

STUDENT ENROLLMENT CHECKLIST

SY 2018/19

Pillar Academy at Aha Macav High School
PO Box 6095
Mohave Valley, Arizona 86440
Phone: (928) 346-3925
Fax: (928) 346-3930



Thank you for your interest in Pillar Academy. Below is a checklist to assist you with the application and required forms submission process. Please complete all the forms and submit all required documents at one time. Students will not be officially enrolled until all forms and documents are received.

<input checked="" type="checkbox"/> When Completed	Required Form and/or Document
<input type="checkbox"/>	Enrollment Application (Online or Paper Form) <i>Application must be complete, signed and dated. Do not resend if you have already submitted an application.</i>
<input type="checkbox"/>	Birth Certificate or Other Appropriate Documentation <i>Please submit one of the following: (1) A certified copy of the pupil's birth certificate; (2) Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate; or (3) A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.</i>
<input type="checkbox"/>	Form A: Home Language Survey <i>Form must be complete, signed and dated.</i>
<input type="checkbox"/>	Form B: McKinney-Vento Eligibility Questionnaire <i>Form must be complete, signed and dated.</i>
<input type="checkbox"/>	Form C: ESEA Student Eligibility Guidelines <i>Form must be complete, signed and dated.</i>
<input type="checkbox"/>	Form D: Arizona School Immunization Requirements <i>Provide a copy of the student's most recent immunization record.</i>
<input type="checkbox"/>	Form E: Arizona Residency Documentation <i>(1) Form must be complete, signed and dated; and (2) Submit a copy of the required documentation</i>
<input type="checkbox"/>	Form F: Student Records Request <i>Form must be complete, signed and dated.</i>
<input type="checkbox"/>	Form G: Confidential Student Information (2 pages) <i>Form must be complete, signed and dated.</i>
<input type="checkbox"/>	Form H: Parent & Student Acknowledgments <i>Form must be signed and dated.</i>

STUDENT ENROLLMENT FORM

SY 2018/19

Pillar Academy at Aha Macav High School
PO Box 6095
Mohave Valley, Arizona 86440
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OFFICE USE ONLY

DATE REC'D	<input type="text"/>	ENROL CODE	<input type="text"/>	COHORT	<input type="text"/>
AZEDS ID	<input type="text"/>	ENTRY DATE	<input type="text"/>	INITIALS	<input type="text"/>

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Student Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth (MM/DD/YYYY): _____ Current Age: _____ You are enrolling in grade: ☐ 09 ☐ 10 ☐ 11 ☐ 12

Gender: ☐ Male ☐ Female State/Country of Birth: _____ Contact Phone Number: _____ ()

Will the student be enrolled in any other school(s) while enrolled at Pillar Academy? ☐ Yes ☐ No (if you answered yes, please list the school(s) below)

List any additional schools the student will be enrolled in while enrolled at Pillar Academy: _____

Name of the last school the student attended: _____ Name of School District: _____

PARENT/LEGAL GUARDIAN INFORMATION

A parent/legal guardian email is required for students under the age of 18. If you do not currently have an email account, assistance in creating one is included at the end of this enrollment packet, or online at www.pillaracademy.com/email.

Mother/Guardian's Information

Last Name: _____ First Name: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ () Cell Phone: _____ () Email: _____

Name of Employer: _____ Work Phone: _____ ()

Father/Guardian's Information

Last Name: _____ First Name: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ () Cell Phone: _____ () Email: _____

Name of Employer: _____ Work Phone: _____ ()

Who is (are) the student's legal guardian(s)? _____

To whom should school correspondence be addressed? _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship to Student: _____

Phone: () _____ Alternate Phone: () _____

Contact Name: _____ Relationship to Student: _____

Phone: () _____ Alternate Phone: () _____

Who may pick up your student from school activities/events in your absence? _____

Physician's Name: _____ Phone: () _____

RACE & ETHNICITY DATA COLLECTION FORM (IDEA Data & Research)

In accordance with federal regulations and guidance, a two-part questionnaire must be used to collect data about student race and ethnicity. The first part of the questionnaire is on ethnicity and the second is on race. (The race question can have multiple values).

Race/Ethnicity Two-Part Questionnaire: Answer BOTH Questions

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

PART 1: ETHNICITY Is the student (or is the respondent) Hispanic or Latino? (Choose only one)

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or Spanish culture or origin, regardless of race)

PART 2: RACE What is the student's (or the respondent's) race? (Regardless of how respondent answered the first question, choose one or more)

- ☐ American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

REQUIRED SIGNATURES

Student's Name: _____

Student's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

FORM A

HOME LANGUAGE SURVEY



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?**

Answer: _____

- 2. What is the language most often spoken by the student?**

Answer: _____

- 3. What is the language that the student first acquired?**

Answer: _____

Student's Name _____ Student ID _____

Student's Date of Birth (DOB) _____ AZEDS ID _____

Parent/Guardian Signature _____ Date _____

Name of District or Charter _____ Pillar Charter School _____

Name of School _____ Pillar Academy of Business & Finance _____

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.

For more information:
Arizona Department of Education
Office of English Language Acquisition Services
1535 West Jefferson Street, Phoenix, Arizona 85007
(602) 542-0753
www.azed.gov/oelas

FORM A

ENCUESTA SOBRE EL IDIOMA EN EL HOGAR



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 proporcionadas a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en la idioma inglés de su hijo(a).

1. ¿Cuál idioma se hable principalmente en su hogar sin considerar el idioma que hable el estudiante?

Respuesta: _____

2. ¿Cuál idioma habla el estudiante con mayor frecuencia?

Respuesta: _____

3. ¿Cuál fue el primer idioma que aprendió el estudiante?

Respuesta: _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de AZEDS _____

Firma del padre o tutor _____ Fecha _____

Nombre del Distrito o Charter Pillar Charter School

Nombre del Escuela Pillar Academy of Business & Finance

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.

For more information:
Arizona Department of Education
Office of English Language Acquisition Services
1535 West Jefferson Street, Phoenix, Arizona 85007
(602) 542-0753
www.azed.gov/oelas

FORM B

McKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE



McKinney-Vento Eligibility Determination Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help administrators determine residency documents necessary for enrollment of this student and to determine services the student may eligible to receive. Please answer all six (6) questions below to help us determine McKinney-Vento eligibility.

1. Presently, where is the student living (check one)?

- ☐ in a shelter
- ☐ with more than one family in a house or apartment
- ☐ in a motel, car or campsite
- ☐ with friends or family members (other than parent/guardian)
- ☐ with parent or legal guardian

2. How long has the student lived in your current residence? _____

3. Have you been forced in/from your current residence because of economic hardship or other hardship?

- ☐ Yes
- ☐ No

If you answered yes, please explain: _____

4. Do you work in agriculture and does your residence depend on seasonal work?

- ☐ Yes
- ☐ No

5. Do you have a fixed and regular nighttime residence?

- ☐ Yes
- ☐ No

6. Is your nighttime residence adequate?

- ☐ Yes
- ☐ No

Student's Name _____

Student ID _____

Student's Date of Birth (DOB) _____

AZEDS ID _____

Parent/Guardian Signature _____

Date _____

FORM C

ESEA STUDENT ELIGIBILITY GUIDELINES



ESEA Guidelines to Determine Student Eligibility

The Arizona Department of Education provides the following FY 2015/16 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 ESEA Eligibility Guideline schedule below (please check one)?

☐ **Yes, using Indicator 1 (R)**

☐ **Yes, using Indicator 2 (F)**

☐ **Not Eligible (N)**

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, workers 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 (only children ages 5-17 inclusive)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian's Signature: _____ Date: _____

*NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.
ADE Revised June 1, 2011*

ESEA Eligibility Guidelines July 1, 2017 to June 30, 2018

House-Hold Size	Indicator 1 (Reduced Lunch Qualified)					Indicator 2 (Free Lunch Qualified)				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$22,311	\$1,860	\$930	\$859	\$430	\$15,678	\$1,307	\$654	\$603	\$302
2	\$30,044	\$2,504	\$1,252	\$1,156	\$578	\$21,112	\$1,760	\$880	\$812	\$406
3	\$37,777	\$3,149	\$1,575	\$1,453	\$727	\$26,546	\$2,213	\$1,107	\$1,021	\$511
4	\$45,510	\$3,793	\$1,897	\$1,751	\$876	\$31,980	\$2,665	\$1,333	\$1,230	\$615
5	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024	\$37,414	\$3,118	\$1,559	\$1,439	\$720
6	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173	\$42,848	\$3,571	\$1,786	\$1,648	\$824
7	\$68,709	\$5,726	\$2,863	\$2,643	\$1,322	\$48,282	\$4,024	\$2,012	\$1,857	\$929
8	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471	\$53,716	\$4,477	\$2,239	\$2,066	\$1,033
For Each Additional Household Member Add	+\$7,733	+\$645	+\$323	+\$298	+\$149	+\$5,434	+\$453	+\$227	+\$209	+\$105

FORM D

ARIZONA SCHOOL IMMUNIZATION REQUIREMENTS



Arizona School Immunization Requirements

- Children must have proof of all required immunizations, or valid exemption, in order to attend the first day school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity and personal beliefs. Exemptions forms are available from schools and at www.azdhs.gov/immun/ldr_forms.
- The record for each vaccine dose must include the date and name of doctor or clinic.
- The statutes and rules governing school immunization requirements are:
 - Arizona Revised Statutes 15-871 - 874
 - Arizona Administrative Code R9-6-701 – 708
- Check requirements for your child's age and grade level in the chart below and **submit a copy of your child's immunization record or valid exemption.**

Age → Grade → Vaccine ↓	Under Age 7 Kindergarten and above	7-10 years Kindergarten-5th grades	11 years and older 6th, 7th, & 8th grades ONLY	11 years and older 9th – 12th grades
DTaP/DTP/DT	4-5 doses At least 1 dose at 4 years of age or older is required. A 6th dose is needed if 5 doses have been given before 4 years of age.	History of 4 DTaP or a total of 3 tetanus & diphtheria doses given after 12 months of age.	1 Tdap dose is required when 5 years have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the 3-dose series.	Students who have not already received Tdap are required to receive 1 Tdap dose when 10 years have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the 3-dose series.
Td				
Tdap				
Meningococcal			1 dose	
Polio	3-4 doses 3 doses meet the requirement if the third dose was given at age 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.			
MMR	2 doses A third dose will be required if the first dose was given before 12 months of age.			
Hepatitis B	3 doses A fourth dose will be required if the third dose was given before 24 weeks of age.			
Varicella	1 dose if given before 13 years of age 2 doses if first dose was given at 13 years of age or later Students attending school prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. As of 9/1/2011, students enrolling in school for the first time are required to present proof of varicella immunization, or valid exemption due to laboratory evidence of immunity, medical reasons or personal beliefs.			

FORM E

ARIZONA RESIDENCY DOCUMENTATION



State of Arizona
Department of Education
Arizona Residency Documentation Form

Arizona Residency Documentation Form

Student's Name _____ Name of School Pillar Academy of Business

Name of District or Charter Holder Pillar Charter School

Name of Parent or 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 **(check one and submit a copy of the document with this signed form)**:

- ☐ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ☐ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address
- ☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ☐ 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.

Parent/Guardian Signature _____

Date _____

FORM F

STUDENT RECORDS REQUEST FORM



Arizona Student Records Request

PLEASE COMPLETE THIS FORM AND SEND A SIGNED COPY TO YOUR CHILD'S LAST SCHOOL OF RECORD

Last Name: _____ First Name: _____ Middle: _____

School Name: _____ School District Name: _____

School Address: _____ City: _____ State: _____ Zip Code: _____

Last Date of Attendance: _____ Last Grade Level: _____

The student listed above has applied for enrollment at Pillar Academy of Business & Finance. Please forward the student's educational record including:

- Official Transcripts (via USPS Mail)
- Unofficial Transcripts (Email or Fax)
- Birth Certificate
- Achievement Scores – Standardized Test Scores, AIMS Test Results
- Withdrawal Form (Email or Fax)

The following is for official use only (please forward a copy of this request to the appropriate department/personnel):

- Immunization Record
- Psychological Records / 504 Plan
- Individualized Education Plan (IEP) / Special Education Notice
- Other: _____

AUTHORIZATION

I authorize the release of records for the above mentioned student to Pillar Academy of Business & Finance.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Please send all requested records to:

Pillar Academy of Business & Finance
PO Box 6095
Mohave Valley, Arizona 86440

Phone: (928) 346-3925
Fax: (928) 346-3930
Email: records@pillaracademyonline.com



Confidential Student Information Questionnaire

In order to provide continuity in your child's educational program, it is important that Pillar Academy is made aware of any issues or concerns that have arisen, any evaluations that have been conducted, and/or any special services or accommodations that have been provided prior to the current enrollment. Please complete the following to assist us with expediting proper placement and continuation of services for your child.

Student's Name: _____ Date of Birth (DOB): _____

1. **Are there any issues or concerns that the school should be aware of?** ☐ Yes ☐ No

If yes, please provide details: _____

2. **Does your child need help in order to be successful in school?** ☐ Yes ☐ No

If yes, please provide details: _____

3. **Has your child ever participated in any of the following?**

Tutoring

☐ No

Yes, in ☐ Pre-School, ☐ Elementary School, ☐ Middle School, and/or ☐ High School

If yes, when did the most recent tutoring activity occur? _____

An Educational, Psychological, or Psychiatric Evaluation

☐ No

Yes, in ☐ Pre-School, ☐ Elementary School, ☐ Middle School, and/or ☐ High School

If yes, when was the most recent evaluation conducted? _____

A Special Education (IEP) Program or a 505 Accommodation Plan

☐ No

Yes, in ☐ Pre-School, ☐ Elementary School, ☐ Middle School, and/or ☐ High School

If yes, when was the most recent program written? _____

Speech or Language Therapy, Physical Therapy, or Occupational Therapy

☐ No

Yes, in ☐ Pre-School, ☐ Elementary School, ☐ Middle School, and/or ☐ High School

If yes, when did the most recent therapy session occur? _____

4. **Has your child ever been suspended, dismissed, or expelled from a school?**

☐ No

Yes, in ☐ Pre-School, ☐ Elementary School, ☐ Middle School, and/or ☐ High School

If yes, please provide details: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Screening Questionnaire (Cont'd):

Please check yes or no for each of the items listed below.

Vision		Hearing	
Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds book too close or too far away		Does not respond to name, directions, or questions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squints or has trouble with eyes		Frequently asks for instructions or directions to be repeated or asks "What?"	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble see the board		Has significant delayed language	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has weak note taking skills		Seems not to pay attention	
		<input type="checkbox"/>	<input type="checkbox"/>
		Has frequent earaches	
Communication		Social/Behavioral	
Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has poor speech habits		Displays externalized behaviors (fighting, assaulting, vandalizing)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates poorly		Displays internalized behaviors (fears, phobias, depression, withdrawal)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often stutters		Has difficulty developing or maintaining peer or adult relationships	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty expressing ideas		Displays inappropriate behaviors of feelings under normal circumstances	
Motor			
Y	N		
<input type="checkbox"/>	<input type="checkbox"/>	Has short attention span	
<input type="checkbox"/>	<input type="checkbox"/>	Has problems with gross motor skills (clumsy or awkward)	
<input type="checkbox"/>	<input type="checkbox"/>	Has problems with fine motor skills (reaching, grasping, manipulation of objects)	
Adaptive			
Y	N		
<input type="checkbox"/>	<input type="checkbox"/>	Has poor self-care skills related to personal hygiene, dress, maintaining personal belongings	
<input type="checkbox"/>	<input type="checkbox"/>	Has poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language	
<input type="checkbox"/>	<input type="checkbox"/>	Has poor ability to understand directions, communicate needs, and express ideas	
<input type="checkbox"/>	<input type="checkbox"/>	Lacks school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring time	
Cognitive/Academic			
Y	N		
<input type="checkbox"/>	<input type="checkbox"/>	Reading below grade level: Estimated level is _____	
<input type="checkbox"/>	<input type="checkbox"/>	Writing below grade level: Estimated level is _____	
<input type="checkbox"/>	<input type="checkbox"/>	Math below grade level: Estimated level is _____	
<input type="checkbox"/>	<input type="checkbox"/>	Has attention problems (short attention span, focused on less relevant stimuli)	
<input type="checkbox"/>	<input type="checkbox"/>	Has difficulty following directions	
<input type="checkbox"/>	<input type="checkbox"/>	Has poor organizational or time management skills	
<input type="checkbox"/>	<input type="checkbox"/>	Has poor note taking or study skills	

Please provide details if you responded "Yes" to any of the screening items:

FORM H

PARENT STUDENT ACKNOWLEDGEMENTS



Parent & Student Acknowledgements

PLEASE READ THE STUDENT ACKNOWLEDEMENT AND STUDENT ACCEPTABLE USE POLICY BEFORE SIGNING THIS FORM

We (the student and parent/legal guardian) acknowledge that we have fully read and understand all policies established in this enrollment application. By signing below, I (the parent/legal guardian) am also granting the student permission to access Pillar Academy technology resources. We also understand that it is impossible and impracticable for Pillar Academy to restrict access to all controversial materials/content, and will not hold them or related organizations responsible for such incidences.

Applicable students must also adhere to Arizona state law regarding standardized testing as stated in the Acknowledgement page of this application. Students MUST:

- Attend testing dates and take all required tests
- Arrange transportation to required testing locations
- Be withdrawn if they do not participate in required testing
- Pass all required exams to receive a diploma

VERIFICATION OF STUDENT ELIGIBILITY:

Pillar Academy is a State of Arizona funded program available to students living in Arizona and are not full-time students in another public school this year. I understand my child is eligible for this program because he/she meets the above criteria.

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) NOTIFICATION:

The Family Education Rights and Privacy Act protect the privacy of your educational records. The organizational structure of Pillar Academy requires the dissemination of information by written correspondence, facsimile, electronic mail or some other form of distance communications. In order to maintain compliance with FERPA, we require your signature of release giving approval to use these methods of communication for the purposes of reviewing grades, academic progress, and releasing transcript information.

NOTE: Your signature is required on a separate form if you desire release of your child's educational records to individuals or entities other than yourself, parents, legal guardians, and/or school.

Student's Name: _____

Student's Signature: _____

Date: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____



Student Acceptable Use Policy

Terms and Conditions

The terms and conditions outlined below apply to Pillar Academy courses, communication systems, learning management systems, and other technological resources, which include but are not limited to learning center computers, Internet access, network resources, printers, scanners, and cameras.

- Use resources only in order to achieve relevant educational goals.
- Immediately inform staff if inappropriate information is mistakenly accessed.
- Acknowledge that Pillar Academy email and other communication tools and resources are not private and may be read and monitored by school-employees as needed.
- Follow guidelines set forth in the Cyber-Safe course, including etiquette standards.
- Families are responsible for the appropriate storage and backup of data.
- Inappropriate use may result in disciplinary action up to and including expulsion.
- Pillar Academy provides filtered Internet access at established learning centers. While at home, the parent/guardian assumes responsibility for monitoring student activity.

Unacceptable use includes:

- Submitting, displaying, or attempting to retrieve defamatory, inaccurate, abusive, obscene, profane, pornographic, sexually oriented, threatening, racially offensive, or illegal material.
- Posting or revealing student name, home or email address, phone number, photos, or other personal information, unless authorized to do so by staff and with permissions on file.
- Sharing password information with anyone other than parents and staff.
- Disrupting the educational process or negatively affecting students or staff, which includes non-essential use of excessive learning center bandwidth.
- Using resources for financial gain, political lobbying, fraud, or other illegal or activities.
- Attempting to harm, modify, add, or destroy information or devices, access confidential information belonging to students or staff, or in any way interfere with system security.
- Downloading or installing any programs, music, videos, or other files to learning center computers without permission or instructed to do so in course materials.
- Connecting or installing external devices to learning center computers without permission.
- Attempting to gain unauthorized access to or vandalizing files of another user.
- Committing plagiarisms or in any way infringing on copyright or trademark laws.
- Harassing, insulting, or attacking others or using obscene language.

Family Educational Rights & Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

1. Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
2. Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
3. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - a. School officials with legitimate educational interest;
 - b. Other schools to which a student is transferring;
 - c. Specified officials for audit or evaluation purposes;
 - d. Appropriate parties in connection with financial aid to a student;
 - e. Organizations conducting certain studies for or on behalf of the school;
 - f. Accrediting organizations;
 - g. To comply with a judicial order or lawfully issued subpoena;
 - h. Appropriate officials in cases of health and safety emergencies; and
 - i. State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may call 1-800-437-0833.

Or you may contact us at the following address:

**Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520**

Child Find Policy

Pillar Academy (the School) will identify, locate, and evaluate all children, within its population served, with disabilities who are in need of special education and related services. The School's Child Find activities must include any student who is suspected of being a child with a disability and in need of special education, even though the student may be:

- advancing from grade to grade or
- highly mobile, including a migrant student.

The School will inform the general public and parents, within its population served, of its responsibility for special education services for students aged three (3) through twenty-one (21) years and how those services may be accessed, including information regarding early intervention services for children aged birth through two (2) years. Services for an eligible student with a disability will extend through conclusion of the instructional year during which the student attains the age of twenty-two (22).

For each new student, the School will review enrollment data and educational performance at prior schools then complete, within forty-five (45) days following the date of enrollment, a screening for identification of possible disabilities. Screening procedures will include vision and hearing status as well as consideration of the following areas:

- cognitive or academic,
- communication,
- motor,
- social or behavioral, and
- adaptive development

Within 10 school days following identification, any concerns noted during the screening will be shared with the parent, guardian, or adult student, and an explanation of the School's follow up procedures will be provided.

A parent, guardian, or student may identify a developmental or educational concern or request an evaluation for the purpose of identifying disability and the need for special education and related services. Within 10 school days following the identification or request, an explanation of the School's follow procedures will be provided.

A student will be referred to the School's administrator for consideration of the need for a full and individual evaluation or other services if:

- a history of special education is identified during the review of enrollment data and records from prior schools,
- concerns are identified during the School's screening process,
- developmental or educational concerns are identified by the parent, guardian, or student, or the parent, guardian, or student requests an evaluation.

Acknowledgements

1. I verify that all information provided on the enrollment forms is correct and all questions were answered truthfully.
2. I have read the rights under the FERPA (Family Educational Rights Privacy Act).
3. I understand and agree that students may have a minimum weekly time requirement for course work and attendance. Failure to meet these requirements will affect the student's enrollment status in Pillar Academy's programs.
4. I shall read and abide by Pillar Academy's policies and procedures as stated in the student handbook.
5. I understand and agree that all school work must be original and performed by the student that is enrolled. It is the responsibility of the parent/guardian and student to uphold Pillar Academy's commitment to honesty and integrity.
6. Standardized Testing (AzMERIT, AIMS, STAR Math & Reading) acknowledgement for applicable students, as stated by Arizona law:

Student will:

- Attend testing dates and take all required tests
- Arrange transportation to required testing
- Be withdrawn if they do not participate in required testing
- Pass all required exams to receive a diploma