

MASSA Registration Packet 2011-2012

434 West Lerdo Rd. Tucson, AZ 85706 Phone: 520-889-1504 Fax: 520-889-1540
 Math & Science Success Academy Website: www.massatucson.org



Student Information

Legal Name

(Last) _____ (First) _____ (Middle) _____

Mailing Address:

Address _____ City _____ Zip Code _____

Home Address (if different from above)

Address _____ City _____ Zip Code _____

Contact Info

Home: _____ Mom's Work: _____ Dad's Work: _____

Cell: _____ Pager: _____ Parent's E-Mail: _____

Child's Information

Birth Date (M/D/Y) ___/___/___ Gender: Male Female Entering Grade Level _____

Is child on any medication? If so, please list them: _____

Family Information (Parent/Guardian/Sibling):

| Name | Relationship | Student Resides with | Has Legal Custody | Place of Employment | Day Phone |
|------|--------------|---|---|---------------------|-----------|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

SCHOOL LAST ATTENDED Private School Charter School Home-Schooling Public School

Private/Charter Name _____ or School and District _____

PLEASE CONTINUE INFORMATION ON BACK

For office use only

| Records Requested: | Received: | Entry/Withdrawal RECORDS | | | |
|--|--|--------------------------|-------------|-------------------|-------------|
| <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medical Alert | <input type="checkbox"/> Immunization Completed <input type="checkbox"/> Legal Alert <input type="checkbox"/> IEP <input type="checkbox"/> Custody papers on file | <u>ENTRY</u> | <u>CODE</u> | <u>WITHDRAWAL</u> | <u>CODE</u> |

Math & Science Success Academy

How did you learn about the school? Google Family/Friends Great Schools
 Postcard / Mail Other (please list): _____

We are required by the State to report the following information for all of our students:

Student's Race: (check one box only)

White Black/African American American Indian/Alaskan Native
 Asian Pacific Islander or Native Hawaiian

Student's Ethnicity: (check one box only)

Not Hispanic, Not Latino Hispanic or Latino

Students Primary Language: _____

Is the student currently enrolled in programs such as Special Education, Gifted programs, Etc.?

YES NO If YES please state which and for what specific area(s):

Has the student previously been enrolled in Special Education, Gifted programs, Etc.? YES NO

If YES please explain _____

Does the student have a serious or disabling condition that may require accommodation or evaluation for Special Education? YES NO

If YES please explain _____

Is the student currently under the supervision of the Juvenile Court for prior criminal activity?

YES NO

If YES please explain _____

Was the student expelled or long term suspended from previous schools attended?

YES NO

If YES please explain _____

My signature below certifies the all of the following: (1) I am the parent or Legal guardian of this student; (2) This student resides with me; (3) All information given above is correct to the best of my knowledge; (4) MASSA has my permission to obtain school records from the schools attended.

Parent/Guardian Signature _____

Date _____

Math & Science Success Academy

Student Emergency Card

Name _____

Home Number _____

Address _____

City _____ **State** _____ **Zip** _____

Parent/Guardian Name _____

Work Number _____

Home Number _____

Parent/Guardian Name _____

Work Number _____

Home Number _____

Primary Care Physician _____

Phone Number _____

Address of Physician _____

Name of Hospital _____

Phone Number _____

Name of Dentist _____

Phone Number _____

Address of Dentist _____

Emergency Contact Person _____

Relationship _____

Daytime Number _____

Work Phone Number _____

Drug Allergies _____

Medications being Taken _____

Present Medical Conditions _____

I hereby authorize the Math & Science Success Academy to obtain medical care in the event that an emergency occurs. MASSA School will make every effort will be made to contact the above-mentioned persons.

Parent/Guardian Signature

Date

STUDENT DAILY TRANSPORTATION

I, parent of _____, authorize the Math & Science Success Academy (MASSA) to release my child after school hours with the following condition:

- With parents/guardians or authorized person (please list all authorized persons if any)

| | | |
|-------------|---------------------|---------------------|
| <u>Name</u> | <u>Phone Number</u> | <u>Relationship</u> |
| _____ | | |
| _____ | | |
| _____ | | |

- Without parent/guardian supervision.

Parent Signature _____ Date _____

AFTER SCHOOL PROGRAM PARTICIPATION

Student Name _____ Grade _____

Areas of Interest: _____ Areas of Difficulty: _____

- Days your child will participate (Check all that apply)
- Monday
 - Tuesday
 - Wednesday
 - Thursday

Parent/Guardian Signature _____ Date _____

Math & Science Success Academy

PHOTOGRAPH RELEASE

I _____, parent and/or guardian of _____, grant permission to the Math & Science Success Academy (MASSA) to allow my child to have his/her picture taken at school for the current 2011-2012 school year. (Please check all that apply).

My child may have his/her picture taken for MASSA activities including yearbook and school newspapers. Yes No

My child may have his/her picture taken for MASSA promotional purposes, i.e.: website, brochures, pamphlets, handbook, newspapers, magazines, television, and other publications. Yes No

Parent/Guardian Signature _____ Date _____

SCHOOL EXCURSIONS

I _____, parent and/or guardian of _____, hereby grant permission to MASSA to allow my child to participate in school-sponsored excursions for the current 2011-2012 school year under the supervision of School personnel. I understand that permission slips will be sent home prior to each excursion to obtain my permission for transportation arrangements.

Parent/Guardian Signature _____ Date _____

Box Tops

Each year, MASSA collects Box Tops found on General Mills products (cereal, dessert mixes, etc.) as a fundraiser. Please clip Box Tops from your items and send to school with your student. A contest is held each year; the class whose members turn in the most Box Tops will be rewarded with a pizza in December.

Student Insurance

Please complete the bottom portion of this page and return to the office as soon as possible. This information is needed for the safety of each of your students and for the School's records.

My student _____ has health insurance coverage through the following provider: _____. My student's primary care physician's name is _____, physician's phone # _____ physician's address _____.

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 Math & Science Success Academy Inc.

School Math & Science Success Academy

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.

Homeless Form

The following information is used to identify the needs of students and to report information to receive funding to improve our educational programs. If this information does not apply to you, please write your name and check the DOES NOT APPLY box at the bottom corner.

HOMELESS INFORMATION: If you are homeless, please complete the following.

Type of housing (check options which apply):

Publicly operated shelter

Specify: _____

Privately operated shelter

Specify: _____

Temporary housing with relatives or friends

Public lands, streets, campgrounds

Other

Specify: _____

Children/Youth Information:

| First Name | Last Name | Grade | Age | Sex | Ethnicity | Attend School? | School Name |
|------------|-----------|-------|-----|-----|-----------|----------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

DOES NOT APPLY

Parent/Guardian Signature _____

Math & Science Success Academy
Migrant Agricultural Form

The following information is used to identify the needs of students and to report information to receive funding to improve our educational programs. If the information on this form applies to you please complete this form; if this information does not apply to you, please fill in your name and check the DOES NOT APPLY box at the bottom corner.

MIGRANT AGRICULTURAL INFORMATION:

Student Name: _____ Grade: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Has your family moved in the last 3 three years to seek agricultural work?

Yes ____ No ____

Are you a dependent of an agricultural worker?

Yes ____ No ____

Agricultural work includes:

Agricultural activities such as the processing of:

- Crops
- Dairy production
- Poultry
- Livestock

Cultivation of fish or fish farms including:

- Shellfish
- Catfish
- Eels
- Oysters
- Clams

Cultivation or harvesting of trees:

- Soil preparation
- Planting
- Tending
- Pruning
- Cutting
- Christmas tree cutting

DOES NOT APPLY

Guidelines To Determine Eligible Students

The Arizona Department of Education provides the following FY 2010 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the No Child Left Behind Act of 2001.

Is your family at or below the current income guidelines based on the attached **NCLB Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

Not Eligible

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:

| <u>Child's Name (only children ages 5-17 inclusive)</u> | <u>Name of School</u> | <u>Grade</u> |
|---|-----------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

Parent 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 April 1, 2009

**NCLB Eligibility Guidelines
July 1, 2009 to June 30, 2010**

| | Indicator I | | | | | Indicator 2 | | | | |
|-------------------------------------|--------------------|----------------|------------------------|----------------------|---------------|--------------------|----------------|------------------------|----------------------|---------------|
| Household Size | Yearly | Monthly | Twice per month | Every 2 weeks | Weekly | Yearly | Monthly | Twice per month | Every 2 weeks | Weekly |
| 1 | \$14,079 | \$1,174 | \$587 | \$542 | \$271 | \$20,036 | \$1,670 | \$835 | \$771 | \$386 |
| 2 | \$18,941 | \$1,579 | \$790 | \$729 | \$365 | \$26,955 | \$2,247 | \$1,124 | \$1,037 | \$519 |
| 3 | \$23,803 | \$1,984 | \$992 | \$916 | \$458 | \$33,874 | \$2,823 | \$1,412 | \$1,303 | \$652 |
| 4 | \$28,665 | \$2,389 | \$1,195 | \$1,103 | \$552 | \$40,793 | \$3,400 | \$1,700 | \$1,569 | \$785 |
| 5 | \$33,527 | \$2,794 | \$1,397 | \$1,290 | \$645 | \$47,712 | \$3,976 | \$1,988 | \$1,836 | \$918 |
| 6 | \$38,389 | \$3,200 | \$1,600 | \$1,477 | \$739 | \$54,631 | \$4,553 | \$2,277 | \$2,102 | \$1,051 |
| 7 | \$43,251 | \$3,605 | \$1,803 | \$1,664 | \$832 | \$61,550 | \$5,130 | \$2,565 | \$2,368 | \$1,184 |
| 8 | \$48,113 | \$4,010 | \$2,005 | \$1,851 | \$926 | \$68,469 | \$5,706 | \$2,853 | \$2,634 | \$1,317 |
| For Each Add'l Household Member Add | \$4,862 | \$406 | \$203 | \$187 | \$94 | \$6,919 | \$577 | \$289 | \$267 | \$134 |

Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. 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."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records unless it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.
- Parents or eligible students have the right to request in writing that a school correct records that 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.
- 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:
 - o School officials with legitimate educational interest
A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or student serving on an official committee or assisting another school official in performing his or her tasks;
A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school;
 - o Other schools to which a student is seeking to enroll;
 - o Specified officials for audit or evaluation purposes;
 - o Appropriate parties in connection with financial aid to a student;
 - o Organizations conducting certain studies for or on behalf of the school;
 - o Accrediting organizations;
 - o To comply with a judicial order or lawfully issued subpoena;
 - o Appropriate officials in cases of health and safety emergencies; and
 - o 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, sports participation (including height and weight of athletes) and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent.

The Individuals with Disabilities Education Act (IDEA) is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children with disabilities education records could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of sources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887 (voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

| | |
|---|---|
| Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-5901 | Arizona Department of Education Exceptional Student Services 1535 W. Jefferson, BIN 24 Phoenix, AZ 85007 |
|---|---|

This notice is available in English and Spanish on the ADE website at www.ade.az.gov/ess/resources under forms. For assistance in obtaining this notice in other languages, contact the ADE/ESS at the above phone/address.