



# **Registration Packet**

(3-4-22)

## Medical and Emergency Information for:

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

Has the student received any of the following services? (check all that apply)

Special Education     IEP     504 Plan     Occupational Therapy     Speech Therapy     ESL

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Present/Known Medical Condition(s) \_\_\_\_\_

Prescribed Medications currently being taken \_\_\_\_\_

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. With the exception of an inhaler, 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

**SKY ISLANDS HIGH SCHOOL  
MEDICATION TO BE GIVEN AT SCHOOL**

N/A

School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Prescribed Medication to be given at school \_\_\_\_\_

Dose \_\_\_\_\_ Time to be given \_\_\_\_\_

Over-the-Counter Medication to be given at school \_\_\_\_\_

Dose \_\_\_\_\_ Time to be given \_\_\_\_\_

Additional instructions \_\_\_\_\_

\_\_\_\_\_

Sky Islands High School personnel will not administer prescription medication without evidence of a prescription from a health care provider. Prescription medication must be in the original container with the student's name and dosage information listed. With the exception of an inhaler, all medications must be kept in the school health office at all times. If the student leaves school grounds for a school trip/activity, any required prescription or over-the-counter medications, including Epi-Pens and diabetic supplies, will be in the possession of supervising school staff. Medications not taken home at the end of the school year will be destroyed.

I hereby give my permission for Sky Islands to administer the listed medication(s) according to the instructions above. I understand that Sky Islands High School will not be held liable for any loss or misuse of an inhaler.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (printed)

# ALLERGY ACTION PLAN

NOT APPLICABLE (If not applicable, please fill out the Student Information section and 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

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

**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. 911 (ask for advanced life support)
2. Parent/Guardian \_\_\_\_\_ or emergency contacts.
3. Dr. \_\_\_\_\_ at \_\_\_\_\_

**DO NOT HESITATE TO CALL 911!**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator signature

\_\_\_\_\_  
Date

# 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.*

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## 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

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

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Signature



**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](http://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 \_\_\_\_\_





Sky Islands High School, 6000 E. 14<sup>th</sup> Street, Tucson, AZ 85711 ~ Phone (520) 382-9210; Fax (520) 382-5888

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):

\_\_\_\_\_

1<sup>st</sup> request sent \_\_\_\_/\_\_\_\_/\_\_\_\_

2<sup>nd</sup> 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, Exit Grades, Official Transcripts, Special Education Records

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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

## 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.**

**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 regarding 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](mailto:admin@skyislands.org)).

Student Name \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

## PARENT/STUDENT ACKNOWLEDGMENT FORM

### CODE OF CONDUCT

*When applicable, the rules in the code apply to remote instruction.*

#### 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 (8:00am 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 feet 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 the 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/electronic devices to the administrative office prior to entering their first class of the day regardless of arrival time. Non-compliance results in confiscation of phone/device and disciplinary action.
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/property or on any adjacent building/property.
7. Unauthorized presence on school property by persons who are not **current** students or staff members 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 student and have the responsibility to:

1. provide the school with the names and phone numbers of current emergency contacts and of any changes that may occur during the school year.
2. notify the school of anything that may affect their student's ability to learn, to attend school regularly, or to take part in school activities.
3. be aware that parents have rights regarding the privacy and confidentiality of student records maintained by schools.
4. 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.
5. be aware that employees of the school will not be held liable for prohibited items that are lost or stolen, or for wireless communication devices (e.g., cell phones, laptops, smart watches) or other personal technologies that are lost or stolen.
6. be aware that confiscated items that are not claimed by the end of the school year will be donated to local charities.
7. ensure that their student demonstrates legal and responsible use of technology.
8. see that their student is 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 Code of Conduct acknowledgment form to school within **3 days of receipt**.

Student Name (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_

Parent 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