



2016-2017 Enrollment Checklist

(5th-12th Grade)

<input type="checkbox"/> Desert Heights Charter School (DHCS: Kinder – 4 th) 5821 W. Beverly Lane, Glendale, AZ 85306 Office (602) 896-2900 Option 2 Fax (602) 467-9540	<input checked="" type="checkbox"/> Desert Heights Preparatory Academy (DHPA: 5 th – 12 th) 3540 W. Union Hills Drive, Glendale, AZ 85308 Office (602) 896-2900 Option 3 Fax (602) 547-4576
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Student's Name: _____ DOB: _____ Grade: _____

Secure and provide copies of the following documentation **PRIOR** to enrollment:

- Birth Certificate
- Up-to-Date Immunization Record (Please refer to the AZDH requirements. Copy for the Health Center.)
- Custody Papers (ONLY if applicable)
- Withdrawal Form
- Disciplinary Records
- Individualized Education Plan (IEP) or 504 Documentation (ONLY if applicable)
- Homeschool Affidavit Assessment (ONLY if applicable)
- Report Card (5th – 8th Grade) or Unofficial Transcripts (High School)
- State Testing Results (5th-12th Grade)
- 8th Grade Promotion Certificate/Proof (9th Grade Enrollment ONLY)

Complete, sign, and submit the following for the 2015-2016 school year:

- Student Enrollment Form
- Eligibility Guidelines/Application (ONLY if applicable)
- Arizona Residency Proof (See Documentation Form for details)
- Records Release Form
- Commitment to Excellence Contract
- Allergy Form (ONLY if applicable)
- Medical Chronic Illness (ONLY if applicable)
- Other: _____

Please be advised that Desert Heights Schools complies with State Laws and Regulations. All of the above requested information MUST be submitted in order to process enrollment.

Office Use Only:			
Intake Review	Date	Registrar Review	Date
Meeting (Day, Time)	Scheduled By	Reviewed By	Date
Status Wait List Enroll	Date	Status Wait List Enroll	Date



2016-2017 DHPA Student Enrollment Form

Desert Heights Charter School (DHCS: Kinder – 4th) Desert Heights Preparatory Academy (DHPA: 5th – 12th)

SCHOOL USE ONLY		
Date of Entry:	Entry Code:	SAIS ID:
Date of Exit:	Exit Code:	Next School:

STUDENT DEMOGRAPHIC INFORMATION

Last Name:		First:		Middle:	
Enrollment Grade:		Gender (Circle): Male Female		Age:	
What is the primary language used in the <u>home</u> regardless of the language spoken by the student?			What is the language most often spoken by the student?		
What is the language the student first acquired?			Date of Birth: _____	Proof of Birth: Certificate Other _____	
State of Birth: _____			Country of Birth: USA Other _____		
Ethnicity (Circle One): Hispanic Not Hispanic		Race (Circle all that apply): Black White Asian Native American Pacific Islander Unknown			
Home Address:		City:		State:	Zip:
Mailing Address (if different) :		City:		State:	Zip:

PARENT/GUARDIAN DEMOGRAPHIC INFORMATION

Are custody documents available? Yes No				SCHOOL USE ONLY			
<i>NOTE: COPIES OF LEGAL CUSTODIAL DOCUMENTS MUST BE ON FILE WITH THE SCHOOL.</i>				Court Papers Received: Yes No			
Name (Call Priority 1):				Name (Call Priority 2):			
Lives with: Yes No	Contact Allowed: Yes No	Ed Rights: Yes No		Lives with: Yes No	Contact Allowed: Yes No	Ed Rights: Yes No	
Has Custody: Yes No	Mailings Allowed: Yes No	Enrolling Parent: Yes No		Has Custody: Yes No	Mailings Allowed: Yes No	Enrolling Parent: Yes No	
Release To: Yes No	Financial Responsibility: Yes No	Deceased: Yes No		Release To: Yes No	Financial Responsibility: Yes No	Deceased: Yes No	
Relationship (Circle): Father Mother Step Father Step Mother				Relationship (Circle): Father Mother Step Father Step Mother			
Other (Specify): _____				Other (Specify): _____			
Gender (Circle): Male Female				Gender (Circle): Male Female			
Primary Phone:		Circle: Home Cell Work		Primary Phone:		Circle: Home Cell Work	
Secondary Phone:		Circle: Home Cell Work		Secondary Phone:		Circle: Home Cell Work	
Address (if different than above):				Address (if different than above):			
E-Mail: _____				E-Mail: _____			

EMERGENCY CONTACT INFORMATION

Listing an individual as an emergency contact, authorizes the school to release the student to the identified person(s) without further contact/approval from the parent/guardian.

Name (Call Priority 3):			Name (Call Priority 4):		
Primary Phone:		Circle: Home Cell Work	Primary Phone:		Circle: Home Cell Work
Secondary Phone:		Circle: Home Cell Work	Secondary Phone:		Circle: Home Cell Work

EDUCATIONAL INFORMATION

List previous school's information (attach separate sheet if necessary):

School Name:		Phone #:	Fax #:
Address:		Dates Attended:	
City:	State:	Zip:	Grades Attended:
Reason for Leaving:			
School Name:		Phone #:	Fax #:
Address:		Dates Attended:	
City:	State:	Zip:	Grades Attended:
Reason for Leaving:			
Has student ever repeated a grade or been retained (Circle)?	Yes	No	This academic year (Circle)? Yes No Year? _____
Has student ever been suspended/dismissed (Circle)?	Yes	No	This academic year (Circle)? Yes No Year? _____
Has student ever been expelled (Circle)?	Yes	No	This academic year (Circle)? Yes No Year? _____
If you marked yes to any of the three (3) questions above, you <u>must</u> provide separate, official documentation detailing the circumstances surrounding the retention/suspension/expulsion.			
Has student ever been homeschooled (Circle)?	Yes	No	If yes, which state(s) and grade(s)? _____
Has student ever been provided with additional instructional support in Reading or Math (Circle)?	Yes	No	This academic year (Circle)? Yes No Year? _____

SPECIAL EDUCATION HISTORY

Is your child currently receiving Special Education Services?	Yes _____	No _____
Has your child ever received Special Education Services?	Yes _____	No _____
Has your child been evaluated for Special Education Services?	Yes _____	No _____
If you checked " NO " to all questions above, please proceed to the Parent Questionnaire section.		
If you checked " YES " to any of the questions above, please complete the information below. Desert Heights Schools is committed to providing all eligible students with services upon enrollment. <i>Therefore; in order for your registration to be complete, you must attach a current copy of your child's 504 plan or IEP and Psychological records (or the official determination that your child no longer qualifies for services).</i> A meeting with the school's Administrator or Special Education Director is required.		
Date/Grade of IEP (if possible):		
Please read the categories below and check all that apply to your child:		
<input type="checkbox"/> Hearing Impaired (HI)	<input type="checkbox"/> Current Behavior Plan	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional Disability (ED)	<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> MIMR
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> ELL
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Autism (A)
<input type="checkbox"/> Specific Learning Disability (SLD)	Other (Specify) _____	
<input type="checkbox"/> Math	<input type="checkbox"/> Language	<input type="checkbox"/> Reading

PARENT QUESTIONNAIRE

Please answer the following questions with as much information as possible (attach separate sheet if needed).

How did you hear about us? Website Family/Friend Fliers/Mailers AZ Dept. of Education

Referring Student/Employee/Parent's Name: _____

Other: _____

SCHOOL USE ONLY

Referral Flyer Attached? Yes No

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT ("FERPA")

According to the Family Educational Rights and Privacy Act ("FERPA"), a school may designate information in education records as 'directory information' and may disclose it without parent consent, unless notified that the school is not to disclose the information without consent." The law defines 'directory information' as follows: "The student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student."

If you do not wish for directory information for your child to be disclosed, please indicate your request below. This form will remain in effect unless we receive written authorization from you to change it.

I, _____, do not allow directory information for my child, _____ to be disclosed.

PERMISSION

Please initial next to the statement if you, as the parent/guardian, permit the identified student to participate in the corresponding item during the school day, at school sponsored events or as part of any Desert Heights club or athletic program. This permission will cover the entire tenure of the child while attending any Desert Heights school. *Note: A line is provided for both parents/guardians, but only one set of initials is required.*

Permission to Participate in Off-Campus Activities

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

Permission is granted to arrange for private transportation with an adult driver if chosen by school officials.

Permission is granted if school vehicles are used for transportation.

Permission is granted when students walk from their school to the site of the field trip.

Permission is granted when students need to use public transportation from their school to the site of the field trip.

Permission to release media/news information.

There may be times during the school year when the school, news media or others wish to photograph or videotape your child at school for use in print, video, Internet or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums.

Permission to use artwork.

There may be times during the school year when the school, news media or others wish to use artwork created by your student at the school for use in print, video, Internet or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of medium. Additionally, I give my permission to display my child's artwork on Artsonia, in accordance with Artsonia's terms and conditions of use***.

I understand that Artsonia preserves students' privacy and anonymity by listing the artwork only under the student's first name and a number – last names are never revealed. I also understand that Artsonia will only display comments on student artwork with parental permission, and therefore grant Artsonia permission to email notifications to me when new comments are available for review.

*** Complete details on Artsonia's terms and conditions can be found at www.artsonia.com/terms.

EMERGENCY AND MEDICAL INFORMATION

If medical care is necessary, contact:			
Doctor's Name:		Address:	
Hospital Name:		Address:	
		Phone #:	
		Phone #:	
In case of student injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her safety. It is understood by me (the parent/guardian) that the expense of this service will be accepted by me. In case of emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.			
Name:		Name:	
Address:		Address:	
Home #:	Cell #:	Home #:	Cell #:
The following person(s) MAY NOT remove my child from facility:			
Name:		Name:	
Relationship:		Relationship:	
Is child allergic to any food or other substances (Circle)? Yes No <i>(Food allergies will require a doctors' note and medical treatment plan.)</i>			
SCHOOL USE ONLY	Allergy Form on File: Yes No		
Is child subject to convulsions and, if so, what should be our procedure if one occurs (Circle and explain as needed)? Yes No			
<i>If YES, Desert Heights Schools requires a doctor's note and medical treatment plan.</i>			
Are there any physical conditions that we should be aware of and, if so, what precautions should be taken (Circle and explain as needed)? Yes No			
<i>If YES, Desert Heights Schools requires a doctor's note and medical treatment plan.</i>			
Please initial next to the statement to confirm, as the parent/guardian, you have read and understand the identified information. <i>Note: A line is provided for both parents/guardians, but only one set of initials is required.</i>			
_____	_____	<p>ACCORDING TO SCHOOL POLICIES AND PROCEDURES:</p> <ul style="list-style-type: none"> • OUR SCHOOLS DO NOT PROVIDE ANY MEDICATIONS. PARENTS MUST PROVIDE AND GIVE WRITTEN CONSENT FOR ANY MEDICATIONS ADMINISTERED AT SCHOOL. • STUDENTS ARE NOT TO CARRY MEDICATIONS AT SCHOOL OR TO AND FROM SCHOOL. • EXCEPTIONS FOR STUDENTS TO CARRY/ADMINISTER THEIR OWN MEDICATIONS MUST BE ARRANGED THROUGH THE SCHOOL HEALTH CENTER. 	
_____	_____	<p>To the best of my knowledge, this student does not have any health problems that would be harmful to him/her while participating in Physical Education or would require a physical exam and medical clearance.</p>	
_____	_____	<p>BE IT KNOWN that I, the parent or legal guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill. IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend <u>through the current school year</u>. IT IS FURTHER understood that any expenses incurred will be paid by insurance or the parents of the student. Payment of the expense is not a school responsibility. Forms to purchase Student Accident Insurance are available at the school.</p>	



**Screening Form to Determine
History of Chickenpox (Varicella) Disease**
ADHS Var 6/05

Student Name:	Date of Birth:
School Name:	Grade:
Parent/Guardian Name (please print):	
Address:	
Telephone Number (where you can be reached during the day):	

If your child saw a doctor for a rash that the doctor said was chickenpox, please fill out this box.

Doctor's Name: _____

Approximate Date of the Doctor Visit: _____ Month: _____ Year: _____

Parent/Guardian Signature: _____ Date: _____

If you filled out this box then your child will not need to get the chickenpox vaccine for school admission. Present this to the school nurse as proof of chickenpox disease.

If you think your child had chickenpox even though he or she was not taken to the doctor, please fill out this box.

Approximate Date of Illness: _____ Month: _____ Year: _____

Did your child have a rash on his/her body for 3 or more days? Yes No Don't Know

Did the rash have blisters? Yes No Don't Know

Did the blisters itch? Yes No Don't Know

Did the blisters turn into scabs Yes No Don't Know

Parent/Guardian Signature: _____ Date: _____

If you answered "Yes" to all the questions in this box then your child will not need the chickenpox vaccine for admission to school. Present this to the school nurse as proof that your child already had chickenpox. If you answered "No" or "Don't Know" to any of the questions in this box, then your child will need the chickenpox vaccine for school admission.

MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

<p>1. The student lives with:</p> <p>_____ parent(s)/legal guardian(s)</p> <p>_____ an adult who is not the parent/legal guardian</p> <p>_____ no adult; student is unaccompanied youth</p>	<p>2. Check any that apply.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">SECTION A</th> <th style="width:50%;">SECTION B</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> In a shelter/group home</td> <td rowspan="4"><input type="checkbox"/> Choices in Section A do not apply</td> </tr> <tr> <td><input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship</td> </tr> <tr> <td><input type="checkbox"/> Living in a motel, car or campsite</td> </tr> <tr> <td><input type="checkbox"/> Youth living with friends or family members (other than parent/guardian)</td> </tr> </tbody> </table>	SECTION A	SECTION B	<input type="checkbox"/> In a shelter/group home	<input type="checkbox"/> Choices in Section A do not apply	<input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship	<input type="checkbox"/> Living in a motel, car or campsite	<input type="checkbox"/> Youth living with friends or family members (other than parent/guardian)
SECTION A	SECTION B							
<input type="checkbox"/> In a shelter/group home	<input type="checkbox"/> Choices in Section A do not apply							
<input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship								
<input type="checkbox"/> Living in a motel, car or campsite								
<input type="checkbox"/> Youth living with friends or family members (other than parent/guardian)								

If you checked a box in Section A, please finish the next four lines and fax this completed page to Cynthia Jordan, Homeless Liaison, at 602-547-4576. The original form is kept in the student file for auditing purposes. If you checked the box in Section B, it is not necessary to fill out the next four lines below.

Please Print: Name of Student:	Birthdate:	Age:	Grade in School:
School Most Recently Attended:			
Name of Parent(s)/Legal Guardian:			
Temporary/Current Address:	City:	Zip:	Phone:
Enrolling School:	School Administrator's Signature:		



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:			
School:			

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.
 In SAIS, please indicate the student's home or primary language.
 1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas



Arizona Department of Education Arizona Residency Documentation Form

School Name: _____

Parent/Legal Guardian's 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 U.S. passport
- 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. See the front office for affidavit form.

ACKNOWLEDGMENT OF RECEIPT (STUDENT & PARENT HANDBOOK)

The Desert Heights Schools Student & Parent Handbook is available online at www.dhschools.org and is the most updated version. However, those families without an internet connection can request a printed copy of the handbook as needed. Please review the following options and **initial** the **one** option that applies for your family. *Note: A line is provided for both parents/guardians, but only one set of initials is required.*

_____ _____
We, the parent/guardian of the identified student, elect to receive an electronic version of the Desert Heights Student and Parent Handbook by viewing it online at www.dhschools.org. We recognize that its contents reflect policies and procedures in place at Desert Heights Schools and that it is our responsibility to insure we, along with our student, have read, understand, and comply with all of the guidelines set forth. We understand that if we or our child have any questions about the contents of the electronic handbook, we should contact the Principal.

_____ _____
We, the parent/guardian of the identified student, acknowledge receipt of the printed Desert Heights Student and Parent Handbook. We recognize that its contents reflect policies and procedures in place at Desert Heights Schools and that it is our responsibility to insure we, along with our student, have read, understand, and comply with all of the guidelines set forth. We understand that if we or our child have any questions about the contents of the electronic handbook, we should contact the Principal. Furthermore, we understand that the most updated version of the handbook is available online at www.dhschools.org.

TUESDAY FOLDER COMMUNICATION

In an effort to maintain strong school-parent and school-student communication, Desert Heights Schools uses an electronic process to distribute school information and event flyers each week on Tuesday. This information will be primarily distributed electronically and families can expect to receive, at a minimum, a weekly e-mail each Tuesday containing website links to information. The school's expectation is that families will, in a timely fashion, review the information distributed and contact the front office to clarify any questions or concerns that may arise.

For information that requires a parent/guardian signature, students will also receive a physical copy of the paperwork distributed during class on Tuesday. Parents/guardians should ask students each Tuesday to verify whether or not they received information. If information was distributed, parents/guardians are expected to review and sign any necessary paperwork, and then return the signed documents on Wednesday.

For those families that do not have access to e-mail or the internet, please initial below and printed copies of all information will be sent home on Tuesday. *Note: A line is provided for both parents/guardians, but only one set of initials is required.*

_____ _____
Please initial if your family does NOT have access to e-mail or the internet and requires paper copies of all Tuesday Folder communication (e.g., newsletters, event flyers, etc.).

SCHOOL EMAIL ACCOUNT (5th-12th GRADE STUDENTS ONLY)

Desert Heights Preparatory Academy has implemented Office 365 which provides our students with a collaborative system to effectively communicate via email with teachers and other students while also providing hands on experience with tools utilized in the workforce. Each authorized student receives an Office 365 account which provides them with the following:

- Communication Services: Free, hosted email and calendaring with 1TB of mailbox storage accessible from Outlook on PCs, the Web and mobile devices.
- Collaboration Services: Provides students with communication and collaboration tools from virtually anywhere, at any time. Includes document viewing and lightweight editing with Office Web Apps.

We understand that security is important and want to assure parents that we have taken the available steps to secure our implementation. In order to accomplish this we have configured Office 365 with the following settings:

- Email protection from SPAM and viruses.
- 5th-8th Grade Closed Campus: Students in 5th-8th grade can only send and receive email from the following:
 1. Other students using an approved email address issued by DHPA (e.g., k12.dhschools.org).
 2. Any Desert Heights Schools staff member using a valid DHPA email address (e.g., dhschools.org, desertheightsschools.org, etc.).
 3. Any mail domains approved by Administration for educational purposes (e.g., khanacademy.org). All other incoming or outgoing email domains not approved by Administration will be blocked.

Note: High School Students (9th-12th grade) will be excluded from the closed campus configuration and will be allowed to send and receive emails from all email domains. The closed campus restriction is lifted at 9th grade to provide students with the flexibility to communicate with their parents, potential employers and colleges as needed without issue. Restrictions will be implemented as needed and requested by Administration or parents.

- Bad Words Filtering: Email messages containing a defined list of "bad words" are blocked.
- AntiBullying: Protects students from harassment email messages.

To learn more about Office 365, access the Microsoft website at <http://office.microsoft.com/en-us/academic/>

_____ _____
By initialing, we the parents/guardians authorize the identified student to receive an Office 365 email account issued by the school and that the account will be active for the lifetime of the student at Desert Heights. The parent/guardian further authorizes the identified student to utilize the account as needed or directed by the school and both the student and parent/guardian have read and agree to all technology policies outlined in the Desert Heights Schools Parent and Student Handbook. *Note: A line is provided for both parents/guardians, but only one set of initials is required*

I certify that the above information in the Student Enrollment Form is true and complete and I understand that falsification of facts on this application may result in my child's delay in enrollment and/or removal from the school.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



RELEASE OF SCHOOL RECORDS
(5th – 12th Grade)

Student's Name:		
Enrollment Grade:	Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Requesting records from (in order from most recent school attended):

School Name:	Phone #:	Fax #:
School Name:	Phone #:	Fax #:
School Name:	Phone #:	Fax #:

Information requested includes the following:

- Official Transcript (Mailed) 9-12 Grade Only
- Unofficial Transcript (Faxed) 9-12 Grade Only
- Withdrawal Form
- Discipline Records
- Report Card
- Special Education Files and/ or 504
- Health Data
- LEPA Files
- Attendance Records

In accordance with FERPA (34 CFR 99.31); this allows schools to disclose all records, including grades, health records, as well as psychological, social education or developmental information without parent consent, to the following parties: School officials with legitimate education interest; other schools to which a student is transferring; specified officials for audit or evaluation purposes; accrediting organizations; to comply with a judicial order or lawfully issues 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.

DESERT HEIGHTS SCHOOLS USE ONLY			
Requested on the date(s) listed below:			
1st:	2nd:	3rd:	4th:



DESERT HEIGHTS PREPARATORY ACADEMY COMMITMENT TO EXCELLENCE CONTRACT

The Desert Heights community is committed to providing the best education possible to every student. To ensure all members of the community understand one another's expectations, each year teachers, students and parents are required to review and sign the appropriate section of the proceeding Commitment to Excellence Contract. We reference the contract as needed throughout the school year and it is the foundation for holding our community accountable to their commitment.

DESERT HEIGHTS' COMMITMENT

We will always make ourselves available to students, parents/guardians and any concerns they might have, including ongoing and two-way communication with parents.

We will provide a high quality curriculum, and support for teachers in resources necessary to teach with high quality instruction.

TEACHER'S COMMITMENT

We fully commit to Desert Heights Schools in the following ways:

- We will arrive 30 minutes prior to the start of the school day and remain on campus for 30 minutes after dismissal, unless otherwise authorized by the principal.
- We will always do our best to maximize students' learning, and to inform our parents.
- We will always make ourselves available to students and parents/guardians, prioritizing ongoing communication.
- We will always protect the safety, interests, and rights of all individuals in the classroom.
- We will attend scheduled staff meetings and trainings, unless administration has approved otherwise.
- I acknowledge that I am a Desert Heights employee even when school is not in session. I will represent my school in a positive manner through my words and actions and in all other mediums such as social media.

Failure to adhere to these commitments will lead to verbal, then written notice.

X _____ X _____
Teacher's Printed Name *Teacher's Signature*

STUDENT'S COMMITMENT

- I will arrive to my first period class everyday by 7:30AM.
- I will always work, think, and behave in the best way I know how and I will do whatever it takes for my fellow students and me to learn. This also means that I will complete all my homework every night and I will raise my hand and ask questions in class if I do not understand something.
- I will always make myself available to parents, teachers, and administrators and listen to concerns they might have. If I make a mistake, this means I will tell the truth and accept responsibility for my actions.
- I will always behave to protect the safety, interests, and rights of all individuals in the classroom. This also means that I will always listen to all my Desert Heights classmates and give everyone respect. I will follow the Desert Heights' dress code and conduct and compliance policy.
- I am responsible for my own behavior, and I will follow the teacher's directions.
- I acknowledge that I am a Desert Heights student even when school is not in session, and that my conduct at school and away from school could impact my enrollment at Desert Heights Preparatory Academy. I will represent my school in a positive manner through my words and actions and in all other mediums such as social media.

Failure to adhere to these commitments will result in a verbal, then written notice, and will lead to disciplinary action up to and including expulsion.

X _____ X _____
Student's Printed Name *Student's Signature*

PARENT/GUARDIAN'S COMMITMENT

We fully commit to Desert Heights Schools in the following ways:

- We will make sure our child arrives on campus every day by 7:15AM and try not to pull them out early.
- We will prioritize our student's attendance in school and adhere to all attendance policies outlined in the Student & Parent Handbook.
- We will check our e-mail every day for information from the school. We will also check the school's website weekly for updates. If we do not have internet access, we will notify the school to request printed copies of school information. We will review all electronic and printed school information on a daily basis and, when applicable, we will return necessary items in a timely fashion and according to any scheduled due dates.
- We will always help our child in the best way we know how and we will do whatever it takes for him/her to learn. This also means that we will check our child's homework and sign the agenda upon completion every night. We will also prioritize nightly reading time.
- We will always make ourselves available to our children and the school personnel. Additionally, if our child is going to miss school, we will call and notify the office.
- We will make sure our child follows the Desert Heights' dress code and conduct and compliance policy.
- We will monitor how much time our children spend watching television, and using multi-media devices including video games, cellular phones, and internet.
- We will attend at least one parent/teacher conference for each child.
- We understand that our child must follow the Desert Heights Schools rules as to protect the safety, interests, and rights of all individuals in the classroom. We, not the school, are ultimately responsible for the behavior and actions of our child.
- We will make every attempt to communicate any concerns regarding our child with their teacher before addressing concerns with administration.
- We understand that Desert Heights Charter Schools are protected places and that our conduct when on campus is important. If we have questions or concerns requiring additional information, find an administrative decision disagreeable, or need support interfacing with a teacher or staff member, we will not come to campus in a belligerent, unprofessional, threatening or disrespectful manner, nor will we show up unannounced demanding the time of an administrator, staff member or teacher. We will honor school protocol and allow the administrative team an opportunity to investigate and respond in a timely manner.
- I acknowledge that I am an important member of Desert Heights' community at all times. I will represent our school in a positive manner through my words and actions and in all other mediums such as social media.

Failure to adhere to these commitments can result in the dismissal of my child from the Desert Heights program.

X _____ X _____
Parent/Guardian's Printed Name *Parent/Guardian's Signature*

Desert Heights Schools sets high academic standards. The students must follow all school policies and rules in order to foster an atmosphere for high quality learning. **NO STUDENT** has the right to take away the learning environment from other students. All students have the right to learn and teachers have the right to teach. We believe that students must take responsibility for their behavior and be respectful of each other and the staff of the school.

A student can forfeit his/her right to a free public education.
(Expulsion is for continued disruptive behavior or for violent or dangerous behavior).
(A.R.S.15-841-B)

REMINDER PARENTS: We **will not tolerate student disrespect or physical aggression.** Such behavior may result in student withdrawal or expulsion.

At the beginning of the school year, all teachers, parents/guardians, and students will be required to sign a copy of this contract. Having high expectations for students is an important component of our mission, and we need to work in partnership with one another to help every child succeed. Our Governing Board approves this contract and requires every community member to adhere to its terms.

Upon enrollment at Desert Heights Parents and Students accept the terms and conditions of our Commitment to Excellence contract.