

COLORADO RIVER UNION HIGH SCHOOL DISTRICT #2

STUDENT REGISTRATION / DEMOGRAPHICS FORM

- CRUHSD Academy
- Mohave High School
- River Valley High School

STUDENT INFORMATION PLEASE PRINT:

Please complete all the pages in this registration packet before submitting to registrar.

Date: _____ Grade: _____

Student's Last Name _____ First Name _____ Middle Name _____ Age _____ Sex _____

Student's Physical Address _____ City _____ State _____ Zip _____

Student's Mailing Address _____ City _____ State _____ Zip _____

Date of Birth _____ State or Country of Birth _____ Home Phone Number _____ Student's Cell Phone _____ Student's email _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

Note if student's living arrangement is both temporary and a result of hardship they may be eligible for services under the McKinney-Vento Act

- 1) Are you a student living on your own and not in the physical custody of a parent or guardian? Yes No
- 2) Is student's address a temporary living arrangement? Yes No
If yes, is this temporary living arrangement due to loss of housing or economic hardship? Yes No
- 3) Was student enrolled in **Special Education**? (Must provide current copy of IEP) Yes No
- 4) Did student participate in **interscholastic sports or other extracurricular activities**? Yes No
- 5) Does student plan on participating in **sport(s) and/or extracurricular activities this school year**? Yes No
a. If yes, please complete the Athletic/Activities form.
- 6) Was student receiving **Section 504 Accommodations**? Yes No
- 7) Was student receiving **English Language Learner Services (ELL)**? Yes No
- 8) Responses will be used to determine whether the student will be assessed for **English Language Proficiency (ELL)**
 - b. What is the language that the student first acquired? _____
 - c. What is the language most often spoken by the student? _____
 - d. What is the primary language used in the home regardless of language spoken by the student? _____

PLEASE ANSWER BOTH OF THE FOLLOWING QUESTIONS REGARDING ETHNICITY:

Is the student one or more of the following races? *(Please check all that apply)*

- American Indian/Alaska Native Black/African American
- Native Hawaiian/Other Pacific Islander Asian White

Is the student Hispanic/Latino of any race? Yes No

Office Use only

PLEASE DO NOT WRITE BELOW THIS LINE ON THIS PAGE

In order to complete student registration you must provide numbers 1-4:

1. Birth Certificate _____ E-Code _____ Perm ID# _____
2. Previous School Transcript/Grades _____
3. Proof of Residency _____ SAIS ID# _____
4. Immunizations _____ Data Entered by _____
5. 45 Day Screening _____ Data Entered On _____
6. ParentVue _____
7. Bus Route _____

Family and Emergency Information Please Print:

_____ Lives w/Student: Yes No _____
Parent/Guardian (last name, first name) Relationship Email Address

_____ City State Zip
Physical Address (if different than student's)

Home Phone Number Cell Phone Number Work Phone Number Place of Employment

Has Parent/Guardian ever served in the Military? Yes No

_____ Lives w/Student: Yes No _____
Parent/Guardian (last name, first name) Relationship Email Address

_____ City State Zip
Physical Address (if different than student's)

Home Phone Number Cell Phone Number Work Phone Number Place of Employment

Has Parent/Guardian ever served in the Military? Yes No

Other Caregiver in the home:

_____ Relationship Release To Yes No Email Address Contact Phone Number
Last name, First Name

Emergency Contacts (other than parent):

_____ Relationship Release To Yes No Email Address Contact Phone Number
Last name, First Name

_____ Relationship Release To Yes No Email Address Contact Phone Number
Last name, First Name

Please check the schools this student has attended: CRUHSD Academy Mohave High School River Valley High School

Name of Last school attended: _____ City _____ State _____

Please provide the names of any siblings currently attending CRUHSD Academy, Mohave High School, and/or River Valley:

Person enrolling student is: Legal Parent Relative w/ Guardianship Foster Parent (temp)
 Court Appointed Guardian Other: _____ Foster Parent (perm)

Signature of Student

Print Student Name

Signature of Parent / Guardian

Print Parent / Guardian Name



State of Arizona
Department of Education
Office of English Language Acquisition Services

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

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

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

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

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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

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



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** _____
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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

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



**Arizona Department of Education
Arizona Residency Guidelines
REVISED 1/29/2018**

INTRODUCTION

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education (“Department”) is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823, a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils.

The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable.

The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student’s residency status may be required to repay the state aid received for that student.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter’s annual registration process via the district or charter’s annual registration form. The documentation supporting Arizona residency should be maintained according to the school’s records retention schedule.** For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.** 42 U.S.C. § 11 432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family’s household is multi-generational. Different documentation is required for each circumstance.

1. Parent(s) or legal guardian(s) that maintains his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian’s full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed
- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement or off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- 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 located in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families)

2. Parent(s) or legal guardian(s) that does not maintain his or her own residence: The parent or legal guardian must have an **affidavit of shared residency** form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, **along with a document from the bulleted list bearing the name and address of the person who maintains the residence.** A model affidavit of shared residence form is available for schools at the end of this document.

USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS CONFIDENTIAL AND ONLY USED FOR EDUCATIONAL PURPOSES.**

ATTENDANCE AT ARIZONA SCHOOLS BY NON-RESIDENTS

United States citizens that are not residents of Arizona may attend Arizona public schools upon payment of tuition pursuant to A.R.S. § 15-823(A). Tuition shall be set by the school pursuant to the formula set forth in A.R.S. § 15-824(E). Citizens of a foreign country that are not Arizona residents may attend public high schools in Arizona for up to 12 months upon payment of tuition if they abide by the requirements of federal immigration law. For more information regarding foreign students attending public high schools, see the guidance from the U.S. State Department at: <https://travel.state.gov/content/visas/en/study-exchange/student/foreign-students-in-public-schools.html> Schools that want to enroll foreign citizens must obtain SEVP certification. For more information regarding SEVP certification, see the guidance at:

<https://www.ice.gov/sevis/i17>

¹ For participants in the Arizona Address Confidentiality Program ("ACP"), an ACP Authorization Card may be accepted in lieu of documentation showing the residential address or property description where the student resides.



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

Student _____ School _____

School District or Charter Holder _____

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)

- ___ 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.



State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- 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)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this _____ day of _____, 20____,
By _____.

My Commission Expires:

Notary Public

COLORADO RIVER UNION HIGH SCHOOL DISTRICT #2

HEALTH SERVICES DEPARTMENT

STUDENT HEALTH HISTORY

Dear Parents/Guardian of _____ Grade _____
(Student's name)

Please circle the appropriate health conditions, if any, that may apply to your student and give a brief explanation in the space provided. This will help us provide services according to any needs your student may have throughout his/her high school years. Please notify the Health Office of any concerns or changes in your student's health.

The Health Office does NOT provide any medications to students; this includes cough drops and Tylenol. If a student has the need for medication during the school day, a parent/guardian would need to bring the medication (in the original container) to school and complete the necessary consent form. Students may be authorized to carry medication in accordance to CRUHSD Board Policy JLCD-R. Please check in the Health Office for more information or to get a medication consent form. _____ Please initial.

If your student has a medically documented illness that would prevent him/her from attending school on a regular basis, a Chronic Illness form must be completed by their physician. Forms are available in the Health Office to start this process.

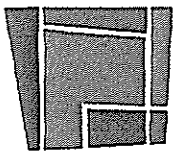
- | | |
|--|--|
| 1. Allergy-(food, insects, medication, etc.) please list
a. _____ b. _____ c. _____ | 16. Hepatitis -- A B or C |
| 2. Anemia | 17. Hyperactive
a. Requiring medication? Yes or No |
| 3. Arthritis | 18. Kidney Disease/Disorder |
| 4. Asthma
a. Requiring Inhaler in school? Yes or No | 19. Menstrual Cramps (severe) |
| 5. Birth Defect/Chromosome Disorder | 20. Migraine Headaches |
| 6. Blood Disorder | 21. Muscular Dystrophy |
| 7. Cancer/Leukemia | 22. Nose Bleeds (frequent) |
| 8. Cerebral Palsy | 23. Physical Activity Limitations (medical not required) |
| 9. Color Blindness | 24. Pregnancy Due Date _____ |
| 10. Cystic Fibrosis | 25. Rheumatic Fever History |
| 11. Diabetes – Type I or Type II | 26. Scoliosis |
| 12. Eating Disorder/Weight Problem | 27. Speech Problems |
| 13. Epilepsy/Seizure Disorder | 28. Tuberculosis |
| 14. Hearing Deficit
a. Requiring hearing aid? Yes or No | 29. Ulcer |
| 15. Heart Disease/Defect | 30. Vision – Glasses or Contacts |
| | 31. Other _____ |

Please explain any illness/condition indicated above:

I authorize the Health Office to share my student's health information when needed for the safety of my child with appropriate personnel such as teacher or emergency medical services.

Signature of Parent/Guardian

Date



ADHS

Arizona School Immunization Requirements: Kindergarten - 12th Grade

- Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at <http://www.azdhs.gov/phs/immun/back2school.htm>.
- Homeless students are allowed a 5-day grace period to submit proof of immunization records.
- The immunization record for each vaccine dose must include the complete date and the doctor or clinic name.
- The statutes and rules governing school immunization requirements are:
 - Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701-708

Please check requirements for each child's age and grade level in the chart below.

Age →	Under age 7	7 – 10 years	11 years and older
Grade →	Kindergarten-5 th grade		6 th through 12 th grade
Vaccine ↓	Kindergarten and above	Kindergarten-5 th grade	6 th through 12 th grade
DTaP <small>(Proof of DTP or DT counts toward DTaP requirement)</small>	4-5* doses At least 1 dose at 4 years of age or older is required. *A 6th dose is required if 5 doses have been given before 4 years of age.	3 DTaP and/or Td doses are required if all doses were given <u>after</u> 12 months of age. Or 4 DTaP and/or Td doses are required if any of the doses were received <u>before</u> 12 months of age.	<u>1 Tdap dose is required for students 11 years and older.</u> Students who completed the primary series of tetanus/diphtheria doses must receive a Tdap when 5 years have passed since the student's last tetanus/diphtheria dose. Students who did not complete the primary series of tetanus/diphtheria doses before age 11 are required to receive a total of 3 doses, including 1 Tdap and 2 Td doses.
Td		Tdap may be counted to meet the requirements above. Tdap is <u>not required</u> for 11 year olds until they enter 6 th grade.	Tdap doses given prior to age 11 meet the requirement. A Td booster is required 10 years after the Tdap dose.
Tdap			
Meningococcal		<u>Not required</u> but may be counted as valid when given at this age.	1 dose is required.
Polio	3-4 doses 4 doses meet the requirement. 3 doses meet requirements if dose #3 was given at 4+ years of age. (Not required for students 18+ years of age.)		
MMR	2 doses A 3 rd dose will be required if dose #1 was given before more than 4 days before the 1 st birthday.		
Hepatitis B	3 doses A 4 th dose will be required if the third dose was given before 24 weeks of age.		
Varicella	1 dose is required if the 1 st dose was given before 13 years of age. 2 doses are required if the 1 st dose was given at 13 years of age or later. Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chickenpox disease are allowed to continue attendance with parental recall of disease. Students enrolling for the first time after 09/01/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs. Parental recall of disease will not be accepted.		

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.



21st Century Community Learning Centers (21st CCLC)

Registration Form

- Mohave High School
- River Valley High School

Dear Parents/Guardians,

Your child is encouraged to attend 21st CCLC programs at their home school. These programs are designed to help your child succeed. All programs are offered during non-school hours, and there is no charge.

One popular Academic program in place is the After School Lab (ASL). Tutors are on-site and available to assist students with their homework in Math, Science, English, etc. ASL takes place in the Media Center from 4-7pm Monday through Thursday. A snack is provided and limited bus service is also available.

21st CCLC Enrichment Programs are also offered to students, as well as to family and community members. These programs take place Monday through Thursday after school from 4-7 pm and also on Flex Fridays from 8-12 pm. Examples include: Fencing, Archery, AFROTC, Pinterest Crafting, Adult Learning, and many, many more. *(Note that some programs may require an additional waiver to participate.)*

Please complete the information below and return this form to your high school office.

Student Name: _____

I.D. Number: _____ Grade: _____

Parent Name: _____

Home Address: _____

Home Phone#: _____ Work Phone#: _____

Emergency Contact Name/Phone#: _____

Please list any allergies, medications, behaviors, or other important information we should know about your child:

How will your child leave school? *(Note if this changes, the school must be informed.)*

___ Walk ___ Pick-up ___ Bike ___ Bus Stop Location _____

Can we use your child's photograph in a promotional? Yes ___ No ___

I understand that 21st CCLC programs offered are academic/recreational and that they are not childcare. I understand that the programs are supervised during the specific days and times they take place. I also understand that participation is optional, however any violation of program or school rules may result in suspension/removal from a program.

Parent Signature

Date

Student Signature

Date

Colorado River Union High School District

“RAISING THE BAR”

REWARDS

The district will host an Academic Recognition Event each Fall to recognize “Exceeders” on the previous year’s assessments. Awards will be presented to all exceptional achievers, differentiated by the number of subjects in which the student demonstrated mastery.

The district will also hold a separate recognition event each Spring to celebrate top performers on ACT exams.

REQUIRED INTERVENTIONS

1. A District Assessments will be given to all students in various content areas.
2. If at the end of any 9 week grading period a student has an “F” or does not meet the standard in a core course (math, ELA, science or social studies), the student will be required to successfully complete a minimum of 12 hours of remediation for each failing grade prior to earning course credit.

Remediation may include one or more of the following:

1. Tutoring-ASL
2. Flex Fridays
3. Summer school

CONSEQUENCES

In high school, students must pass a class in order to receive the credit necessary to graduate. Students assigned remediation hours in any course must complete the hours in order to earn the credit. Also, students must pass achievement tests set forth by the State of Arizona to be eligible for graduation. Failure to complete any of these requirements will result in the student not graduating. Additionally, students in traditional schools who fail multiple classes the same semester or who fail the same class multiple times will be recommended for alternative placement.

EXCESSIVE ABSENCES

Regular school attendance promotes learning and achievement; therefore, per District Policy JE-EB students who have ten or more days of excused or unexcused absences (without a doctor’s note) absences in a semester will not receive credit for the course.

COLORADO RIVER UNION HIGH SCHOOL DISTRICT #2

Dear Parent/Guardian: (Your signature signifies your agreement to the following policies)

I understand that I may access the handbook of each high school on the individual school's page at <http://coloradoriverschools.org> and will review the document with my child who is enrolled at the school. By signing this form I understand all rules and policies given therein. Please read all information below and sign in agreement.

● **Personal Information Release:** Pictures of students can be taken throughout the school year for various reasons. As you are aware, there are potential dangers associated with the posting of personal identifiable information on a web site or in the media since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child. Personal identifiable information includes student's names, photo or image, residential address, email addresses, phone numbers and locations and times of class trips. We are asking all parents/guardians to sign this waiver to request permission for your child's photo/image and personal identifiable information to be published on the district and/or school's web site and/or used in network or cable television broadcasts. By signing this release you are giving the school and/or district permission to take and use your child's photo and/or personal information. If you, as the parent or guardian, wish to rescind this agreement you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

_____ I, as Parent/Guardian, *GRANT* permission for photo/image and/or personal identifiers (as listed above) of this student to be published on the school and/or district's public Internet site on network/cable television.

_____ I, as Parent/Guardian, *DO NOT GRANT* permission for photo/image and/or personal identifiers (as listed above) of this student to be published on the school and/or district's public Internet site on network/cable television.

Student Records/Designation of Directory Information: During the school year, district staff members may compile non-confidential student directory information. According to state and federal law, designated directory information may be publicly released to educational, occupational and/or military recruiting representatives. If the Governing Board permits the release of designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing the students of educational and occupational opportunities available to them.

_____ I, as Parent/Guardian, *GRANT* permission for non-confidential student directory information to be released to the military.

_____ I, as Parent/Guardian, *DO NOT GRANT* permission for non-confidential student directory information to be released to the military.

● **Permission for School Survey(s):**

This consent form is intended to inform you and to request permission for your student to take the following educational surveys:

- | | | |
|---------------------------------------|------------------------------|--------------------------------|
| ● CTE/Perkins Placement Senior Survey | ● National CTE Survey | ● AdvancED Student Survey |
| ● 21CCLC Interest Survey | ● Course and Schedule Survey | ● PBIS (School Climate Survey) |
| ● Students' Needs Assessment Survey | ● Arizona Youth Survey | ● Student Council Surveys |
| ● Classroom Surveys | ● Student Needs Assessment | |

_____ I, as Parent/Guardian, *GRANT* permission for my student to participate in educational surveys.

_____ I, as Parent/Guardian, *DO NOT GRANT* permission for my student to participate in educational surveys

• **Acceptable Use of Technology Resources in Electronic Information Services (EIS). Each user must:**

Use the electronic information services (EIS) to support personal educational objectives consistent with the educational goals and objectives of the Colorado River Union High School District #2.

Agree not to submit, publish, display or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive or illegal material.

Immediately inform teacher or system administrator if inappropriate information is mistakenly accessed.

Abide by all copyright and trademark laws and regulations. Follow all written instructions.

Agree not to reveal home address(es), personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.

Abide by all general acceptable rules of network etiquette: be polite and use correct language, respect privacy and avoid disruptions.

Understand that electronic communication is not private and may be read and monitored by school-employed persons.

Agree not to attempt to harm, modify, add, or destroy software or hardware. Not examine or change any computer settings, such as desktop, screensaver, software settings, internet settings, system security, etc.

Agree not use the EIS in any way that would disrupt the use of the EIS by others. Refrain from loud talk, noise or profanity or other disruptive behavior.

Not use computers to access, modify and/or damage school district network and materials residing on the network.

Not use the EIS for commercial or financial gain, political lobbying, business purposes or fraud.

Not access private email, games, chat rooms, entertainment sites or other sites not related to schoolwork.

Treat school equipment with reasonable care and be held responsible for any expenses occurred due to misuse.

Not install outside drives or materials (floppies, music CD's, CD-ROM's, etc.) without instructor permission and a virus scan.

The Colorado River Union High School District specifically denies any responsibility for the accuracy of information. While the district will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information services (EIS) are used and bears the risk of reliance on the information obtained.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary actions, criminal prosecution and/or revocation of my use of information services.

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the school district to restrict access to all controversial materials, and I will not hold the district responsible for materials acquired by the use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a school district administrator. Misuse may come in many forms but can be viewed as any message sent or received that indicates or suggests pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in this agreement.

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting.

I hereby give my permission to have my child use the electronic information services in all areas of the school and district.

Print Student Name: _____

Student Signature: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Rules and Information from Student Handbook

PLEASE REFER TO THE ONLINE STUDENT HANDBOOK FOR FURTHER DESCRIPTION OF POLICIES

www.rivervalley.coloradoriversschools.org/parent-information

www.mohave.coloradoriversschools.org/student-information

- I.D. FEES:** Students will be able to charge a maximum of \$25 for replacement ID's. Once they have reached the \$25 limit, all fees must be paid in order to obtain a replacement ID. Students must wear their school issued ID card during the school day and will be sent home if a replacement cannot be obtained due to the student account reaching the maximum limit of \$25. Fees are payable at the book store or online through the student information link above and select Web Store.
- TEXTBOOKS/LIBRARY BOOKS:** The student (and/or parent) is liable for any damage or loss of books issued to him/her regardless of the cause of the loss.
- ABSENCE-TARDY POLICY:** The total number of parent excused and unexcused absences shall be limited to eight (8) per class per semester. Absence excuses must be provide within forty-eight (48) hours to be considered valid. Any student exceeding eight (8) total absences in a given class will lose credit for the class and receive an "F" on his/her transcript. Any student arriving more than two (2) minutes late to class will be considered tardy. Six (6) or more unexcused tardies/truancies will result in loss of credit for that class.
- DRESS CODE:** Shirt style- polo or tee, long or short sleeves in approved colors with the approved school logo. Cold weather jackets – crewneck, hooded, or zippered sweatshirt in one solid school approved color with the approved school logo. No dresses, skirts, shorts and/or holes above 6 inch inseam. Leggings or spandex are only allowed if student adheres to the 6 inch inseam policy for their outerwear and are not to be worn by themselves.
- FLEX FRIDAY:** Flex Fridays are set up for enrichment and intervention. Students are assigned to attend for having a D or F in the class, not meeting standards on benchmark testing and detention for school referrals. See student handbook for Flex Friday times and dates.
- VIOLATIONS/CONSEQUENCES:** Students violating school rules will be assigned detention, suspended, long term suspended and/or expelled from school. Typical violations include vandalism; drug/alcohol/tobacco use or possession; violence and/or possession of weapons. A list of violations and the consequences is in the student handbook.
- SEARCHES:** There are times when the administration may search students, their personal property and automobiles for various reasons. The administration has the right to search and seize property, including school storage of personal items.
- STUDENT CONDUCT:** Bullying, violence, harassment or intimidation in any form will NOT be tolerated.
- DRUGS/ALCOHOL:** When the administrator has a reasonable suspicion, based on objective evidence, that a student is involved in the distribution or sale of drugs and/or alcohol, law enforcement authorities and parent(s) or legal guardian(s) shall be contacted. Law enforcement authorities shall be contacted when the administration determines that drugs (to be used for non-medical purposes) or alcohol are found in possession of a student or the student is reasonably suspected of being under the influence of drugs and/ or alcohol.
- PARTICIPATION OF PARTIES:** Any student that is at a party where alcohol and/or drugs are being used can be placed on suspension from their sport or activity for up to 1/3 of the season for the first occurrence and suspended for the remaining season and other sports for the second occurrence. Students in clubs or other organizations will be removed from the club or organization.

STUDENT HANDBOOK: I understand it is my responsibility to review the online student handbook and be familiar with District rules and policies. It is also my responsibility to adhere to the student handbook rules and policies.

Student Signature

Parent Signature

Annual Notice Office of Civil Rights

The Colorado River Unified School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Career and Technical Education program offerings include: Automotive Tech & Collision, Business Operations and Administrative Management Programs, Culinary Arts, Early Child & Education Professions, Graphic & Digital Communications, Digital Print Programs, Software Development, Construction Trades, Heating & Air, TV/Film, Fire Service, Certified Nursing Assistants, Emergency Medical Services, Law and Public Safety, and Welding programs. The lack of English language skills will not be a barrier to admission and participation in the Career and Technical (vocational) Education programs of the Colorado River Union High School District.

Inquiries may be directed to the Title IX Coordinator or the Section 504/ADA Title II Coordinator at 1004 Hancock Blvd., Bullhead City, AZ 86442. 928-758-3961.

The following people have been designated to handle inquiries regarding non-discrimination policies:

Title IX Coordinator

District Superintendent

Address:1004 Hancock Blvd

Telephone Number: 928-758-3961

Email: complianceofficer@crsk12.org

Section 504/ADA Coordinator

District Director of Special Education Services

Address:1004 Hancock Blvd

Telephone Number: 928-758-3916

Email: complianceofficer2@crsk12.org

COLORADO RIVER UNION HIGH SCHOOL DISTRICT #2

McKinney Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney Vento Homeless Assistance Act 42 U.S.C. 11435. The answers will help determine the services that the student may be eligible to receive. **All information is confidential.**

1. Is your current address a temporary living arrangement? Yes No
2. If temporary, is this living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to question 1 AND 2, please complete the remainder of this form.
If you answered NO to either question, you may stop here.

SECTION A	SECTION B
<input type="checkbox"/> Choices in Section B do not apply If you checked this box, it is not necessary to complete this form. Continue with Registration packet.	<input type="checkbox"/> In a shelter/group home <input type="checkbox"/> Doubled up with relatives or friends due to hardship <input type="checkbox"/> Living in a motel, car, campsite or other inadequate housing <input type="checkbox"/> Youth living with friends or family members other than parent/guardian If you checked a box in section B, complete this form and the registration packet.

Name of student: _____ Birth Date: _____ Perm ID: _____

School Most Recently Attended: _____ Grade: _____

Name of Parent(s)/Legal Guardian: _____

Temporary/Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Other children in the family:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Parent/Guardian/Student Signature: _____ Date: _____

For School Staff: Do not make copies of this form. If an option in section B is checked, please mail the completed form to Nadina Angulo at MHS. Per McKinney Vento guidelines, a copy should not be placed in the student's cumulative file. Please shred any forms that do not have a check in section B. Check both sides of this form.

Enrolling School: MHS RVHS Academy Enrolling Staff: _____ Date: _____

Parent/Guardian/Student Tear Form Here

If you have any questions or believe you qualify for the McKinney Vento Homeless Education Assistance Program, please contact family and homeless liaison Nadina Angulo at (928) 758-3916 ext. 1232, (435) 429-1283 or nangulo@crsk12.org to access services.

Services: The following is a list of possible services available for eligible McKinney Vento students.

- | | |
|---------------------------------------|---|
| ~ Immediate school enrollment | ~ School Supplies |
| ~ Free School Breakfast/Lunch | ~ Extracurricular Programs/Athletic/Club/School Fees Assistance |
| ~ Transportation to/from School | ~ Information and Referrals to Community Services |
| ~ Food and Clothing Bank & Toiletries | ~ Assistance in obtaining immunization records and birth certificates |

COLORADO RIVER UNION HIGH SCHOOL DISTRICT #2

Cuestionario sobre la elegibilidad para el programa McKinney Vento

El siguiente cuestionario trata sobre la ley McKinney Vento 42 U.S.C. 11435. La información obtenida ayudará para determinar cuáles son los servicios para los cuales su hijo/a califica. **Toda la información es confidencial.**

1. ¿Su actual domicilio es una situación temporal de vivienda? Sí No
2. Si la respuesta es sí, ¿se debe este arreglo a la pérdida de su vivienda o a dificultades económicas? Sí No

**Si su respuesta a las preguntas 1 Y 2 es SÍ, les pedimos que llenen el resto de este formulario.
Si pusieron NO en una de estas dos preguntas, no necesitan llenar el resto del cuestionario.**

SECCIÓN A	SECCIÓN B
<input type="checkbox"/> Las opciones de la sección B no aplican a nuestra situación Si marcaron este cuadro, no es necesario que llenen el formulario siguiente. Continúen con el resto del paquete de registro.	<input type="checkbox"/> Están viviendo en un albergue o vivienda comunitaria <input type="checkbox"/> Están viviendo con otros familiares o amigos debido a la pérdida de su hogar o dificultades económicas <input type="checkbox"/> Viven en un motel, auto, campamento u otro tipo de vivienda inadecuada <input type="checkbox"/> Es un joven que vive con amigos o familiares otros que no sean los padres o tutores legales Si marcaron un cuadro en la sección B, completen el formulario siguiente y el paquete de registro.

Nombre del alumno: _____ Fecha de nacimiento: _____ Perm ID: _____
 Escuela más reciente a la que asistió: _____ Grado escolar: _____
 Nombre de los padres o tutor legal: _____

Domicilio actual/temporal: _____
 Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

Otros niños en la familia:

Nombre: _____	Escuela: _____	Grado escolar: _____
Nombre: _____	Escuela: _____	Grado escolar: _____
Nombre: _____	Escuela: _____	Grado escolar: _____
Nombre: _____	Escuela: _____	Grado escolar: _____

Firma de padres/tutor legal/alumno: _____ Fecha: _____

For School Staff: Do not make copies of this form. If an option in section B is checked, please mail the completed form to Nadina Angulo at MHS. Per McKinney Vento guidelines, a copy should not be placed in the student's cumulative file. Please shred any forms that do not have a check in section B. Check both sides of this form.

Enrolling School: MHS RVHS Academy Enrolling Staff: _____ Date: _____

Padre/Tutor legal/Alumno desmólole aquí

Si tiene alguna pregunta o cree que califica para el Programa de Asistencia Educativa para Personas sin Hogar de McKinney Vento, comuníquese con Nadina Angulo, coordinadora de familia y personas sin hogar, al (928) 758-3916 ext. 1232, (435) 429-1283 o nangulo@crsk12.org para acceder a los servicios.

- Servicios:** La siguiente es una lista de posibles servicios disponibles para los estudiantes elegibles de McKinney Vento.
- | | |
|---------------------------------------|---|
| ~ Inscripción inmediata en la escuela | ~ Asistencia en la obtención de registros de vacunación y certificados de |
| ~ Desayuno/almuerzo escolar gratis | ~ Programas extracurriculares/Asistencia atlética/del club/honorarios escolares |
| ~ Transporte a/desde la escuela | ~ Información y referencias a servicios comunitarios |
| ~ Útiles escolares | ~ Banco de comida y ropa y artículos de tocador |