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.**

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

<table>
<thead>
<tr>
<th>Legal Last Name:</th>
<th>Legal First Name:</th>
<th>Full Middle Name:</th>
<th>Grade:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] 9th [ ] 10th [ ] 11th [ ] 12th</td>
<td>[ ] Female [ ] Male</td>
</tr>
</tbody>
</table>

**Ethnicity:**
- [ ] Yes [ ] No

**Race:** (check one)
- [ ] White
- [ ] Black or African American
- [ ] Asian
- [ ] American Indian or Alaskan Native
- [ ] Native Hawaiian or Pacific Islander

**Language:** (circle one)
- English
- Spanish
- Other _______________________

**What is the primary language used in the home regardless of the language spoken by the student?**
- English
- Spanish
- Other _______________________

**Date of Birth:**

<table>
<thead>
<tr>
<th>MM</th>
<th>DD</th>
<th>YYYY</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Country of Birth:** (check one)
- [ ] United States [ ] Other Country

**U.S. Only – State of Birth**

**Country other than U.S.**

---

**Mother's Name:**

**Father's Name:**

**Guardian or Other Name:**

**Home Address:**

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<thead>
<tr>
<th>Apt/Unit#</th>
<th>State</th>
<th>Zip</th>
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</tbody>
</table>

**Mailing Address (If different):**

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<tr>
<th>Apt/Unit#</th>
<th>State</th>
<th>Zip</th>
</tr>
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</tbody>
</table>

**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):**
- Yes[ ] No[ ]

**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:**
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<tr>
<th>Legal Last Name / Apellido Legal:</th>
<th>Legal First Name / Nombre:</th>
<th>Grade / Grado:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>[ ] 9th [ ] 10th</td>
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<td></td>
<td>[ ] 11th [ ] 12th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contacts in Order of Priority / Contactos de emergencia:</th>
<th>Phone Number / Número de teléfono:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact # 1:</td>
<td>Number:</td>
</tr>
<tr>
<td></td>
<td>Sign Out: [ ] Yes [ ] No</td>
</tr>
<tr>
<td></td>
<td>¿Puede firmar la salida? Si [ ] No [ ]</td>
</tr>
<tr>
<td>Emergency Contact # 2:</td>
<td>Number:</td>
</tr>
<tr>
<td></td>
<td>Sign Out: [ ] Yes [ ] No</td>
</tr>
<tr>
<td></td>
<td>¿Puede firmar la salida? Si [ ] No [ ]</td>
</tr>
<tr>
<td>Emergency Contact # 3:</td>
<td>Number:</td>
</tr>
<tr>
<td></td>
<td>Sign Out: [ ] Yes [ ] No</td>
</tr>
<tr>
<td></td>
<td>¿Puede firmar la salida? Si [ ] No [ ]</td>
</tr>
</tbody>
</table>

**Additional information on those allowed to sign out student:**
Información adicional sobre los que pueden firmar la salida del estudiante:

<table>
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<tr>
<th>Name/Nombre:</th>
<th>Relationship/Relación:</th>
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<tr>
<td>Name/Nombre:</td>
<td>Relationship/Relación:</td>
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<td>Name/Nombre:</td>
<td>Relationship/Relación:</td>
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</table>

**List anyone not allowed to contact the student:**
Apunte a cualquier persona que no pueda contactar al estudiante:

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<th>Name/Nombre:</th>
<th>Relationship/Relación:</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>Name/Nombre:</td>
<td>Relationship/Relación:</td>
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<tr>
<td>Name/Nombre:</td>
<td>Relationship/Relación:</td>
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</tbody>
</table>
ACE/YouthWorks Charter High School
Health Information

Student Name: ___________________________ DOB: __________________

HEALTH CONCERNS/HEALTH HISTORY:

☐ Check here if your child DOES NOT have any health issues (sign at bottom)

☐ My child has a LIFE-THREATENING health condition*: ___________________________

- 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.

☐ ALLERGIES
☐ Seasonal ☐ Medication allergies: ___________________________ ☐ Bee ☐ Insect: ___________________________

☐ Food: ___________________________ ☐ Other: ___________________________

☐ Reaction: ☐ Anaphylaxis ☐ Local swelling ☐ Hives/rash ☐ Other: ___________________________

Treatment: ☐ *EpiPen *requires action plan/permit ☐ Other: ___________________________

☐ *Needs Medication at School *requires action plan/permit

☐ ASTHMA
 Treatment: ☐ *Carries inhaler (permit required) ☐ Other: ___________________________

☐ My child was diagnosed with asthma but no longer uses an inhaler

☐ DIABETES
☐ *Type I (takes insulin) ☐ Insulin Pump ☐ Pen ☐ Syringe.

☐ Type II (diet/exercise/medication controlled) ☐ My child is independent in diabetes care

☐ My child needs help with: ___________________________

☐ EMOTIONAL/BEHAVIORAL/PSYCHOLOGICAL/DEVELOPMENTAL

☐ ADD ☐ ADHD ☐ Anxiety ☐ Asperger’s ☐ Autism ☐ Bipolar ☐ Depression

☐ Developmental Delay ☐ Mood Disorder ☐ OCD

☐ ODD ☐ Post Traumatic Stress Disorder ☐ Schizophrenia ☐ Other: ___________________________

☐ SEIZURES* (please contact the school office manager to discuss your child’s seizures and the need for a seizure action plan)

☐ OTHER MEDICAL ISSUES (if you check any conditions below please explain in space provided)

☐ Activity restriction ☐ Bowel/bladder ☐ Chromosome/genetic ☐ Gastrointestinal

☐ Migraines ☐ Skin condition ☐ Birth defect ☐ Cancer ☐ Concussion ☐ Bleeding disorder

☐ Heart Condition ☐ Neurological ☐ Special diet ☐ Cerebral Palsy ☐ Endocrine ☐ Hypertension

☐ Physical disability ☐ Other: ___________________________

☐ HEARING/VISION

☐ Known hearing loss (explain): ___________________________

☐ Hearing aid ☐ Glasses/Contacts

☐ Other vision problem: ___________________________

☐ MEDICATION* (obtain medication permit from School Officer Manager at school)

☐ Medication taken at home

☐ 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,
than 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) ______________
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

1For 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/f17
ACE/YouthWorks Charter High School
Eligibility for McKinney-Vento/Youth on Their Own Services

Name of Student: ____________________________ Date of Birth: ______/____/_____ Last First Middle Month Day Year
Address: ____________________________ Contact Phone #: ____________________________

Check the box that best describes with whom the student resides.

☐ Parent(s) / Legal Guardian(s) ____________________________ Legal guardianship may be granted only by a court

☐ CPS / Foster Care / Group Home ____________________________

☐ Caregiver(s) who are not legal guardian(s) ____________________________ Examples: friends, relatives, parents of friends, etc.

☐ Unaccompanied Youth ____________________________ An unaccompanied homeless youth is a youth who meets the definition of homeless and also is not in the physical custody of a parent or guardian.
Youth who are eligible under McKinney-Vento must be enrolled immediately.

Check one box that best describes student's living situation.

☐ Own, rent or lease home or apartment; or live in Section 8 housing; or in military housing and my home has electricity and running water.

✓ If you checked the box above, STOP. You have completed the form.
Please sign below.

☐ In the home of a friend or relative because I lost my housing due to fire, flood, lost job, divorce, domestic violence, unsafe environment, or other ____________________________

☐ In a shelter because I do not have permanent housing (living in a family emergency shelter, domestic violence shelter, children/youth shelter, other _______________).

☐ In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization).

☐ In a hotel or motel (because of economic hardship, eviction cannot get deposits for permanent home, flood, fire, or other natural disaster).

☐ In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location.

☐ My home has no electricity and/or running water.

☐ None of the above describes my present living situation. Briefly describe your situation:

__________________________________________________________________________________

This form will better assist ACE/YouthWorks in ensuring students and families receive the services for which they are eligible. The information on this form is also required by law to comply with the McKinney-Vento Act 42 U.S.C. 11434a (2), which is also known as Title X, Part C, of the No Child Left Behind Act. NOTE: Presenting a false record or falsifying records is an offense, and enrollment of the student under false documents subjects the person to liability for tuition or other costs. (ARS Section 13-2704 and Section 39-161).

__________________________ ____________________________
Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student Date
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

#2803449
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:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Name of School</th>
<th>Grade</th>
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<tbody>
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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.

Arizona Department of Education

Updated June 2017
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 ____________
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.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/nelas
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 ___________
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