



SKY ISLANDS REGISTRATION POLICIES and PROCEDURES

Founded in 2008, Sky Islands is an open-enrollment, non-profit, public charter school.

Sky Islands follows the admissions requirements for Arizona schools set forth in ARS 15-184 and 20 USC 7221i(1)(H).

There is no charge for tuition, and we do not require entrance examinations.

Placement tests in math, reading, and writing are given to new students to identify academic skill levels.

1. When to Register

Enrollment packets can be submitted in person at the Sky Islands school office, 6000 E. 14th Street. Please call ahead in June and July [520-382-9210] to schedule an appointment and a tour of our campus.

2. Registration Requirements

Parents/Guardians must complete and submit an enrollment packet for each student they seek to enroll. This packet can be picked up at the school office or downloaded and printed from the Sky Islands website: <https://skyislands.org/contact-enroll/>.

The following documents are required to complete enrollment.

- Birth Certificate
- Up-to-date immunization records
- Current transcript for transferring high school students
- 8th Grade Certificate for entering 9th graders
- Name and contact information for last school attended
- Current and complete SPED records (IEP, 504 Plan, medical/psychological diagnosis)
- Court documents (Order of Adjudication, Protection, Adoption, Custody/Guardianship)

3. Procedures when enrollment *does not exceed* capacity at any grade level

All new students with fully completed enrollment packets are enrolled on a provisional basis. According to Governing Board policy, new students are required to take placement tests in math and language arts in order to assign students to the content level that best assures their success.

NOTE: All registration/enrollment materials must be on file before a student is officially enrolled at Sky Islands.

4. Enrollment priorities when enrollment *does exceed* capacity at any grade level

In accordance with ARS 15-184, enrollment priority will be given to students

- a) who timely re-enroll at Sky Islands from the previous year
- b) of employees or current Governing Board members
- c) who have siblings attending and/or re-enrolling at Sky Islands

NOTE: Only enrollment packets *completed* during the Open Enrollment period will be included in the lottery pool. Those completed *after* the Open Enrollment period will be processed on a first come, first served basis behind those received during Open Enrollment.

Sky Islands is in compliance with ARS 15-184. No student will be denied admission based on ethnicity, national origin, gender or sexual orientation, income level, disabling condition, or proficiency in the English language.

Sky Islands may exercise its right to refuse any student who has been, or is in the process of being, expelled from another educational institution.



Student Enrollment Form

Entering Grade Level:	For School Year:	Entry Date:	
Student Last Name:	First Name:	Middle Name:	DOB:
Student Phone Number:	Student Email:	Gender: _____M _____F	
Does the student have siblings or other family members enrolled at Sky Islands? If yes, please provide name(s) and grade level(s).			
Does the student have a parent on active duty in the US military? _____Y _____N			
Parent/Guardian 1:		Relationship:	Lives with: Y N
Home Address (please include zip code):		Employer:	
Cell Ph:	Work Ph:	Email:	
Parent/Guardian 2:		Relationship:	Lives with: Y N
Home Address (please include zip code):		Employer:	
Cell Ph:	Work Ph:	Email:	
Emergency Contact:		Relationship:	Lives with: Y N
Cell Ph:	Work Ph:	Email:	
Has the student received any of these services? (circle all that apply and give date of last meeting for each program)			
Special Education:	504 Plan	IEP	Occupational Therapy ESL
Dates: _____			
(must provide a copy of the most current 504/IEP paperwork with the registration packet)			
Has the student ever been expelled? _____Y _____N (if yes please provide a brief explanation)			
Parent/Guardian Signature:			Date:
FOR OFFICE USE ONLY			
	Date		Date
Enrollment Packet Rcvd		Entered in Schoolmaster	

Medical and Emergency Information for:

STUDENT NAME _____ DOB _____

Primary Care Physician _____ Phone _____

Name of Preferred Hospital _____ Phone _____

Present/Known Medical Condition(s) _____

Prescribed Medications currently being taken _____

Prescribed medications to be administered at school _____

Has your student ever been admitted to a hospital/rehabilitation program? ___Y ___N

Do we have parent/guardian permission to contact the named facilities/programs? ___Y ___N

If yes, please provide facility/program contact information:

Facility/Program Name _____ Contact Name _____

Address _____ Phone _____

Please check below the listed over-the-counter medication(s) that you give permission for your student to receive from Sky Islands staff:

___ Tylenol (acetaminophen) ___ Advil (ibuprofen) ___ Tums (antacid) ___ saline eye wash ___ throat lozenge

___ anti-itch cream/lotion ___ Neosporin (triple antibiotic ointment) ___ Benadryl (diphenhydramine)

Sky Islands High School personnel will not administer prescription medication unless there is a written prescription from a health care provider on file. Prescription medication must be in the original container with the student's name and dosage information listed. Over-the-counter medications, such as allergy medications, must be accompanied by a note from the parent listing the student's name and what the medication is for, along with the times and dosage to be given. **ALL** medications must be kept in the front office at **ALL** times. If the student is required to leave the school grounds for a school trip/activity, all asthma inhalers, Epi-Pens, diabetic testing materials, etc., may be carried **by the teacher** during the trip/activity.

I hereby authorize Sky Islands School personnel to obtain medical emergency care in the event that an emergency occurs. I understand it is the responsibility of the parent/guardian to keep the school updated if any emergency information changes. Sky Islands High School personnel will make every effort to contact the parent/guardian or emergency contacts as listed on school records for the student.

Parent/Guardian signature

Date

ALLERGY ACTION PLAN

NOT APPLICABLE (If not applicable, please fill out the Student Information section then sign at bottom.)

Student Information

Student Name _____ DOB _____

Allergic to the following: _____

Asthmatic? No Yes (high risk for severe allergic reaction)

MEDICATION ORDER FROM A LICENSED PROVIDER KEPT AT SCHOOL? No Yes

MOUTH	itching & swelling of the lips tongue, or mouth
SKIN	hives, itchy rash, and/or swelling about the face or extremities
GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
THROAT	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
LUNG	shortness of breath, repetitive coughing, and/or wheezing
HEART	thread pulse, passing out
OTHER	_____

**All above symptoms can potentially progress to a life-threatening situation.
The severity of symptoms can quickly change.**

IF INGESTION/EXPOSURE IS SUSPECTED, AND/OR SYMPTOMS ARE AS FOLLOWS,

Give IMMEDIATELY! Medication _____

Dosage _____ Frequency _____

Method of Delivery _____

Then call:

1. Rescue Squad (ask for advanced life support)
2. Parent/Guardian _____ or emergency contacts.
3. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent/Guardian signature

Date

School Administrator signature

Date



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

School: **Sky Islands High School**

School District or Charter Holder: **Blue Adobe Project**

Student Name: _____

Parent/Legal Guardian Name: _____

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.*

HOMELESS INFORMATION

Does not apply OR If you are homeless, please complete the following.

Student Name _____ Grade _____ DOB _____

Male/Female _____ Ethnicity _____ Last school attended _____

Type of housing:

Publicly-operated shelter Privately-operated shelter Name of shelter _____

Temporary housing with relatives or friends Public lands, streets, campgrounds Other _____

Signature of Parent/Guardian or Student if 18 or older _____

Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq.) requires that children and youths experiencing homelessness have educational opportunities equal to those of their non-homeless peers.

INTERNET USE POLICY

PRIOR TO RECEIVING AUTHORIZATION TO USE THE INTERNET, STUDENTS AND THEIR PARENTS/GUARDIANS MUST SIGN THE FOLLOWING PERMISSION AND CONTRACT.

To be completed by Parent/Guardian

1. I give permission for my student to participate in the use of the Internet, with the understanding this access is designed and intended for educational purposes only.
2. I realize that my student will be able to access major networks throughout the world using the Internet; I also understand that they will receive instruction in the appropriate use of this resource.
3. I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Unacceptable use of the network will result in my student's suspension of all Internet privileges.
4. I will not hold Sky Islands accountable for unsuitable materials acquired by my student through Internet usage for school.

By signing below I acknowledge that I have read the Internet Use Policy.

Parent/Guardian Name _____ / _____
(please print) Signature / Date

To be completed by Student

1. I will abide by the Sky Islands Internet Use Policy.
2. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material.
3. I will not hold Sky Islands accountable for unsuitable materials I view in direct violation of the Sky Islands Internet Use Policy.
4. I recognize that it is impossible for Sky Islands to prevent access to all controversial materials, and I will not hold the school or any employee responsible for materials found or acquired on the network.
5. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense.
6. If I violate the policy, my Internet access privileges may be revoked and appropriate discipline and/or legal action may be taken.

Student Name _____ / _____
(please print) Signature / Date

ETHNICITY AND RACE DATA COLLECTION FORM

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.

In accordance with federal guidelines, a two-part question must be used to collect data about student ethnicity and race. The first part of the question is about ethnicity, and the second is about race.

Ethnicity/Race 2-part Question. *Please answer BOTH questions.*

Part 1 – Ethnicity: Is this student Hispanic or Latino? (Choose only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino (Mexican, Puerto Rican, Cuban, South/Central American, or other Spanish culture or origin, regardless of race)

Part 2 – Race: What is the student's race? (You may choose multiple values)

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 Philippines, 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)

Parent Identified Student Self-Identified



Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA). Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter: **Blue Adobe Project**

School: **Sky Islands High School**

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas



SCHOOL-DAY TRAVEL PERMISSION

I, _____, parent/guardian of _____,
grant permission to Sky Islands High School to allow my child to participate in any **school-sponsored day travel events**
for the current school year under the supervision of Sky Islands personnel. I understand that prior to any trips exceeding
school hours/one day, permission slips will be sent home to obtain my permission for my student to participate.

Parent/Guardian Signature _____ Date _____



PHOTOGRAPH RELEASE PERMISSION

I, _____, parent/guardian of _____,
grant permission to Sky Islands High School for my child to have his/her picture taken at school or on any day or
extended field trips for the current school year.

- Yes No My child may have his/her picture taken for Sky Islands High School activities
and publications.
- Yes No My child may have his/her picture used by school-related partner organizations.

Parent/Guardian Signature _____ Date _____



OFFICIAL REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the following records for:

Student Name _____ D.O.B. _____ Current Grade _____

Name of last school attended _____ Phone _____ Fax _____

Name/Address of previous school(s):

1st request sent ____/____/____

2nd request sent ____/____/____

I give permission to release the following records and information to Sky Islands High School

- SAIS #, Proof of Identity and Age, Official Withdrawal Slip, Guardianship Papers, Immunization/Health Records, Discipline Records, AzMERIT / AIMS Scores, Attendance Records, Vision & Hearing Test Results, Official Transcripts, Special Education Records

Parent/Guardian signature _____ Date _____

Parent/Guardian understands that the above-named student will not be fully enrolled at Sky Islands High School until all requested disciplinary and academic records have been received and reviewed.

Please note: Arizona school districts are required to request records within 5 days of enrollment and to send student records within 10 days after receiving a request.

Also note: The Federal Family Education Rights and Privacy Act (FERPA) and A.R.S. 15-141 state that written consent of the parent/guardian of the student is not required to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

Please send all records to: Sky Islands High School, ATTN: Student Records, 6000 E. 14th Street, Tucson, AZ 85711, FAX: (520) 382-5888, Email: admin@skyislands.org

PARENT/STUDENT ACKNOWLEDGMENT FORM

Code of Student Conduct

Sky Island School’s norms and rules for all students apply to **students engaged in activities** occurring on school property, including vehicles; on other sites being used for school activities; and on properties adjacent to the school property before, during, and after school hours.

OVERVIEW OF SAFETY RULES

Students have the **right** to a safe and orderly school and the **responsibility** to treat school property and the property of others with respect. Students are expected to act in a way that does not interfere with the rights, health, and safety of others—students are held individually responsible for good behavior on campus and at all school-sponsored activities and events, regardless of location, and for following **ALL** school and school safety rules:

1. Students are responsible for staying within the assigned school area during school hours (8:30am to 4:00pm) and for not loitering around school when school is closed.
2. Students are responsible for being in school and maintaining good attendance throughout the year.
3. Sky Islands is a **Smoke Free/Drug Free Zone**—smoking, including e-cigarettes, is illegal for students who are minors and is not permitted by anyone anywhere on school grounds or within the perimeter of the street entrance. Smoking paraphernalia, including, but not limited to, matches, lighter fluids, or any drug or alcohol paraphernalia, is strictly prohibited on or within 1000 yards of the campus or at any school sponsored activity— illegal property will be confiscated, and the student will face further disciplinary action.
4. Students are prohibited from possessing or using over-the-counter medications on or around campus, or during any school-sponsored activity, unless properly dispensed by an administrator from a prescription bottle for that student.
5. Cell phones and all other electronic devices are not permitted in the classrooms at any time; students are required to turn in their cell phones to the administrative office prior to entering their first class of the day regardless of arrival time. Failure to comply results in confiscation of electronic devices and disciplinary action for the student.
6. Students are prohibited from conducting or participating in gang activities on campus, using gang-related or cult-related signs, or creating graffiti anywhere in or on the school building or on any adjacent building.
7. Unauthorized presence on school property by persons who are not **current** students or members of the staff is illegal. Visitors, including parents, must check in at the office before entering any instructional area.

Parents need to be involved in the education of their children and have the responsibility to:

- Provide the school with the names and phone numbers of current emergency contacts and of any changes that may occur during the school year.
- Notify the school of anything that may affect their children’s ability to learn, to attend school regularly, or to take part in school activities.
- Be aware that parents have rights with regard to the privacy and confidentiality of student records that are maintained by schools.
- Recognize that they are responsible for their student’s behavior on the way to and from school property, at SunTran bus stops, and in the neighborhood areas adjacent to the school. This includes but is not limited to behavior related to bicycles, skateboards, and motor vehicles.
- Be aware that employees of the school will not be held liable for items that are prohibited and are lost, stolen, or for wireless communication devices (e.g., cell phones, laptops, smart watches) or other personal technologies that are lost or stolen.
- Be aware that confiscated items that are not claimed by the end of the school year will be donated to local charities.
- Ensure that their children demonstrate legal and responsible use of technology.
- See that their students are appropriately dressed according to the school dress code.

Your signature below does not indicate that you agree or disagree with the rules, but rather that you have received a copy of these rules, read, and agree to follow them. Return this form to school within **3 days of receipt of the Student Code of Conduct**.

Student Name (PRINT) _____ Student Signature _____

Parent Signature _____ Date _____

ELECTRONIC DEVICE DISCLOSURE FORM

An integral component of the school culture at Sky Islands is that students do not use cell phones or other electronic devices for the entirety of their time on campus. To fulfill this commitment, students are required to turn in cell phones and other electronic devices at the front desk when they arrive on campus each morning. Electronic devices include, but are not limited to: smartwatches, tablets, music and gaming devices, earphones, laptops, and other electronic devices.

Please select the option below that best describes your child's daily routine:

- My child will be turning in a cell phone (and other electronic devices) at the beginning of the school day.
- My child does not have a cell phone, and will not be bringing a cell phone or other electronic devices to school.
- My child does not have a cell phone, but will turn in other electronic devices at the beginning of the school day.
- My child has a cell phone, but will not be bringing the cell phone or any other electronic device to school.

PLEASE NOTE: A student who is found in possession of a cell phone or other electronic device in violation of school policy will have the phone and/or other devices confiscated for an appropriate time and may face other disciplinary consequences consistent with the Student Handbook.

Please sign and date below. The completed form must be received by the school _____.

PLEASE NOTE: Students who come to school without the completed form will be expected to turn in a cell phone (as well as any other electronic device in their possession). Students without a completed form who do not turn in a phone will not be permitted to attend class until a parent or guardian is contacted and verbal confirmation of their electronic device status is confirmed.

Should your child's status change with regard to the boxes above, it is important that you contact the Sky Islands front office to inform them of the change (phone 520-382-9210 or email admin@skyislands.org).

Student Name _____

(Parent or Guardian Signature)

(Date)

(Keep This Page for Your Records)

Notification to Parents Regarding Confidentiality of Student Education Records **Family Educational Rights and 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."

- 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.
- 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.
- 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):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - 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 or technical assistance, you may call (202) 26—3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339, or you may contact the following office:

Family Policy Compliance Office
US Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901