

# **Registration Packet 2024 – 2025**



# **HIGHLAND PREP WEST**

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[www.HighlandPrepWest.org](http://www.HighlandPrepWest.org)





## REGISTRATION CHECKLIST

In order to assist in the registration process the following items are requested to complete your child's student file:

- ☐ Student Registration Packet (20 pages)
- ☐ Home Language Survey (PHLOTE)
- ☐ Request for Release of Student Records Form
- ☐ Withdrawal Form (if applicable)
- ☐ Arizona Residency Documentation Form

*The residency documentation received by the school will be maintained in accordance with the Arizona Department of Education guidelines and must be verified annually.*

*Parent(s) or legal guardian(s) that do not maintain their own residence must submit a notarized "Affidavit of Shared Residency." This form is available in our front office upon request.*

- ☐ Immunization Record

*All students entering Arizona public schools are required to be immunized. If the student has a medical condition or personal belief that conflicts with this law, a waiver may be signed and presented prior to the student's first day of school. Immunization/Exemption documentation is required to attend school, but **is not** a requirement for enrollment.*

- ☐ Birth certificate or other proof of identity and age: A.R.S. 15-828

*Within 30 days you must submit one of the following documents: A certified copy of the student's birth certificate; or Other reliable proof of the student's identity, including a baptismal certificate, an application for a social security number, or original school registration records. If documentation other than a certified copy of a birth certificate is provided, such documentation must be accompanied by an affidavit explaining the inability to provide a copy of the birth certificate; If a student is in the custody of the Department of Child Safety ("DCS"), a letter from the authorized representative of the agency certifying that the student has been legally placed in custody of the agency. HPW carefully safeguards and maintains confidentiality regarding the status of children in DCS custody.*

### Optional Forms:

*\*These documents are **not required** for enrollment of your child, but necessary to ensure your child receives proper services.*

- ☐ ESEA Title I Eligibility Form
- ☐ Student Housing Questionnaire
- ☐ Academic Records (if applicable, unofficial transcript, most recent report card, etc are requested but not required)
- ☐ Disciplinary Records (from previous school are requested not required)
- ☐ Current IEP (if applicable)
- ☐ Custody Paperwork (if applicable)

Office Use Only:

Packet Received By \_\_\_\_\_ Date \_\_\_\_\_





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

## HIGHLAND PREP WEST

| STUDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            |                                                                                                             |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                | FIRST NAME                                                                                                                                                        |                            |                                                                                                             | MIDDLE NAME                                                                   |                                                                                                                                                                              | GRADE LEVEL APPLYING FOR<br><input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |                                                                                                                                                                   |  |
| ETHNICITY: (Optional)<br><input type="checkbox"/> Hispanic/Latino<br><br><input type="checkbox"/> NOT Hispanic/Latino                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | RACE: (Optional: Mark ONE or MORE of the following)<br><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American<br><br><input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White |                                                                                                                                                                   |                            | AGE:<br><br>GENDER:<br><br>                                                                                 |                                                                               | STUDENT LIVES WITH:<br><input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER<br><br><input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY |                                                                                                                                            |                                                                                                                                                                   |  |
| STUDENT DATE OF BIRTH (MM/DD/YYYY)<br>/    /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                | BIRTH CITY                                                                                                                                                        |                            |                                                                                                             | BIRTH STATE                                                                   |                                                                                                                                                                              | BIRTH COUNTRY                                                                                                                              |                                                                                                                                                                   |  |
| PREVIOUS SCHOOL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            |                                                                                                             |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| NAME OF SCHOOL LAST ATTENDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                | PREVIOUS SCHOOL INFORMATION (City, State, Zip if known)                                                                                                           |                            |                                                                                                             |                                                                               | WITHDRAWAL DATE (MM/DD/YYYY)<br>/    /                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                   |  |
| PARENT/LEGAL GUARDIAN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            |                                                                                                             |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| PRIMARY CONTACT<br>Last Name: _____<br>First Name: _____<br>Relation: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> OK to Pick-up<br><input type="checkbox"/> Legal Custody<br><input type="checkbox"/> Lives with<br><input type="checkbox"/> Receives Mail |                            |                                                                                                             | SECONDARY CONTACT<br>Last Name: _____<br>First Name: _____<br>Relation: _____ |                                                                                                                                                                              |                                                                                                                                            | <input type="checkbox"/> OK to Pick-up<br><input type="checkbox"/> Legal Custody<br><input type="checkbox"/> Lives with<br><input type="checkbox"/> Receives Mail |  |
| HOME ADDRESS<br>CITY _____ STATE _____ ZIP CODE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | HOME ADDRESS<br>CITY _____ STATE _____ ZIP CODE _____                                                       |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| MAILING ADDRESS (If Different From Above)<br>CITY _____ STATE _____ ZIP CODE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | MAILING ADDRESS (If Different From Above)<br>CITY _____ STATE _____ ZIP CODE _____                          |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| HOME PHONE <input type="checkbox"/> Check if Primary<br>(      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | WORK PHONE<br>(      )                                                                                                                                                                                                                                                                         |                                                                                                                                                                   |                            | HOME PHONE <input type="checkbox"/> Check if Primary<br>(      )                                            |                                                                               | WORK PHONE<br>(      )                                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                   |  |
| CELL PHONE <input type="checkbox"/> Check if Primary<br>(      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | EMPLOYER:<br>OCCUPATION:                                                                                                                                                                                                                                                                       |                                                                                                                                                                   |                            | CELL PHONE <input type="checkbox"/> Check if Primary<br>(      )                                            |                                                                               | EMPLOYER:<br>OCCUPATION:                                                                                                                                                     |                                                                                                                                            |                                                                                                                                                                   |  |
| EMAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | EMAIL ADDRESS                                                                                               |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| PERSONS OTHER THAN PARENT WHO CAN ASSUME TEMPORARY RESPONSIBILITY IN CASE OF EMERGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            |                                                                                                             |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| EMERGENCY CONTACT 1 NAME (Last, First) *AUTHORIZED TO PICK UP STUDENT*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | EMERGENCY CONTACT 2 NAME (Last, First) *AUTHORIZED TO PICK UP STUDENT*                                      |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| HOME PHONE<br>(      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | WORK PHONE<br>(      )                                                                                                                                                                                                                                                                         |                                                                                                                                                                   |                            | HOME PHONE<br>(      )                                                                                      |                                                                               | WORK PHONE<br>(      )                                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                   |  |
| CELL PHONE<br>(      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | RELATIONSHIP TO STUDENT                                                                                                                                                                                                                                                                        |                                                                                                                                                                   |                            | CELL PHONE<br>(      )                                                                                      |                                                                               | RELATIONSHIP TO STUDENT                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                   |  |
| STUDENT BACKGROUND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | HOME LANGUAGE SURVEY                                                                                        |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| If parents are separated/divorced, who has legal custody? _____<br>(If "yes" a copy of the legal paperwork must be provided)<br><br>Has your child received Special Services at any school? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Special Education/IEP <input type="checkbox"/> 504 <input type="checkbox"/> ELL or LEP<br><br>Has your child ever been expelled from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is your child in the process of being expelled from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | 1. What is the primary language used in the home REGARDLESS of the language spoken by the student?<br>_____ |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | 2. What is the language the student first acquired?<br>_____                                                |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | 3. What language is most often spoken by the student?<br>_____                                              |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            |                                                                                                             |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| TO THE BEST OF MY KNOWLEDGE THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY §ARS 13-2407).                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | X _____<br>SIGNATURE OF PARENT/GUARDIAN                                                                     |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            | DATE                                                                                                        |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| THIS SECTION IS FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |                            |                                                                                                             |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| <input type="checkbox"/> Proof of Birth Documentation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Entered into SIS: ____/____/____                                                                                                                                                                                                                                                               |                                                                                                                                                                   | Entry Date: ____/____/____ |                                                                                                             |                                                                               |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |
| <input type="checkbox"/> Proof of Residency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Entered into SIS by: _____                                                                                                                                                                                                                                                                     |                                                                                                                                                                   | Entry Code: _____          |                                                                                                             | Withdrawal Date: ____/____/____ Code: _____                                   |                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                   |  |





## HIGHLAND PREP WEST

### **School Records - Birth certificate and Exception A.R.S. 15-828**

15-828. Birth certificate; school records; exception

A. On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

B. If a child is instructed at home pursuant to section 15-802, the person who has custody of the child shall, within thirty days after the home instruction begins, provide to the county school superintendent of the county in which the child resides one of the following:

1. A certified copy of the child's birth certificate.
2. Other reliable proof of the child's identity and age, including the child's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

C. On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the pupil's file and the document that is presented shall be returned.

D. A pupil shall be enrolled in the school or school district, or the county school superintendent shall record the pupil's name, using the name that is printed on the birth certificate, other reliable proof of the pupil's identity, or letter from an agency having custody of the pupil provided pursuant to this section. This subsection does not prohibit a school or school district from calling a pupil by any name the pupil's parent or guardian wishes the pupil to be called.



E. On the failure of a person enrolling a pupil or instructing a child at home to comply with subsection A or B of this section, the school, school district or county school superintendent shall notify that person in writing that, unless the person complies within ten days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten day period, the school, school district or county school superintendent shall refer the case to the local law enforcement agency.

F. The school, school district or county school superintendent shall immediately report to the local law enforcement agency any affidavit received pursuant to this section which appears inaccurate or suspicious in form or content.

G. Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

H. Any disclosure of educational records by the school district or charter school shall comply with the family educational rights and privacy act of 1974 (20 United States Code section 1232g).

I. The provisions of this section do not apply to homeless pupils as defined in section 15-824, subsection C.





## HIGHLAND PREP WEST

### CONSENT FOR MEDICAL/DENTAL EMERGENCY TREATMENT

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:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- ☐ **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 #  |  |

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

### EMERGENCY CONTACT NAME AND PHONE NUMBER

|                                        |  |
|----------------------------------------|--|
| <b>Emergency Contact Name:</b>         |  |
| <b>Emergency Contact Phone Number:</b> |  |

### MEDICAL/ALLERGY INFORMATION

Please list any existing medical conditions:

Please list any known allergies:

Please use this space to explain any special procedures or requests:

### PRESCRIPTION MEDICATION

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

1. Whether a prescription medication or an over-the-counter medication, 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 nurse regarding medication to be administered.
3. All medications shall be kept in the nurse's office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

|                          |  |      |  |
|--------------------------|--|------|--|
| Legal Guardian Signature |  | Date |  |
|--------------------------|--|------|--|





## HIGHLAND PREP WEST

### Military Student Identifier

The Every Student Succeeds Act ("ESSA") recognizes military-connected students as a distinct subgroup, and public schools must include the military student identifier question in their enrollment paperwork. The Military Student Identifier ("MSI") is a recently established code where families indicate upon enrollment at a school that their student has at least one parent who is a member of the Armed Forces on active duty.

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

Date of Birth: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

Please check the box that applies to you.

Student is a dependent of a member of the United States military service in the **Active Duty** Army, Navy, Air Force, Marine Corps, or Coast Guard.

☐

Student is a dependent of a **fulltime** member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force).

☐

Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)

☐

None of the above.

Parent's/Guardian's signature below affirms the information provided is accurate and complete.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





# HIGHLAND PREP WEST

## 2024-2025 Internet and Chromebook Acceptable Usage Policy

In order to meet the needs of our students, increase student achievement, and ensure HPW students are college and career ready Highland Prep West has instituted a revised Internet and Chromebook Acceptable Use policy. This policy will allow HPW students to check out an HPW issued Chromebook or utilize a personal device for school related purposes.

Issuance of an HPW device or usage of a personal device is a privilege which comes with responsibilities on both the student's and parent's part. Please find the terms and conditions for participation in HPW's Internet and Chromebook Acceptable Usage Policy. Your initials and signatures signify your understanding of, and agreement with the policy and the terms and conditions set forth.

### **Terms & Conditions:**

**For HPW Chromebook Users:** Highland Prep West retains the sole right of possession of the device and related equipment. The device will be issued to students according to the guidelines set forth in this document. HPW retains the right to collect and/or inspect the device at any time and to alter, add, or delete installed software or hardware. The device will be collected at the end of the school year for inventory and maintenance purposes. Students should provide reasonable care for the equipment.

In order to check out and use a Highland Prep West student issued Chromebook, all students and parents, must agree to the following Chromebook Checkout Agreement, and pay a deposit, prior to being issued their Chromebook. Students are bound to the conditions of the agreement for the duration of the 2024-2025 school year.

I, \_\_\_\_\_, understand that I will receive a Chromebook and power cord to use for school related purposes during the 2024-2025 school year. It is my responsibility to return the Chromebook and power cord issued to me in the same condition that I received my final day of enrollment, unless requested earlier. I understand I will not be issued a laptop unless I complete the following:

**(Parent [P] & Student [S]: Please initial all items below)**

[P] \_\_\_\_ [S] \_\_\_\_ A \$50 refundable deposit and \$25 hard-shell nonrefundable purchase for a total of \$75 is due in order to be issued a Chromebook. The deposit will be used to help cover the cost of any damage to the Chromebook. In case of loss or theft HPW may use the deposit towards replacement of the Chromebook. I understand I may be responsible should there be additional charges if the laptop or accessories are damaged, lost or stolen. Approximate costs for common items are:

\$25.00 Charger replacement  
\$50.00 Charge for screen replacement  
\$300.00 Charge for lost stolen or damaged chrome book





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- [P] \_\_\_ [S] \_\_\_ Deposits will be refunded 10 days after return and inspection of HPW issued Chromebook and any equipment or software included in this agreement.
- [P] \_\_\_ [S] \_\_\_ I understand the hard-shell case must be attached at all times and cannot be removed. Damaged cases must be replaced at the student's expense at any time deemed necessary by Highland Prep West. No markers, stickers, or any other marking material can be applied to the Chromebook itself however students may personalize the hard-shell. Personalization must be school appropriate. Administration reserves the right to require the student to remove a personalization to the hard-shell if it is deemed inappropriate. If the case is removed for servicing, the Chromebook must be free of any marks or materials.
- [P] \_\_\_ [S] \_\_\_ I agree to immediately report theft or damage of any kind to the front office.
- [P] \_\_\_ [S] \_\_\_ I understand in case of theft I may be charged a replacement to cover the cost of a new Chromebook and/or power cord (approximately \$300).
- [P] \_\_\_ [S] \_\_\_ I understand in case of damage I will be responsible for covering the cost of repair to my Chromebook and/or power cord (approximately \$25-\$150).
- [P] \_\_\_ [S] \_\_\_ I understand that the privilege of using the Chromebook may be revoked if:
- [P] \_\_\_ [S] \_\_\_ I do not use the approved Chromebook or change Chromebook with another student
  - [P] \_\_\_ [S] \_\_\_ I leave the Chromebook in an unsecured area including an unlocked locker or vehicle
  - [P] \_\_\_ [S] \_\_\_ My laptop is maliciously damaged
  - [P] \_\_\_ [S] \_\_\_ I damage another student's Chromebook
  - [P] \_\_\_ [S] \_\_\_ I lend my Chromebook to anyone
  - [P] \_\_\_ [S] \_\_\_ My Chromebook is involved in recurrent reckless activities
  - [P] \_\_\_ [S] \_\_\_ I disregard HPW's *Internet and Chromebook Acceptable Use Policy*
- [P] \_\_\_ [S] \_\_\_ I understand that I may use the Chromebook to connect to the Internet at home; however, my family is responsible for acquiring an Internet Service Provider.
- [P] \_\_\_ [S] \_\_\_ I understand that no software, without permission of HPW administration (including games, music, video, etc.), will be downloaded or installed on the Chromebook except printer drivers and Internet Service Provider software. I also understand that I will NOT save anything to the hard drive.
- [P] \_\_\_ [S] \_\_\_ I will not modify, decompile, disassemble, decrypt, or perform any action that would alter or damage the existing software or hardware. Software and hardware remains the property of Highland Prep West and the student shall not publish, distribute, or otherwise transfer or make available software or hardware to any other party.





## HIGHLAND PREP WEST

[P] \_\_\_\_ [S] \_\_\_\_ I am responsible for providing my own storage media (i.e. USB, etc.) in order to save any file(s) I created or downloaded. I will not hold HPW liable for the misuse or deletion of any files I inadvertently saved to the hard drive nor for any items left inside any laptop component.

[P] \_\_\_\_ [S] \_\_\_\_ I understand if I withdraw prior to the end of the school year I must return the device to HPW in the condition I received it before I receive any withdrawal paperwork.

[P] \_\_\_\_ [S] \_\_\_\_ It is my responsibility to bring my Chromebook or personal device to school, fully charged, every day. I understand if I forget my device a replacement device will not be provided and I will be responsible for completing classwork, including notes, assignments, research, etc., through a secondary means (i.e. paper/pencil).

**This policy applies to HPW issued Chromebook and personal devices brought to campus.**

Highland Prep West is providing access to its school computer systems, computer networks, school-adopted tools and devices, software applications, and the Internet for educational purposes only, including accessing and sharing information with teachers and other students, storing files, conducting research, and collaborating on projects with others. If you have any doubt about whether a contemplated activity is educational, consult with administration. Use of the Highland Prep West network and Internet is a privilege.

A user who violates this agreement shall, at a minimum, have access to the network and Internet terminated and is subject to additional disciplinary action based on the severity of the violation. All users are bound by the Highland Prep West's Code of Conduct and the terms and conditions outlined in this agreement.

In addition to usage of HPW networks and internet students will need access to a public or private network outside of school in order to access textbooks, conduct research, and complete homework, among other tasks. Securing a public or private network for internet use outside of school is the responsibility of the student and parent. The following expectations must be followed. Violation of the expectations outlined below may be subject to revocation of student's ability to use HPW issued Chromebook and/or networks and internet and student will be subject to school disciplinary action.



## **Student Safety/Education**

Cyber-bullying: Cyber-bullying means any intentional, electronically transmitted (including the use of text messaging, instant messaging, or the posting of text or images) verbal or graphic act that a student or group of students repeatedly exhibit toward another student(s) and the behavior causes mental harm (including humiliation and embarrassment) and is sufficiently severe, persistent, or pervasive. Any cyber-bullying, harassment or intimidation is strictly prohibited. If a student is found to have engaged in cyber-bullying, disciplinary action will be recommended. If a student thinks that he or she is the victim of cyber-bullying, the situation should be immediately reported to administration. Additionally, students are encouraged to notify administration if they suspect another student is being cyber-bullied.

Sexting: Sexting is the sending of sexually explicit images through any electronic media, including but not limited to text messaging, instant messaging, or email. Sexting is strictly prohibited and is considered a Category III misdemeanor offense. Sexting should be immediately reported to administration.

Depictions of Prohibited Conduct: Never make, reproduce, or distribute videos, images, sound recording, or other mediums that show behavior prohibited by the Code of Conduct on school property or at school events, including using school-owned or personal electronic devices. Never post depictions of prohibited behavior on social networking sites such as Facebook, Google Plus, YouTube, Instagram, Snapchat, or any other similar Web sites. Any depictions of prohibited behavior must be immediately turned over to administration.

Social Networks/Chat Rooms: Never post personal information, such as full name, Social Security number, address, telephone number, bank, or credit card numbers, etc. Consider not posting photographs of yourself. Never post sensitive or inappropriate photos. If you do post a photo, consider whether it is a photo that your mother would display in the living room. Assume that everything you post is on the Internet permanently. Do not agree to meet in person someone you know only from a social networking site or chat room.

Highland Prep West's policies on "Plagiarism/Cheating," "Bullying and Other Forms of Aggressive Behavior," and "Bullying – Harassment – Intimidation — Sexting" apply to Internet/network conduct.

Do not use network or Internet access to make, distribute, or redistribute jokes, stories or other material based on slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.

Do not use the network or Internet for any illegal activity, including (a) tampering with computer hardware, software or data, (b) unauthorized entry into computers and files (hacking/cracking), (c) knowledgeable vandalism or destruction of equipment, and (d) deletion of computer files. Such activity is considered a crime under both state and federal laws and will be disciplined accordingly.



Do not use the network or Internet to send messages relating to or in any way supporting illegal activities such as the sale or use of drugs or alcohol; support of criminal or gang activity; threats, intimidation or harassment of any other person

Teachers may allow individual students to use email, electronic chat rooms, instant messaging, social networking sites and other forms of direct electronic communications, including Gmail and Google Hangouts, for educational purposes only and with proper supervision.

Privacy: Network and Internet access is provided as a tool for your education. Highland Prep West reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the District, and no user shall have any expectation of privacy regarding such materials.

Copyright: All students and faculty must adhere to the copyright laws of the United States (P.L. 94-553) and the Congressional Guidelines that delineate it regarding software, authorship, and copying information. Do not download copyrighted material or software without permission of the owner.

Hard-shell Protective Cover: A hard-shell protective cover must be placed on an HPW issued Chromebook. If a student chooses to bring a personal device for school, personalization to the device must be school appropriate. Administration reserves the right to require the student to remove a personalization to the hard-shell or student's personal device if it is deemed inappropriate.

**Using any device to access HPW networks, software, or hardware to modify, decompile, disassemble, decrypt, or perform any action that would alter or damage HPW software or hardware, whether intentional or unknowingly, will result in revocation of my student's ability to use HPW technology, networks and internet. In addition, the student will be subject to school disciplinary action.**





## HIGHLAND PREP WEST

**To be completed by Parent/Legal Guardian:**

I give permission for my son/daughter to participate in the use of the internet via a public or private 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 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. I will not hold Highland Prep West accountable for unsuitable materials acquired by my student through internet usage for school.

Unacceptable use of the network and violation of the expectations outlined in HPW's Internet and Chromebook Acceptable Usage Policy will result in revocation of my student's ability to use HPW issued Chromebook and/or networks and internet. In addition, my student will be subject to school disciplinary action.

I acknowledge that I have read the Internet and Chromebook Acceptable Use Policy.

Parent/Guardian Name: (please print) \_\_\_\_\_

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

**To be completed by Student:**

I will abide by the Internet and Chromebook Acceptable Use Policy. I understand the internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize it is impossible for Highland Prep West to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the school or public/personal network. I further understand that any violation of the expectations in this policy will result in revocation of my ability to use HPW issued Chromebook and/or networks and internet. In addition, I will be subject to school disciplinary action.

Student Name: (please print): \_\_\_\_\_

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





## HIGHLAND PREP WEST

**To be completed when the laptop is issued  
(For HPW issued Chromebooks)**

Chromebook Serial No./Barcode No. \_\_\_\_\_ w/ power cord

Issued to: \_\_\_\_\_ on \_\_\_\_\_  
Student Name Date

I have verified the Serial/Barcode Number and accept responsibility for the equipment listed above.

\_\_\_\_\_  
Student Name Printed

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

\_\_\_\_\_  
Date

**Parent acknowledgement:**

I, \_\_\_\_\_, accept full responsibility for supervision of, and when, my child's use of, the device is not in a school setting. I hereby give my permission to have my child use the HPW issued Chromebook.

Serial No./Barcode No. \_\_\_\_\_ w/power cord

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Student acknowledgement:**

I, \_\_\_\_\_, accept full responsibility for usage of the device in and outside of the school setting and will abide by all expectations set forth in this policy.





## HIGHLAND PREP WEST

### School Rules and Procedures

The following rules and procedures are enforced at Highland Prep West for the purpose of maintaining a safe and caring learning environment:

- 1. Zero Tolerance for Fighting, Harassment, Threats and Intimidation.** Highland Prep West strictly enforces a zero-tolerance policy on any fighting, bullying, threats, or intimidation. This includes threats, intimidation, or the commission of acts of violence through any means, including electronically.
- 2. Zero-Tolerance for Gang Association and Gang Activity.** Highland Prep West strictly enforces a zero-tolerance policy on any type of gang association or gang activity. This includes hand gestures/signs, language, clothing, belt buckles, writing, numbers, color combinations, etc.
- 3. Zero-Tolerance for Illegal Substances and Weapons.** Any involvement with the possession, use, or sale of any type of drug, alcohol, tobacco, vaping/vape juice/vape pens/electronic-cigarettes, spice or other controlled substance will result in notification to the authorities. Weapons or any other dangerous items are not permitted on campus. Being in possession of a weapon or any other dangerous item may result in disciplinary action up to suspension and/or expulsion from the school.
- 4. Zero-Tolerance for Theft.** Any kind of theft will not be tolerated on campus or in the school community. Theft is grounds for expulsion and criminal prosecution.
- 5. Respect must be shown to teachers, staff members, other adults and students at all times.** Total respect is required at all times by everyone at Highland Prep West. This includes the use of respectful language, gestures, actions, and attitude. If a student anticipates a potential problem of any type, the student is expected to seek advice from a school administrator, or appropriate school personnel. This rule prohibits fighting, threats, and other acts of violence and vandalism. Additionally, the student will be held responsible for any destruction he or she does to school property.
- 6. Abuse of Staff.** In order to maintain a safe, orderly school environment, the authority of school staff members acting in their official capacity must be respected. For this reason, any form of verbal or physical abuse of staff will be treated as a serious offense warranting suspension or expulsion. If concern about a staff member's exercise of authority cannot be satisfied in direct, appropriate discussion with the individual, that concern should be brought to the attention of the school administration.
- 7. Students must attend school and arrive promptly.** When arriving on campus, students should report immediately to the school courtyard. Students must attend school and complete all work required at a level that is acceptable by their teacher. A child who is habitually truant or who has excessive absences may be adjudicated an incorrigible child as defined in A.R.S. §8-201. For more information, refer to the school attendance requirements.
- 8. Telephone Calls.** Students may **not** receive or make phone calls and/or text messages during class hours. If you need to contact your son/daughter, please phone the front office and the front office personnel will get a message to the student's classroom teacher. Emergency calls from parents will be taken by the front office and the student will be informed immediately. Teachers are available for phone calls before or after school time.
- 9. Medicine at School.** The school office will not administer medicines and prescription drugs unless given permission and instructions by the parent/guardian of the student. If the student is required to take prescription medicine at school, please provide written instructions and the medicine in its original container to the school office. Any medications not picked up at the end of the school year will be disposed of.



**10. Toys, Skateboards and Electronic Devices.** To prevent disruption of the learning environment, toys, skateboards, scooters, cell phones, personal electronic games, portable radios, recorders/music players, headphones, and all other personal electronic devices are not permitted in the classroom whatsoever. There is no exception to this rule. Disciplinary action will be taken against anyone who violates this policy. If a student has a need for a recorder in class, a note must be obtained from the teacher and the recorder checked in through the school office. **Highland Prep West is not responsible for lost or stolen toys and electronic devices.**

**11. Backpacks.** Students are expected to assume full responsibility for the contents of their backpacks/bags; students are discouraged from bringing valuables to school. Backpacks/bags may be subject to random search.

**12. Academic Honesty.** Students are expected to complete their own work on any assignment. Any instance of cheating or plagiarism will be referred to school administration and will result in disciplinary action. Violations of the above or other activities considered inappropriate will result in a failing grade on the assignment and could lead to disciplinary action.

**13. Public Display of Affection (PDA).** The school recognizes that genuine feelings of affection may exist between students; however, students should refrain from inappropriate, intimate behaviors on campus or at school related activities. Students are expected to show good taste and conduct themselves as ladies and gentlemen at all times. Lewd and/or inappropriate displays of Public Affection such as kissing, touching, etc. will not be tolerated and will result in disciplinary action. **Disciplinary action taken will be determined on an individual basis and the severity of the offense.** The expression of feelings of affection toward others is a personal concern between two individuals and not of others surrounding them. Therefore, let good taste and respect for others be a guideline for appropriate behavior. Being overly affectionate in school is not in good taste and will not be allowed.

**14. Anti-Bullying Policy.** Highland Prep West maintains a zero-tolerance policy towards bullying, harassment, and intimidation. All students, faculty or parents/guardians should notify school administration immediately in the event of any incident of bullying, harassment, or intimidation. Any incident of bullying, harassment, and intimidation brought to the attention of school administration will be looked into and addressed. Any student found to bully, harass, or intimidate another student from the school will face disciplinary action, up to and including suspension or expulsion from Highland Prep West. (A.R.S. 15-841) Students who intentionally make a false report of bullying, harassment, or intimidation may also face disciplinary action. (A.R.S. 15-841) Cyber bullying of any kind shall not be tolerated whether on campus or off. Cyber Bullying is the use of information and communication technologies such as e-mail, cell phone, text messages, instant messaging (IM), personal websites, social medias and online personal pooling web sites, whether on or off school campus to willfully and repeatedly harm either a person or persons through the medium of electronic text, photos, or videos.

**15. The “Good Neighbor” Policy – Student conduct within the school community.** School rules and other reasonable expectations for student behavior are extended to include student conduct while going to and from school. This includes the responsibility to observe traffic and pedestrian laws and the responsibility to act as a good neighbor, respecting the safety, welfare, and property of others while going to and from school. Failure to act as a good neighbor within the school community may result in disciplinary action.

**16. Alcohol and Drug Violations.** Alcohol or drug violations on or within 300 feet of school property, at school events, or at any time the student is subject to the school’s “good neighbor” policy, will result in disciplinary action by school administration, notification of parents, and possible involvement of the authorities.

**17. Use & Possession of Tobacco or Vape on Campus.** Possession of tobacco products on the school campus, buildings, parking lots, playing fields, vehicles, and off campus school sponsored events is a petty criminal offense. Tobacco products include: smoking tobacco (e.g. cigarettes, cigars), smokeless tobacco (e.g. snuff, twist), electronic cigarettes (e.g. vaping & vape juice), cigarette papers and pipes. A person who violates this section IS GUILTY OF A PETTY OFFENSE AND A MAXIMUM FINE OF \$300. (A.R.S. 36-798-03) Parents will be notified and students will be disciplined up to and including a formal hearing and long-term suspension recommendation.

**18. Field Trips.** Each grade will be provided opportunities for educational field trips throughout the school year. Field trips will be planned and requested by teachers and approved by the principal. Students must meet academic and/or behavior expectations to participate in field trips. When planned, permission slips and any information pertaining to the field trip will be sent home for parent/guardian signature. To ensure student safety, verbal permission will not be accepted.

**19. Off Campus Events.** Off campus events are considered an extension of the Highland Prep West campus and any violation at an off-campus event will be treated as if the violation occurred on campus.





# HIGHLAND PREP WEST

## Expected Behaviors

The following student, parent/guardian, and staff expectations are set forth at Highland Prep West for the purpose of promoting a supportive and nurturing learning environment:

### Student Expected Behaviors

1. To adhere to the student honor code and code of conduct.
2. To not be disruptive in class or during school activities.
3. To attend school punctually and regularly.
4. To bring a signed note from my parent/guardian to explain any absences or tardiness from school.
5. To accept and complete school assignments neatly and on time.
6. To be courteous, obedient and respectful to their fellow classmates and all school staff.
7. To take good care of all technology, schoolbooks, materials and equipment and agree to pay for any lost or damaged technology, books or equipment.
8. To accept and follow through with assigned consequences for misbehavior.
9. To not bring inappropriate items to school at any time.
10. To be trusted to maintain confidentiality about other students, parents/guardians and staff members.
11. To speak to their teachers about academic and/or social issues any time he/she needs help.
12. To take pride in the school's appearance and help keep the classrooms, common areas, and school grounds clean.
13. To not exhibit any aggressive physical/sexual behavior toward anyone.
14. To be helpful to other students and staff members.
15. To follow Highland Prep West's dress code.

### Student Honor Code

I promise to be honest, trustworthy, and diligent in my studies, and to complete all work assignments neatly and on time.

I promise to behave appropriately in school, respecting the rights of others, treating them with the same courtesy that I expect for myself.

I will be respectful towards my teachers and all staff members, remembering always that they are here to assist me in becoming the best person I can be.

I promise to give all school letters to my parent/guardian on the day that I receive them, and to return them to my teacher the next school day with my parent/guardian's signature.

### Parent Expected Behaviors

1. To assume legal responsibility for the behavior of my student as determined by law and community practice and to ensure that my student is familiar with the code of conduct and discipline policies.
2. To recognize and embrace my role as having a primary responsibility for the education of my child.
3. To teach my student self-discipline and to treat other students, parents/guardians, and staff members with respect.
4. To make sure my student attends school regularly and that the school receives notification of tardiness and reasons for absences, when child cannot attend.
5. To work to the best of her/his ability and to provide the necessary materials and a positive home learning environment for the child to succeed in school.
6. To assist my student in a daily reading routine at home.



7. To read and use information sent home by the school and use the school's website to keep informed of the academic topics to be introduced and studied in the classroom.
8. To check my student homework folder/agenda nightly.
9. To have my student prepared for school and arrive on time and picked up on time each day.
10. To make sure my student is dressed in the designated school dress code.
11. To provide for a healthy lunch each school day for my student.
12. To be responsible for timely payment of any fees (after school programs, school meals, athletics, field trips, etc.).
13. To provide the school with a current telephone number to be reached at during the school day and an email address for school communication.
14. To respond quickly to the school if contacted during the school day.
15. To contact staff or administration with any concerns of major life changes.
16. To obtain a visitors pass in the school office before going to my student classroom. (Visitors are required to be dressed appropriately.)
17. To give notice of at least 24 hours for appointments with teachers.
18. To maintain confidentiality about other students, parents/guardians and staff members.
19. To show consideration for the physical property of the school.
20. To attend all conferences scheduled with teachers and staff members.
21. To advise school staff members at least 1 week in advance of any future absences of my student.
22. To cooperate with teachers and staff members to develop strategies to benefit my student.
23. To ensure my student abides by the Student Expected Behaviors, Student Honor Code, and Code of Conduct.
24. To uphold and understand that no one has the right to interfere with the learning of others regardless of background, race, gender or age and to uphold the understanding that no one has the right to impose physical or mental harm on another regardless of background, race, gender or age.
25. To thoroughly read the Family Handbook, Code of Conduct, Student Expected Behaviors, and Student Honor Code and sign the Parent/School Compact.

### **Staff Expected Behaviors**

1. To ensure students are familiar with the code of conduct and discipline policies.
2. To recognize and embrace my role as having a primary responsibility for the education of our students.
3. To teach each student self-discipline and to treat other students, parents/guardians, and staff members with respect.
4. To model behavior in accordance with school rules and procedures.
5. To work with each student to the best of her/his ability and to provide the necessary materials and a positive learning environment for the child to succeed in school.
6. To show respect for students, parents/guardians, staff members, and school administration.
7. To send home information and use the school's website to keep parents/guardians informed of academic topics to be introduced and studied in the classroom (homework and assignments).
8. To be prepared for school and arrive on time for duty, staff meetings and any other obligations.
9. To make sure students are dressed in the designated school dress code.
10. To work as a team with students, parents/guardians, and staff members for the betterment of each child's education.
11. To maintain communication with school administration regarding any issues that may create difficulties whether it is personal or otherwise.
12. To communicate information about incidents on the day of the incident to the appropriate persons, be they parents/guardians, staff members, or school administration.
13. To let the school office know anytime they will be leaving campus during school hours.
14. To let the school administration know of possible absences, in writing and in a timely manner.
15. To inform at the earliest possible time any staff members that will be affected by my absence.
16. To respond to all e-mails and other correspondence within 24 hours.
17. To maintain strict confidentiality about students, parents/guardians and staff members.
18. To show respect and consideration for school property.
19. To dress in an appropriate and professional manner following the faculty & staff dress code.
20. To cooperate with Parents/Guardians, staff and administration to develop strategies to benefit each student.
21. To ensure students abide by Our Student's Expected Behaviors and Code of Honor.
22. To uphold and understand that no one has the right to interfere with the learning of others regardless of background, race, gender or age and to uphold the understanding that no one has the right to impose physical or mental harm on another regardless of background, race, gender or age.



23. To thoroughly read the Family Handbook, Code of Conduct, Student Expected Behaviors, Student Honor Code, and Parent Expected Behaviors.
24. To thoroughly read the Staff Handbook and sign the Staff Compact.





## HIGHLAND PREP WEST

### STUDENT / PARENT / SCHOOL COMPACT AND HANDBOOK ACKNOWLEDGEMENT

#### STUDENT COMPACT

I have read or have had read to me and understand the School Rules and Procedures, Student Expected Behaviors, Student Honor Code, and Code of Conduct.

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

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

\_\_\_\_\_  
Date

#### PARENT COMPACT

I have read and understand the School Rules and Procedures, Student Expected Behaviors, Student Honor Code, Parent Expected Behaviors, and Code of Conduct.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

#### PARENT/STUDENT HANDBOOK ACKNOWLEDGEMENT

I verify that I have thoroughly reviewed the Highland Prep West Student & Parent Handbook located at [www.highlandprepwest.org](http://www.highlandprepwest.org) with my student. My student and I understand the beliefs, guidelines and policies of Highland Prep West and will abide by the policies set forth within.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## HIGHLAND PREP WEST

### CONSENT FOR OFF CAMPUS ACTIVITIES

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

Yes      No

☐☐

#### 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, Highland Prep West, 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, Highland Prep West, 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





## HIGHLAND PREP WEST

### Physical Activities Acknowledgment and Assumption of Risk and Release

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

Your son or daughter (the "Participant") will be participating in physical activities associated with Highland Prep West. Physical activities require 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 physical activities;
- (2) Represent to Highland Prep West, and their affiliates, schools, officers, employees, and members that the Participant has no injury, illness or other medical condition that would prevent him/her from participating in physical activities or that would make it dangerous, harmful, or inadvisable for him/her to do so;
- (3) Assume the risk of and release and hold Highland Prep West 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 physical activity; and
- (4) Agree that neither Highland Prep West, nor the facility at which any game, practice or other activity is held, nor any other person involved in organizing or conducting the activity (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 children, legal representatives, and assigns:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





**Arizona Department of Education**  
**Arizona Residency Documentation Form**

Student \_\_\_\_\_ School Highland Prep West

School District or Charter Holder Highland Prep West

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 or motor vehicle registration
- ☐ Valid Arizona Address Confidentiality Program authorization card
- ☐ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- ☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ☐ Temporary on-base billeting facility (for military families)
- ☐ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- ☐ 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

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.





## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

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

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

---

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

---

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

---

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

Date of Birth \_\_\_\_\_ SSID \_\_\_\_\_

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

District or Charter HIGHLAND PREP WEST

School HIGHLAND PREP WEST

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

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

Office of English Language Acquisition Services

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





## HIGHLAND PREP WEST

### Request for Release of Student Records

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

Date of Birth: \_\_\_\_\_

Applying for Grade Level: \_\_\_\_\_

---

**\*\*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\*\***

---

Please send the following information:

- Birth Certificate (Or other reliable proof of the pupil's identity and age as allowed by A.R.S. §15-828)
- Immunization Records/Health Records/Hearing and Vision Screening Results
- Official Transcript
- Unofficial Transcript
- 8<sup>th</sup> Grade Diploma/Letter of Promotion
- Official Withdrawal Form & Grades to Date of Withdrawal
- Discipline & Attendance Records
- All Standardized Test Scores (AzM2, AzMERIT, AIMS, PSAT, AZELLA, etc.)
- Special Education Records: including IEP, MET, 504 Plan, Psychological Evaluation, Behavioral Plan, etc.
- Explanation of Grading/Credit System (Please indicate symbols designating honors or advanced classes)

---

**List the three (3) schools the student last attended, with the most current school listed first.**

I give permission to:

\_\_\_\_\_  
(Name of last school)

\_\_\_\_\_  
(Name of previous school)

\_\_\_\_\_  
(Name of previous school)

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

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

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

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

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

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

\_\_\_\_\_  
School Phone and/or Email

\_\_\_\_\_  
School Phone and/or Email

\_\_\_\_\_  
School Phone and/or Email

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

\_\_\_\_\_  
Date

**\*State Law 15-828 Paragraph G States that NO SCHOOL SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS.\***

**\*Federal Law 99.31 – No parent or signature required for education records to be sent to another educational agency.\***

Please Email Records to: [HPWestRecords@HighlandPrepAZ.org](mailto:HPWestRecords@HighlandPrepAZ.org)



# ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2024 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA (Title I) Income Eligibility Guidelines** schedule?

Indicator 1 ☐

Indicator 2 ☐

No ☐

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

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

Child's Name

Name of School

Grade

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

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

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.



# ESEA (Title I) INCOME Eligibility GUIDELINES

July 1, 2024- June 30, 2025

## Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

| Family Size:                      | Yearly | Monthly | 2 x Month<br>(Bi-Monthly) | Bi-Weekly<br>(Every Two<br>Weeks ) | Weekly |
|-----------------------------------|--------|---------|---------------------------|------------------------------------|--------|
| 1                                 | 16,744 | 1,396   | 698                       | 644                                | 322    |
| 2                                 | 22,646 | 1,888   | 944                       | 871                                | 436    |
| 3                                 | 28,548 | 2,379   | 1,190                     | 1,098                              | 549    |
| 4                                 | 34,450 | 2,871   | 1,436                     | 1,325                              | 663    |
| 5                                 | 40,352 | 3,363   | 1,682                     | 1,552                              | 776    |
| 6                                 | 46,254 | 3,855   | 1,928                     | 1,779                              | 890    |
| 7                                 | 52,156 | 4,347   | 2,174                     | 2,006                              | 1,003  |
| 8                                 | 58,058 | 4,839   | 2,420                     | 2,233                              | 1,117  |
| Each<br>Additional<br>Member Add: | +5,902 | +492    | +246                      | +227                               | +114   |

## Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

| Family Size:                      | Yearly | Monthly | 2 x Month<br>(Bi-Monthly) | Bi-Weekly<br>(Every Two<br>Weeks ) | Weekly |
|-----------------------------------|--------|---------|---------------------------|------------------------------------|--------|
| 1                                 | 23,828 | 1,986   | 993                       | 917                                | 459    |
| 2                                 | 32,227 | 2,686   | 1,343                     | 1,240                              | 620    |
| 3                                 | 40,626 | 3,386   | 1,693                     | 1,563                              | 782    |
| 4                                 | 49,025 | 4,086   | 2,043                     | 1,886                              | 943    |
| 5                                 | 57,424 | 4,786   | 2,393                     | 2,209                              | 1,105  |
| 6                                 | 65,823 | 5,486   | 2,743                     | 2,532                              | 1,266  |
| 7                                 | 74,222 | 6,186   | 3,093                     | 2,855                              | 1,428  |
| 8                                 | 82,621 | 6,886   | 3,443                     | 3,178                              | 1,589  |
| Each<br>Additional<br>Member Add: | +8,399 | +700    | +350                      | +324                               | +162   |

**Note:**

**If all income is received on the same schedule**

**Example: alimony = \$100 / month & pension = \$300 / month**

**DO NOT use conversion factors**

**If family reports income sources from more than one schedule**

**Example: alimony = \$100 / month & pension = \$300 / week**

**Income MUST be converted to yearly.**

|                                              |      |
|----------------------------------------------|------|
| Yearly Income = Monthly                      | x 12 |
| Yearly Income = Twice Per Month (Bi-Monthly) | x 24 |
| Yearly Income = Every Two Weeks (Bi-Weekly)  | x 26 |
| Yearly Income = Week                         | x 52 |

**DO NOT round the values resulting from each conversion**





# STUDENT HOUSING QUESTIONNAIRE

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act. Information on this form is confidential. False claims about living situations may affect enrollment.

Date: \_\_\_\_\_ Last School attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Do you have more children? ☐ Yes ☐ No

Address of where the student sleep last night: \_\_\_\_\_

Parent/Guardian/Adult Caring for Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Is the student's address a temporary living arrangement? YES ☐ NO ☐

NOTE: **\*\* If You Checked NO, you may STOP here. Thank you. \*\***

If temporary, is this living arrangement due to loss of housing or economic hardship? YES ☐ NO ☐

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

☐ In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded.

☐ Staying with a friend or relative because of loss of housing, economic hardship or similar reason

(ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

☐ In a shelter or transitional housing program (name of shelter or program): \_\_\_\_\_

☐ In an unsheltered location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.

☐ In a hotel/motel (Name of hotel/motel): \_\_\_\_\_

☐ With an adult that is not a parent or legal guardian, or alone without a parent.

☐ None of the above (Please explain): \_\_\_\_\_

List all other children that stay in the same place

| Last Name | First Name | Grade | School | District |
|-----------|------------|-------|--------|----------|
|           |            |       |        |          |
|           |            |       |        |          |
|           |            |       |        |          |
|           |            |       |        |          |

The undersigned certified that the information provided above is accurate.

Signature of Person Providing Information  
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

Housing type-Check all that apply and date:

\_\_\_ Sheltered \_\_\_ Doubled-up \_\_\_ Unsheltered/FEMA/Substandard \_\_\_ Hotel/motel

1) Unaccompanied youth: YES \_\_\_ NO \_\_\_

2) Transportation needed: YES \_\_\_ NO \_\_\_

Do not make copies of this form. If Section B is selected, please mail form to LEA Homeless Education Liaison. A copy should not be placed in the student's cumulative file.

School Personnel Who Enrolled the Student: \_\_\_\_\_





# THE MCKINNEY-VENTO ACT

## Federal Guidelines

**Your preschool and school-aged child(ren) may qualify for certain rights and protections under the Federal McKinney-Vento Act if your family lives in any of the following situations:**

- \* **In a shelter**
- \* **In a motel/hotel**
- \* **In a car, park, abandoned building, bus or train station**
- \* **Doubled up with other people due to loss of housing or economic hardship.**
- \* **In a campground due to the lack of an alternative accommodation**

**The AZ Department of Education (ADE) and Local Educational Agencies (LEAs—public schools & charters) have designated points of contact to provide assistance and school stability.**

**Homeless Education Program**



**SCHOOL STABILITY SAFETY**

### **Your eligible child(ren) have the right to:**

- Immediate school enrollment. A school must immediately enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residency.
- Enroll in: the school he/she attended when permanently housed (school of origin); the school in which he/she was last enrolled (school of origin) ; any school that non-homeless students living in the same attendance area in which the homeless child or youth is actually living are eligible to attend.
- Remain enrolled in his/her selected school for as long as he/she remains homeless or, if the student becomes permanently housed, until the end of the academic year.
- Priority in certain preschool programs.
- Participate in a tutorial-instructional support program, school-related activities, and/or receive other support services.
- Obtain information regarding how to get fee waivers, and low-cost or free medical referrals.
- Transportation services: A homeless student attending his/her school of origin has a right to transportation to go to and from the school of origin as long as (s)he is homeless or, if the student becomes permanently housed, until the end of the academic year.

**If you believe your child(ren) may be eligible:**

- 1) Contact the school of attendance for your child(ren), speak to the front office staff and request McKinney-Vento services as well as the district liaison contact information.

**-OR-**

- 2) Visit the ADE website to find your Point of Contact for your LEA:

**<http://www.azed.gov/homeless/liaisons/>**

**If you are having trouble contacting your district liaison and receiving services, please contact:**

**Silvia Chavez, AZ State Coordinator – Homeless Education Program**

**[Homeless@azed.gov](mailto:Homeless@azed.gov) - (602)542-4963**





## HIGHLAND PREP WEST

### CUSTOMER SATISFACTION QUESTIONNAIRE

Thank you for your interest in Highland Prep West. 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?
- |                                                                          |                                   |                                     |                                             |
|--------------------------------------------------------------------------|-----------------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Newspaper                                       | <input type="checkbox"/> Flyer    | <input type="checkbox"/> Internet   | <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> Passed by Highland Prep West                    | <input type="checkbox"/> Postcard | <input type="checkbox"/> MSD School | <input type="checkbox"/> Enrollment Event   |
| <input type="checkbox"/> Referral from other School: (School Name) _____ |                                   |                                     |                                             |
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. 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?
- With whom did you speak? \_\_\_\_\_
- What date did you come in? \_\_\_\_\_
4. Did you receive the information you requested within a reasonable amount of time?
5. Were all questions regarding the enrollment process and Highland Prep West answered to your satisfaction?

YES NO

☐ ☐

☐ ☐

☐ ☐

☐ ☐

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 Highland Prep West? Please list them below:

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