Part 2 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

Last four digits of Social Security Number: \* \* \* - \* \* \* - \_\_\_\_\_ I do not have a Social Security Number

**PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION)**

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

*Choose one ethnicity:*  
 Hispanic/Latino  
 Not Hispanic/Latino

*Choose one or more (regardless of ethnicity):*  
 Asian  
 American Indian or Alaska Native  
 Black or African American  
 White  
 Native Hawaiian or other Pacific Islander

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice a Month,  Month,  Year Household Size: \_\_\_\_\_

Error-Prone  Case # Application  Categorically Eligible

Temp. Free – Zero Income (45 days)  Temp. Free – H/M/R (30 days) Temp. Free Expires: \_\_\_\_\_

Directly Certified – Attach to match result  Selected for Verification (see attachments)

Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Notice Sent: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2011-2012			
Household size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional person:	\$7,067	\$589	\$136

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

# Peoria Accelerated High School

## EXPLANATION OF BLOCK SCHEDULE

PAHS's program follows a unique Block schedule system. During the regular school year we offer four Blocks as reflected on the school calendar. During each Block, the student takes and completes three or four courses. At the end of the Block, the earned credit is then applied to the transcript. This system offers the student the motivational advantage of being able to earn a positive reward in a shorter amount of time. It also allows the student who has fallen behind to catch up and graduate before the end of the school year. It is imperative that students realize there is a 100% attendance requirement policy. These criteria meet the state requirements for class attendance/earned credit. Additional work experience credit may be earned for each 128 hours verified by the employer and turned into the registrar.

First hour <b>7:50 a.m.- 9:30 a.m.</b>
Second hour <b>9:35 a.m.-11:15 a.m.</b>
Third hour <b>11:35 a.m. -1:15 p.m.</b>
Fourth hour <b>1:20 p.m.- 3:00 p.m.</b>
Fifth Hour <b>3:05 p.m.-4:45 p.m.</b>
Sixth Hour <b>4:50 p.m.-6:30 p.m.</b>

*Break is taken from 11:15 a.m.-11:35 a.m.*

### EQUAL EDUCATIONAL OPPORTUNITIES / NON-DISCRIMINATION AFFIRMATION

Peoria Accelerated High School affirms that it does not discriminate on the basis of race, color, natural origin, sex, age or disability in access or admission to success or employment opportunities.

The school is also in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1967 as amended in 1978 and 1986, and the Americans with Disabilities Act of 1990.

### COMPLIANCE WITH REQUIRED INSURANCE

The Leona Group Arizona is in compliance with insurance as required by the Arizona Department of Education.

# Peoria Accelerated High School

8885 W Peoria Ave

Peoria, AZ 85345

P 623-979-0031 F 6239790113

www.peoriabulldogs.com

## 2011/2012 Calendar

		August 2011							September 2011								
		S	M	T	W	Th	F	S	S	M	T	W	Th	F	S		
<b>9-12:</b> No School/Teacher In-Service <b>15:</b> Start Block 1			1	2	3	4	5	6					1	2	3	<b>5:</b> No School/Holiday <b>14:</b> Parent/Teacher Conference <b>16:</b> No School/Teacher In-Service	
		7	8	9	10	11	12	13	4	5	6	7	8	9	10		
		14	15	16	17	18	19	20	11	12	13	14	15	16	17		
		21	22	23	24	25	26	27	18	19	20	21	22	23	24		
		28	29	30	31				25	26	27	28	29	30			

		October 2011							November 2011								
		S	M	T	W	Th	F	S	S	M	T	W	Th	F	S		
<b>18:</b> Last Day Block 1 <b>20:</b> Start Block 2 <b>25-27:</b> Jr/Sr- W/R/M AIMS Testing								1			1	2	3	4	5	<b>11:</b> No School/Holiday <b>16:</b> Parent/Teacher Conference <b>24-25:</b> No School/Holiday	
		2	3	4	5	6	7	8	6	7	8	9	10	11	12		
		9	10	11	12	13	14	15	13	14	15	16	17	18	19		
		16	17	18	19	20	21	22	20	21	22	23	24	25	26		
		23	24	25	26	27	28	29	27	28	29	30					

		December 2011							January 2012								
		S	M	T	W	Th	F	S	S	M	T	W	Th	F	S		
<b>22:</b> Last Day Block 2 <b>26-30:</b> No School/Winter Break						1	2	3	1	2	3	4	5	6	7	<b>2-6:</b> No School/Winter Break <b>9:</b> No School/Teacher In-Service <b>10:</b> Start Block 3 <b>16:</b> No School/Holiday <b>30:</b> No School/Teacher In-Service	
		4	5	6	7	8	9	10	8	9	10	11	12	13	14		
		11	12	13	14	15	16	17	15	16	17	18	19	20	21		
		18	19	20	21	22	23	24	22	23	24	25	26	27	28		
		25	26	27	28	29	30	31	29	30	31						

		February 2012							March 2012								
		S	M	T	W	Th	F	S	S	M	T	W	Th	F	S		
<b>8:</b> Parent/Teacher Conference <b>20:</b> No School/Teacher In-Service <b>28-29:</b> Write/Read AIMS Testing					1	2	3	4					1	2	3	<b>15:</b> Last Day Block 3 <b>19-23:</b> No School/Spring Break <b>26:</b> Start Block 4	
		5	6	7	8	9	10	11	4	5	6	7	8	9	10		
		12	13	14	15	16	17	18	11	12	13	14	15	16	17		
		19	20	21	22	23	24	25	18	19	20	21	22	23	24		
		26	27	28	29				25	26	27	28	29	30	31		

		April 2012							May 2012								
		S	M	T	W	Th	F	S	S	M	T	W	Th	F	S		
<b>10-11:</b> Math/Science AIMS Testing <b>25:</b> Parent/Teacher Conference							1	2			1	2	3	4	5	<b>24:</b> Last Day Block 4 <b>25:</b> Graduation <b>28:</b> No School/Holiday <b>29:</b> No School/Teacher In-Service	
		3	4	5	6	7	8	9	6	7	8	9	10	11	12		
		10	11	12	13	14	15	16	13	14	15	16	17	18	19		
		17	18	19	20	21	22	23	20	21	22	23	24	25	26		
		24	25	26	27	28			27	28	29	30	31				

### Daily Schedule

- Period 1: 7:50-9:30
- Period 2: 9:35-11:15
- Lunch: 11:15-11:35
- Period 3: 11:35-1:15
- Period 4: 1:20-3:00
- Period 5: 3:05-4:45
- Period 6: 4:50-6:30

### Flex Day Schedule

- Period 1: 7:50-9:30
- Period 2: 9:35-11:15
- Lunch: 11:15-11:35
- Period 3: 11:35-1:15
- Period 4: 1:20-3:00

