



ACE CHARTER HIGH SCHOOL
A TUCSON YOUTH DEVELOPMENT SCHOOL



YOUTHWORKS
CHARTER HIGH SCHOOL
A TUCSON YOUTH DEVELOPMENT SCHOOL

ACE/YouthWorks Charter High Schools

AdvancEd Accredited

Registration Packet



Tucson Youth Development, Inc.
Administrative Office
1901 N. Stone Avenue
Tucson, AZ 85705

School Sites

North Campus
1929 N. Stone Avenue
Tucson, AZ 85705
(520) 628-8316

South Campus
1915 E. 36th Street
Tucson, AZ 85713
(520) 495-4113

Welcome to ACE/YouthWorks Charter High School

Copies of the following documents are required:

1. Birth Certificate or Baptismal Certificate
2. Immunization Records
3. Proof of Address (Lease or Utility Bill)
4. High School Transcripts/Proof of Promotion
5. Proof of Guardianship if student does not reside with custodial parent
6. Testing Records (if available)
7. Withdrawal Form

Bienvenido a ACE / YouthWorks Charter High School

Se requieren copias de los siguientes documentos:

1. Certificado de nacimiento o certificado de bautismo
2. Registro de vacunas
3. Comprobante de domicilio (arrendamiento o factura de servicios públicos)
4. Transcripciones de la escuela secundaria / Prueba de promoción
5. Prueba de tutor legal si el estudiante no reside con el padre con custodia
6. Resultados de pruebas (si está disponible)
7. Formulario de abandono de la escuela

Registration Form ACE/YouthWorks Charter H.S.

Date: _____

Student Information (Please PRINT name exactly as it appears on the birth certificate)

Legal Last Name:	Legal First Name:	Full Middle Name:	Grade: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
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Ethnicity: Is student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Race: (check one) White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>	Language: (circle one) What is the primary language used in the home regardless of the language spoken by the student? English Spanish Other _____ What is the language most often spoken by the student: English Spanish Other _____ What is the language that the student first acquired: English Spanish Other _____	Date of Birth: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%; padding: 5px;">MM</td> <td style="width: 33%; padding: 5px;">DD</td> <td style="width: 33%; padding: 5px;">YYYY</td> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> </tr> </table> Country of Birth: (check one) <input type="checkbox"/> United States <input type="checkbox"/> Other Country U.S. Only – State of Birth <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"> </div> Country other than U.S. <div style="border: 1px solid black; height: 20px; width: 100%;"> </div>	MM	DD	YYYY			
MM	DD	YYYY						

Mother's Name: _____ Father's Name: _____

Guardian or Other Name: _____

Home Address: _____ Apt/Unit#: _____ State: _____ Zip: _____

Mailing Address (If different): _____ Apt/Unit#: _____ State: _____ Zip: _____

Home Phone: _____ Message Phone: _____

Has your child previously received Special Education, 504 Accommodation Plan or ELL Services: Yes No

Current IEP: Yes No 504 Accommodation: Yes No ELL (English Language Services): _____

Have you previously attended ACE/YouthWorks Charter High School(s): Yes No

Please List Previous School(s) Attended:

Have you ever been suspended? Yes No

Please indicate if student is: Homeless Youth On Their Own Other: _____

Is student currently employed? Yes No Where: _____ Hours: _____

Parent/Guardian Signature: _____

OFFICIAL USE ONLY:			
SAIS ID: _____	Entered in PowerSchool: _____	Entry Code: _____	Start Date: _____
School Official Signature: _____		Title: _____	

**Student Contact Information / Información de contacto del estudiante
ACE/YouthWorks Charter High School**

Date/Fecha: _____

Legal Last Name / Apellido Legal:	Legal First Name / Nombre:	Grade / Grado: [] 9 th [] 10 th [] 11 th [] 12 th
Emergency Contacts in Order of Priority / Contactos de emergencia:		Phone Number / Número de teléfono:
Emergency Contact # 1: _____		Number: _____ Sign Out: [] Yes [] No ¿Puede firmar la salida? Si [] No []
Emergency Contact # 2: _____		Number: _____ Sign Out: [] Yes [] No ¿Puede firmar la salida? Si [] No []
Emergency Contact # 3: _____		Number: _____ Sign Out: [] Yes [] No ¿Puede firmar la salida? Si [] No []
Additional information on those allowed to sign out student: Información adicional sobre los que pueden firmar la salida del estudiante:		
Name/Nombre: _____ Relationship/Relación: _____		
Name/Nombre: _____ Relationship/Relación: _____		
Name/Nombre: _____ Relationship/Relación: _____		
List anyone not allowed to contact the student: Apunte a cualquier persona que no pueda contactar al estudiante:		
Name/Nombre: _____ Relationship/Relación: _____		
Name/Nombre: _____ Relationship/Relación: _____		
Name/Nombre: _____ Relationship/Relación: _____		

ACE/YouthWorks Charter High School
Health Information

Student Name _____ DOB: _____

HEALTH CONCERNS/HEALTH HISTORY: <input type="checkbox"/> Check here if your child DOES NOT have any health issues (sign at bottom) <input type="checkbox"/> My child has a LIFE-THREATENING health condition*: _____ <ul style="list-style-type: none"> • If your child has health concerns please check all current health conditions below (and fill in all applicable blanks). Parent/guardian is responsible for notifying the school of new or existing health concerns and for providing the school with any medication or equipment that the student will require during the school day. • Please contact the office manager to discuss your child's needs. 	
<input type="checkbox"/> ALLERGIES <input type="checkbox"/> Seasonal <input type="checkbox"/> Medication allergies: _____ <input type="checkbox"/> Bee <input type="checkbox"/> Insect: _____ <input type="checkbox"/> Food: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Reaction: <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Local swelling <input type="checkbox"/> Hives/rash <input type="checkbox"/> Other: _____ Treatment: <input type="checkbox"/> *EpiPen *requires action plan/permit <input type="checkbox"/> Other: _____ <input type="checkbox"/> *Needs Medication at School *requires action plan/permit	
<input type="checkbox"/> ASTHMA Treatment: <input type="checkbox"/> *Carries inhaler (permit required) <input type="checkbox"/> Other: _____ <input type="checkbox"/> My child was diagnosed with asthma but no longer uses an inhaler	
<input type="checkbox"/> DIABETES <input type="checkbox"/> *Type I (takes insulin) <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Pen <input type="checkbox"/> Syringe <input type="checkbox"/> Type II (diet/exercise/medication controlled) <input type="checkbox"/> My child is independent in diabetes care <input type="checkbox"/> My child needs help with: _____	
<input type="checkbox"/> EMOTIONAL/BEHAVIORAL/PSYCHOLOGICAL/DEVELOPMENTAL <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Asperger's <input type="checkbox"/> Autism <input type="checkbox"/> Bipolar <input type="checkbox"/> Depression <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Mood Disorder <input type="checkbox"/> OCD <input type="checkbox"/> ODD <input type="checkbox"/> Post Traumatic Stress Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other: _____	
<input type="checkbox"/> SEIZURES* (please contact the school office manager to discuss your child's seizures and the need for a seizure action plan)	
<input type="checkbox"/> OTHER MEDICAL ISSUES (if you check any conditions below please explain in space provided) <input type="checkbox"/> Activity restriction <input type="checkbox"/> Bowel/bladder <input type="checkbox"/> Chromosome/genetic <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Migraines <input type="checkbox"/> Skin condition <input type="checkbox"/> Birth defect <input type="checkbox"/> Cancer <input type="checkbox"/> Concussion <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Heart Condition <input type="checkbox"/> Neurological <input type="checkbox"/> Special diet <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Endocrine <input type="checkbox"/> Hypertension <input type="checkbox"/> Physical disability <input type="checkbox"/> Other: _____	
<input type="checkbox"/> HEARING/VISION <input type="checkbox"/> Known hearing loss (explain): _____ <input type="checkbox"/> Hearing aid <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Other vision problem: _____	<input type="checkbox"/> MEDICATION* (obtain medication permit from School Officer Manager at school) <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Medication to be given at school*(permit required) : _____
It is parent/guardians responsibility to notify the School if any changes occur in their child's health status.	
Parent/Guardian Name (printed): _____	
Parent/Guardian Name (Signature): _____	

**ACE Charter/YouthWorks Charter School
STUDENT DIRECTORY INFORMATION RELEASE FORM**

Student Name: _____

DIRECTORY INFORMATION

According to state and federal law, the below-designated directory information may be publicly released to the educational, occupational or military recruiting representatives without your permission. If Tucson Youth Development/ACE Charter High School permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law Tucson Youth Development/ACE Charter High School is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any or all of the below-designated information in writing, then Tucson Youth Development/ACE Charter High School must provide military recruiters, upon request, directory information about the student.

If you do not want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent.

Please mark unless you direct otherwise by checking the box below:

- I Do** RELEASE MY CHILD'S DIRECTORY INFORMATION. By selecting this option, I understand that my child's name and/or picture will not be published.
- I Do Not** RELEASE MY CHILD'S DIRECTORY INFORMATION FOR NON DISTRICT PURPOSES. By selecting this option, I understand that my child's name and/or image will not be released to the press or the general public, or to third parties such as universities and colleges.

REQUESTS BY MILITARY RECRUITERS

- I Do Not** RELEASE MY CHILD'S NAME, ADDRESS, AND TELEPHONE NUMBER TO MILITARY RECRUITERS.
- I Do** CONSENT TO MILITARY RELEASE

FIELD TRIP CONSENT:

- I Do** give consent to ACE/YouthWorks Charter High School for my student to participate in school sponsored trips during which transportation will be provided by either bus or car.
- I Do Not** give consent to ACE/YouthWorks Charter High School for my student to participate in school sponsored trips during which transportation will be provided by either bus or car.

(Parent/Guardian Signature)

(Date)



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)¹:

- 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

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.

obtain SEVP certification. For more information regarding SEVP certification, see the guidance at:
<https://www.ice.gov/sevis/i17>



**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

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2018 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 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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

**ACE/YouthWorks Charter High School
Suspensions, Expulsions, and Legal Status**

- We (Parent/Guardian and student) hereby certify that our son/daughter has NOT been suspended or expelled from another high school.
- We (Parent/Guardian and student) hereby certify that our son/daughter is NOT in the process of being suspended or expelled from another high school.
- We (Parent/Guardian and student) hereby certify that our son/daughter is currently NOT in probation/parole.

If on probation/parole, complete the following:

Probation/parole Officer's Name: _____

Probation/parole Officer's Phone Number: _____

If on Probation/Parole, I (Parent/Guardian) give permission for ACE/YouthWorks Charter High School to release school information to the Probation/Parole Officer:

Yes _____

No _____

Student signature

Date

Parent/Guardian signature

Date



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.

Welcome Letter

The Parent Advisor Council would like to welcome you to ACE/YouthWorks Charter High School. We believe you have made a choice to help your son/daughter become more successful in attaining high school graduation by enrolling at our site.

ACE/YouthWorks Charter High School has highly qualified teachers, teaches to state standards, has high expectations and assists student in small classroom settings. Because much of the work is self paced, we encourage you to check frequently with both your son/daughter AND the staff in order to monitor progress. You know your son/daughter's educational history and should share with the teachers in order to establish a pattern of success.

We would like you to join us in promoting a parent/guardian and school partnership for the development and education of our children. We believe parental involvement and support are critical to our children's success.

Please complete the attached sheet during your orientation session.

Thank you.
Members of the Parent Advisory Council

=====

Please tear off and leave at school during registration.

Student's name: _____ Date _____

Parent/Guardian Name: _____ Date _____

Contact phone #: _____ E-mail: _____

Employer: _____

Check as many as you wish:

___ I am interested in being part of the Parent/Guardian Advisory Council.

___ Sure, I will attend at least two Parent/Guardian activities this year.

___ I will help with cultural activities, school fairs, Potlucks and other get together's which will benefit our students.

___ I'm not sure just what I can do, but I will do whatever I can to help my son/daughter be successful and graduate.

___ I would like to be connected regarding any special activities/meetings.

___ The best way to contact me is via phone _____ email _____

SCHOOL RECORDS
DESIGNATION OF DIRECTORY INFORMATION

ACE/YouthWorks CHARTER HIGH SCHOOL
1929 N.STONE AVENUE
TUCSON, AZ 85705
PHONE (520) 628-8316
FAX (520) 628-2820

RELEASE FORM

DATE: _____

NAME OF STUDENT: _____

SCHOOL: _____

MATRIC #: _____

D.O.B.: _____

PROGRAM REQUESTING RECORDS: _____

I, _____ authorize the release of the following records
to the program indicated above:

Signature of Student

Parent/Guardian Signature

Date

Date