



Dear Parent/Guardian:

Hello! Thank you for choosing Las Puertas as the school for your child. We are sure that you will be pleased with the decision as we are committed to providing the highest level of academic studies to all of our students. Enclosed you will find our registration packet. Please take your time and review each of these documents. If you have any questions, please feel free to call us at 520-546-9296 so we can help you complete these forms.

**To Enroll:**

- Complete the enrollment form (page 11 of this packet) and return to the school.
- Submit the required documents supporting Proof of Age/Identity and Proof of Arizona Residency.
- Submit supplemental documents to enable our school to better serve the student promptly.

**Proof of Age/Identity:**

Within 30 days submit one of the following documents:

- A certified copy of the student's birth certificate.
- Other reliable proof of the student's identity, including a baptismal certificate, an application for a social security number, or original school registration records. If documentation other than a certified copy of a birth certificate is provided, such documentation must be accompanied by an affidavit explaining the inability to provide a copy of the birth certificate.
- If a student is in the custody of the Department of Child Safety ("DCS"), a letter from the authorized representative of the agency certifying that the student has been legally placed in custody of the agency. Charter schools must carefully safeguard and maintain confidentiality regarding the status of children in DCS custody.

**Proof of Arizona Residency:**

Provide verifiable documentation of Arizona Residency. Submit a copy of one of the documents listed on the Arizona Residency Documentation form along with the form (page 13 of this packet) or the Affidavit of Shared Residence form (page 15 of this packet). Proof of residency is not required for homeless students.

**Supplemental Documents:**

Supplemental documents are not required to enroll, but will enable Las Puertas to better serve your child. It is strongly suggested to submit the following forms (pages 17 -39 of this packet): PHLOTE, Request for Records, Student Health Information, Digital Citizenship, Transportation Rules and Agreement, Communication Agreement, Attendance Policy, Las Puertas Commitment Agreement, Student Information Opt-Out Form, ESEA Eligibility Guidelines, McKinney-Vento Eligibility Questionnaire.

We are looking forward to meeting with you and your child and beginning a successful school year! See you soon.

Sincerely yours,

Pamela Clark-Raines  
Administrator



Estimado Padre / Tutor:

¡Hola! Gracias por elegir Las Puertas como la escuela para su hijo(a). Estamos seguros de que estará satisfecho con la decisión, ya que estamos comprometidos a proporcionar el más alto nivel de estudios académicos a todos nuestros estudiantes. Adjunto encontrará nuestro paquete de registro. Tómese su tiempo y revise cada uno de estos documentos. Si tiene alguna pregunta, no dude en llamarnos al 520-546-9296 para que podamos ayudarlo a completar estos formularios.

**Para inscribirse:**

- Complete el formulario de inscripción (página 11 de este paquete) y devuélvalo a la escuela.
- Envíe los documentos requeridos que respalden la Prueba de edad / identidad y la Prueba de residencia en Arizona.
- Presentar documentos complementarios para que nuestra escuela pueda brindar un mejor servicio al estudiante con prontitud.

**Prueba de edad / identidad:**

En un plazo de 30 días, presente uno de los siguientes documentos:

- Una copia certificada del acta de nacimiento del estudiante.
- Otra prueba confiable de la identidad del estudiante, incluido un certificado de bautismo, una solicitud para un número de seguro social o registros escolares originales. Si se proporciona documentación que no sea una copia certificada de un acta de nacimiento, dicha documentación debe ir acompañada de una declaración jurada que explique la imposibilidad de proporcionar una copia del acta de nacimiento.
- Si un estudiante está bajo la custodia del Departamento de Seguridad Infantil ("DCS"), una carta del representante autorizado de la agencia certificando que el estudiante ha sido puesto legalmente bajo la custodia de la agencia. Las escuelas autónomas deben salvaguardar cuidadosamente y mantener la confidencialidad con respecto al estado de los niños bajo la custodia de DCS.

**Prueba de residencia en Arizona:**

Proporcionar documentación verificable de residencia en Arizona. Envíe una copia de uno de los documentos enumerados en el formulario de documentación de residencia de Arizona junto con el formulario (página 13 de este paquete) o el formulario de declaración jurada de residencia compartida (página 15 de este paquete). No se requiere comprobante de residencia para los estudiantes sin hogar.

**Documentos complementarios:**

Nose requieren documentos suplementarios para inscribirse, pero permitirán que Las Puertas sirva mejor a su hijo. Se sugiere encarecidamente enviar los siguientes formularios (páginas 17 a 39 de este paquete): PHLOTE Solicitud de registros, Información de salud del estudiante, Ciudadanía digital, Reglas y acuerdo de transporte, Acuerdo de comunicación, Política de asistencia, Acuerdo de compromiso de Las Puertas, Opción de información del estudiante Formulario, cuestionario de elegibilidad de ESEA, cuestionario de elegibilidad de McKinney-Vento.

¡Esperamos reunimos con usted y su hijo y comenzar un año escolar exitoso! Nos vemos pronto.

Atentamente,

Pamela Clark-Raines  
Administrador

A program of StrengthBuilding® Partners  
520-546-9296 • P.O. Box 91313 • Tucson, AZ 85752

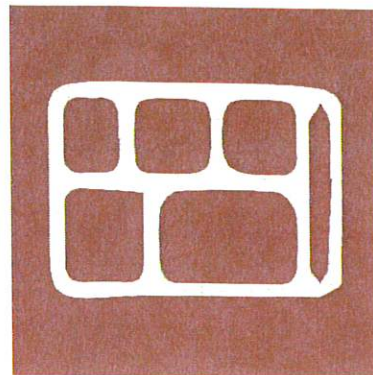
[laspuertascommunityschool.org](http://laspuertascommunityschool.org)



# NEW THIS YEAR: SCHOOL BREAKFAST & LUNCH FREE FOR ALL STUDENTS

Dear Parent or Guardian,

We are committed to providing every student in our school community with all the tools they need to succeed, including nutritious meals that everyone can enjoy together. That is why we are excited to announce that this year, we are using a new school meal program option to offer school breakfast and lunch every day to all students at no charge. All children enrolled in our school can eat for free and there is no application required!



I am writing to share with you this exciting news and to ask that you help us ensure our meal program is a success by having your child participate in school breakfast and lunch every single school day. It is important that everyone participate in our universal meal program because...

## **Part of what makes a great school culture is everyone sharing the same meal together.**

When all of our students are eating the same meals together, our cafeteria will become a place to learn more about new foods together, make healthy choices, and fuel up for learning and play.

## **Participating in school breakfast and lunch helps your school and your community.**

The more students who participate in school lunch and breakfast, the more money our school receives in federal reimbursement for meals served. More money coming into our meal program allows us to purchase more fresh and nutritious foods, while securing the financial stability of our school meal program.

## **Participating in school breakfast and lunch helps your family.**

Participating in school breakfast and lunch helps provide nutritious food for your children at school so they can concentrate better and learn more, and saves you valuable time and money at home.

I hope you will join me and the school community in supporting this exciting new program by participating in school breakfast and lunch this year. Please feel free to contact the school with any questions and to discuss any special dietary needs.

Sincerely,

Handwritten signature of Pamela Clark-Raines

For assistance contact:

Diana Leon  
520-546-9296



This institution is an equal opportunity provider and employer.





## Arizona School Immunization Requirements: Kindergarten - 12<sup>th</sup> Grade

- Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>. Homeless students are allowed a 5-day grace period to submit proof of immunization records.
- The immunization record for each vaccine dose must include the complete date and the doctor or clinic name.
- The statutes and rules governing school immunization requirements are:
  - Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701-708

**Please check requirements for each child's age and grade level in the chart below.**

Age →	Under age 7	7 – 10 years	11 years and older
Grade →			
Vaccine ↓	Kindergarten and above	Kindergarten-5 <sup>th</sup> grade	6 <sup>th</sup> through 12 <sup>th</sup> grade
<b>DTaP</b> <small>(Proof of DTP or DT counts toward DTaP requirement)</small>	4-5* doses At least 1 dose at 4 years of age or older is required.  *A 6 <sup>th</sup> dose is required if 5 doses have been given before 4 years of age.	3 DTaP and/or Td doses are required if all doses were given <u>after</u> 12 months of age.  Or  4 DTaP and/or Td doses are required if any of the doses were received <u>before</u> 12 months of age.	<u>1 Tdap dose is required for students 11 years and older.</u>  Students who completed the primary series of tetanus/diphtheria doses must receive a Tdap when 5 years have passed since the student's last tetanus/diphtheria dose.  Students who did not complete the primary series of tetanus/diphtheria doses before age 11 are required to receive a total of 3 doses, including 1 Tdap and 2 Td doses.  Tdap doses given prior to age 11 meet the requirement. A Td booster is required 10 years after the Tdap dose.
<b>Td</b>		Tdap may be counted to meet the requirements above. Tdap is <u>not required</u> for 11 year olds until they enter 6 <sup>th</sup> grade.	
<b>Tdap</b>			
<b>Meningococcal</b>		<u>Not required</u> but may be counted as valid when given at this age.	1 dose is required.
<b>Polio</b>	3-4 doses 4 doses meet the requirement. 3 doses meet requirements if dose #3 was given at 4+ years of age. (Not required for students 18+ years of age.)		
<b>MMR</b>	2 doses A 3 <sup>rd</sup> dose will be required if dose #1 was given before more than 4 days before the 1 <sup>st</sup> birthday.		
<b>Hepatitis B</b>	3 doses A 4 <sup>th</sup> dose will be required if the third dose was given before 24 weeks of age.		
<b>Varicella</b>	1 dose is required if the 1 <sup>st</sup> dose was given before 13 years of age. 2 doses are required if the 1 <sup>st</sup> dose was given at 13 years of age or later.  Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. Students enrolling for the first time after 09/01/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.		

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.





## Requisitos para Inmunizaciones para Escuelas en Arizona Kindergarten al 12° grado

- Los estudiantes deben tener prueba de todas las vacunas, o exención válida, con el fin de asistir a la escuela. La ley de Arizona permite excepciones por razones médicas, pruebas de laboratorio de inmunidad, y creencias personales. Formularios de exención están disponibles desde las escuelas y en <http://www.azdhs.gov/phs/immunization/school-childcare/requirements.htm> . Los estudiantes sin hogar se les permite un período de gracia de 5 días para presentar prueba de vacunación.
- El registro de inmunización para cada dosis de vacuna debe incluir la fecha completa y el nombre del médico o de la clínica.
- Los estatutos y normas que regulan los requisitos de vacunación escolar son:
  - Estatutos Revisados de Arizona §15-871-874; y el Código Administrativo de Arizona, R9-6-701-708

Consulte los requisitos de nivel de grado y edad de cada niño en la siguiente tabla.

Edad →	Menores de 7 años	7 – 10 años	11 años edad y mayor
Grado →	Kindergarten y arriba	Kindergarten – 5° grado	6ª - 12º grado
Vacuna ↓			
DTaP <small>( Prueba de DTP o DT cuenta para el requisito de DTaP)</small>	4-5* dosis Se requiere que al menos 1 dosis a los 4 años de edad o mayor.  * Se requiere una 6ª dosis si ha recibido 5 dosis antes de los 4 años de edad.	Se requieren 3 dosis de DTaP o Td si recibió todas las dosis <u>después</u> de los 12 meses de edad.  -o-  Se requieren 4 dosis de DTaP o Td si ninguna de las dosis fueron recibidas <u>antes</u> de los 12 meses de edad.	<u>Se requiere 1 dosis de Tdap para los estudiantes de 11 años de edad y mayores.</u>  Los estudiantes que han completado la serie primaria del tétanos/ difteria deben recibir una Tdap cuando han transcurrido 5 años desde la última dosis de tétanos/difteria.  Para los estudiantes que no completaron la serie primaria del tétanos/difteria antes de los 11 años, se requiere que reciban un total de 3 dosis, incluyendo 1 Tdap y 2 dosis de Td.  Una dosis de Tdap dada antes de la edad de 11 años satisface este requisito. Se requiere una vacuna de refuerzo Td 10 años después de la dosis de Tdap.
Td		Tdap puede ser contada como una dosis para satisfacer los requisitos de arriba. Tdap <u>no se requiere</u> para niños de 11 años hasta que entren al 6° grado.	
Tdap			
Meningocócica		No se requiere, pero es válida cuando se le da a esta edad.	Se requiere 1 dosis
Polio	3-4 dosis 4 dosis cumplen con el requisito. 3 dosis cumplen con los requisitos si la 3ª dosis fue dada a los 4+ años de edad. (No se requiere para mayores de 18 años.)		
SPR	2 dosis Una 3ª dosis será necesaria si la dosis número 1 fue dada antes de más de 4 días antes del primer cumpleaños.		
Hepatitis B	3 dosis Una 4ª dosis será necesaria si se administró la 3ª dosis antes de las 24 semanas de edad.		
Varicela	1 dosis se requiere si la dosis primera fue dada antes de los 13 años de edad. Se requieren 2 dosis si la dosis número 1 fue dada a los 13 años de edad o en adelante  Los estudiantes que asistieron a la escuela o preescolar en Arizona antes de 9/1/2011 sin vacunación por causa de memoria parental de varicela pueden seguir asistiendo . Los estudiantes que se matriculan por primera vez después de 09/01/2011 deben presentar prueba de vacunación contra la varicela o una exención válida por razones médicas, pruebas de laboratorio de inmunidad, o creencias personales.		

Nota: ADHS observa un período de gracia de 4 días para las edades y los intervalos de vacunas, con excepción del espacio entre dos vacunas vivas, como la varicela y la SPR, que se debe dar separadas por lo menos 28 días de diferencia, si no se administran el mismo día.

Childcare and preschool immunization requirements are posted at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>.  
Arizona Immunization Program Office • 150 North 18th Avenue, Suite 120 • Phoenix, AZ 85007 • (602) 364-3630 • Toll-free (866) 222-2329 • September, 2014





## Notification of Rights under FERPA for Las Puertas Community School

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. Schools must notify parents and eligible students annually of their rights under FERPA. Las Puertas will include this notification in all enrollment packets, will distribute in its annual welcome back letter at the start of each new school year and has a link to this notification on its website ([laspuertas.org](http://laspuertas.org)).

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. 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.

Las Puertas directory information will include:

- Student's name
- Grade level
- Degrees, honors, and awards received

The exclusive purpose of directory information is to allow the Las Puertas to include information from the child's education records in certain school publications. These include:

- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports/Fine Arts programs

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service.

Or you may contact the U.S. Department of Education at the following address:

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





## Las Puertas Community School Non-discrimination Policy

StrengthBuilding Partners (school district) and its school, Las Puertas Community School, are equal opportunity education institutions and do not discriminate on the basis of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status in its admissions procedures, educational programs, services, activities or employment practices as required by Title VI, Title IX, Section 504 and/or any other applicable federal statute.

The district and its school will assist students who have Limited English Proficiency to participate in all programs, services and activities.

For information regarding civil rights, admissions, grievance procedures, bilingual education and accessibility of programs, services, activities and facilities that are usable by persons with disabilities, contact:

Pamela Clark-Raines, LCSW, President, Title IX Coordinator  
StrengthBuilding Partners/Las Puertas Community School  
100 W. 37th Street, Tucson, AZ 85713  
520-546-9296

For further information on notice of non-discrimination please contact: The Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, Colorado 80204-3582. Telephone: 303-844-5695 FAX: 303-844-4303; TDD: 800-877-8339. Email: [OCR.Denver@ed.gov](mailto:OCR.Denver@ed.gov)

For a copy of Title IX: HARASSMENT AND DISCRIMINATION OF STUDENTS POLICY please contact Las Puertas Community School Office (520-546-9296) or refer to our website: [www.laspuertascommunityschool.org](http://www.laspuertascommunityschool.org)

9.25.20







Enrollment Form for:  
**2020-2021** school year

SAIS ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Enrollment: New  Continuing

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender:  Male  Female

Last School Attended: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_

Has the student been expelled or is currently pending expulsion?  Yes  No

**Information below is for reporting demographic data of our student population when applicable. Completion is not a condition of enrollment.**

Is Ethnicity Hispanic or Latino?  
 Yes  No

Race:  American Indian/Alaskan Native  
 Black or African American  
 White

Asian  
 Native Hawaiian or Pacific Islander

**The questions below are only asked for continuation of services and completion is not a condition of enrollment**

Special Classes, Accommodations or Services (Check all that apply):  English Language Development  Gifted/Accelerated Program  504 plan  
 Special Education  Current IEP  Speech Therapy  Other \_\_\_\_\_

What language do people speak in the home most of the time? \_\_\_\_\_

What language does the student speak most of the time? \_\_\_\_\_

What language did the student first speak or understand? \_\_\_\_\_

**Parent/Guardian Information**

**Primary Contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Military:  Active  Reserve Start Date: \_\_\_\_\_

Lives with contact?  Yes  No Has legal custody?  Yes  No OK to pick up?  Yes  No  
OK to receive confidential school information in the mail (report cards, behavior intervention information, etc...)?  Yes  No

**Secondary Contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Military:  Active  Reserve Start Date: \_\_\_\_\_

Lives with contact?  Yes  No Has legal custody?  Yes  No OK to pick up?  Yes  No  
OK to receive confidential school information in the mail (report cards, behavior intervention information, etc...)?  Yes  No

I hereby give my permission for my child's picture to be used anytime by Las Puertas Community School/StrengthBuilding Partners for the purpose of recruiting and/or public relations.  Yes  No \_\_\_\_\_(initial)

**I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

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

\_\_\_\_\_  
Date

For Office Use Only	SMS Entry Date: _____ Student ID# _____ Grade: _____
	Enrollment Date: _____ Staff Initials: _____







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

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_ 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.







**State of Arizona  
Affidavit of Shared Residence**

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

Parent/Legal Guardian Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School District or Charter Holder: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- \_\_\_ 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)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**Acknowledgement**

State of Arizona

County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20 ,

By \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_



## 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 \_\_\_\_\_

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)





## Arizona Department of Education

Office of English Language Acquisition Services

### Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

**1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

\_\_\_\_\_

**2. ¿Qué idioma habla el estudiante la mayoría del tiempo?**

\_\_\_\_\_

**3. ¿Qué idioma habló o entendió el estudiante primero?**

\_\_\_\_\_

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Distrito o Charter _____	Fecha _____
Escuela _____	

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)



# Las Puertas Community School

100 W 37<sup>th</sup> Street., Tucson AZ 85713

Phone: 520.546.9296 Fax: 520.884.0037

## REQUEST FOR RELEASE OF STUDENT RECORDS SOLICITUD PARA CEDER REGISTROS DEL ESTUDIANTE

Please forward the transcript (s) of/Por favor ceder los registros de: \_\_\_\_\_  
(Student Name)(Nombre Del Estudiante)

Date of Birth/Fecha de nacimiento: \_\_\_\_\_ Who enrolled in grade/Quien se matriculo en el grado: \_\_\_\_\_

At Las Puertas Community School on: \_\_\_\_\_ (Date)

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well.

El Padre o guardian que ha firmado, ha sido informado de esta transferencia y otorga el permiso para que la informacion mencionada sea mandada. Si el estudiante es un estudiante de educacion especial, por favor de mandar tales registros.

***Please send the following information/Por favor de mandar lo siguiente :***

- State testing Report Information(Az Merit)/Reportes informativos de examen del estado
- Birth Certificate/ Acta De Nacimiento
- Official Transcript or Report Cards/Boleta oficial de calificaciones
- Letter of Promotion (if applicable)/Carta de Promocion
- Test Scores (SELP/AZELLA Scores - oral, reading, writing)/Puntuacion en los exámenes SELP y AZELLA
- Official Withdrawal Form/Forma oficial de retiro
- Grades to Date of Withdrawal/Calificaciones hasta la fecha de retiro
- Immunization Records/Health Records/Cartilla de vacunas/registro de salud
- Hearing and Vision Screening Results/Resultados de el examen de de vision y audicion
- Special Education Records: including IEP's, MET's Evaluations, Psychological Reports, Signed signature pages etc/Registros de educacion especial, IEP's etc.
- Disciplinary and Attendance Records/Registros de asistencia y disciplina

Please sign and complete the information below:/Por favor firmar y completar la informacion de abajo:  
Name and address of last school attended/Nombre y direccion de la ultima escuela asistida:

\_\_\_\_\_  
School Name/Nombre de la escuela

\_\_\_\_\_  
Address/Domicilio

\_\_\_\_\_  
City/Cuidad                      State/Estado                      Zip/Codigo Postal

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

**\*State Law 15-828 Paragraph F states that NO SCHOOLS SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS. \*New Federal Law 99.31- No parent or signature required for educational records to be sent to another educational agency.**

1<sup>st</sup> Request: \_\_\_\_\_ 2<sup>nd</sup> Request: \_\_\_\_\_ 3<sup>rd</sup> Request: \_\_\_\_\_





**Las Puertas Community School**  
**Student Health Information Form**

**Student Information**

Last Name	First Name	Middle Name
Birth Date	Grade	Gender

**Emergency Contacts – Other Than Parent**

Name	Relationship	Home Phone	Work Phone	Other

Please include only the names of adults who are authorized to make decisions related to your child if we are unable to contact you during an emergency. During a medical emergency, if no contact can be made at the numbers listed above, the school may seek help from physicians, EMTs, and/or ambulance service.

**Medical History**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADD/ADHD           | <input type="checkbox"/> Epilepsy/Seizures      | <input type="checkbox"/> Kidney/Urinary Problems  |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Fainting Spells        | <input type="checkbox"/> Migraines                |
| <input type="checkbox"/> Anemia             | <input type="checkbox"/> Gastrointestinal       | <input type="checkbox"/> Orthopedic/Bone Problems |
| <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Pneumonia                |
| <input type="checkbox"/> Chicken Pox        | <input type="checkbox"/> Heart Condition        | <input type="checkbox"/> Rheumatic Fever          |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Hepatitis/Skin         | <input type="checkbox"/> Conditions/Eczema        |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Immune Supression      | <input type="checkbox"/> Tuberculosis             |
|   |   | <input type="checkbox"/> Valley Fever             |

- Please explain any of the checked conditions: \_\_\_\_\_
- Is your child currently under a physician's care?    Yes    No    Please explain: \_\_\_\_\_
- Is your child on any medication (prescribed or over the counter)?    Yes    No    Specify: \_\_\_\_\_
- Does your child have any problems with    Speech    Vision    Hearing    Dental?    Specify: \_\_\_\_\_
- Recent surgery, accidents, illnesses, or hospitalized (past year)?    Yes    No    Specify: \_\_\_\_\_
- Are there any special concerns you have regarding your child's health? \_\_\_\_\_

Does your child have any allergies    Food    Latex    Medications    Insects    Other?  
 List Allergies: \_\_\_\_\_  
 Type of Reaction: \_\_\_\_\_  
 Has your child ever used an EpiPen?    Yes    No    Explain: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

This consent is continuing in nature, and is intended by me to extend for the current school year. Any changes to the information listed on this form must be sent in writing to the School.

X \_\_\_\_\_  
 Signature of Parent or Guardian Date





### **Las Puertas Community School: Digital Citizenship and Chromebook Agreement**

Las Puertas believes that the best way to prepare our students for their digital future is to have them practice using online tools appropriately in school. We have monitoring software and filters, but these tools are not perfect and do not guarantee that students will not encounter potentially harmful situations (harassment, inappropriate contact, etc.). Our goal is to use potential mistakes as teachable moments to help protect our students against future harmful experiences online.

#### **Respect and Protect Yourself**

- I will keep my passwords private and will not share them with my friends
- I will be conscious of my digital footprint and careful about posting personal information
- I will only post text and images that are appropriate for school
- I will be aware of where I save my files so that I can access them where and when I need them (Examples: Google Docs, network folder, thumb drive, web file locker)
- I will be aware of with whom I am sharing my files (keeping them private, sharing with teachers and classmates or posting them publicly)
- I will always log off before leaving a computer
- I will immediately report any inappropriate behavior/language directed at me to my teacher, counselor, or other adult at school.

#### **Respect and Protect Others**

- I will not use computers to bully or harass other people
- I will not log in with another student's username and password
- I will not trespass into another student's network folder, documents, files or profile
- I will not disrupt other people's ability to use school computers
- I will not pretend to be someone else and will be honest in my representation of myself
- I will not forward inappropriate materials or hurtful comments or spread rumors
- I will immediately report any inappropriate behavior/language directed at my fellow students to my teacher, counselor or other adult at school

#### **Respect the Protect the Learning Environment**

- I will limit my web browsing at school to school research or personal research similar to that which I would do in class
- I will not visit inappropriate websites. If an inappropriate page, image or search result comes up, I will immediately close the window or tab.
- I will not play games or download files/content on school computers without specific teacher instructions
- I will not send or read instant messages or participate in online forums or chat without specific teacher instruction
- I will only send and receive school related emails and will use appropriate language
- I will only change the background images and screen savers to school appropriate images.

#### **Honor Intellectual Property**

- I will not plagiarize
- I will cite any and all use of websites, images, books and other media.

**By signing this agreement, I am accepting the terms of Las Puertas Community School Digital Citizenship and Chromebook Agreement. I agree to be financially responsible for the replacement cost should the Chromebook be lost, stolen, or damaged. This includes any damage or loss that occurs on campus.**

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_







### Las Puertas Community School: Transportation Rules & Agreement

Students are expected to conduct themselves properly while riding on the school bus. Bus transportation is provided as a courtesy service for students living in our transportation zone. This courtesy may be revoked or suspended if a student becomes uncooperative, unruly/distracting, or disrespectful towards any school employee or another student. Also, it should be noted that all school rules apply to the school buses as well. Following the rules listed below will help ensure your continued service and contribute to a safe, pleasant ride to school and back home.

1. **Students are to comply with the authority of the driver.** They are not to argue or be disrespectful in any way; Students are to be in their assigned seat and remain seated while the bus is in motion.
2. **Students are not to make any type of distracting noises.** Shouting, loud talking, loud laughing, and the playing of band instruments on the bus is not allowed. Radios or other electronic devices are not allowed to be played, unless headphones are used and permission has been given from the driver. Cell phones must be turned off or the ringer on silent. Calls may not be placed nor taken while on the bus. However, texting may be allowed if it is kept to the individuals and is not disruptive to the driver or other passengers.
3. **Food, candy and drink products, are not allowed on the bus or at the bus stop.** Do not litter, harass, trespass, vandalize, or damage any property (including the bus) while on the bus or at the bus stop. Bus stops may be moved or eliminated at any time, especially if severe or frequent problems should occur at that stop.
4. **Students should load and ride in an orderly manner.** Specifically, do not shove, shout, push, fight, spit, litter, throw objects, use obscene language, or inappropriate gestures; keep arms, hands, head, inside the bus at all times. Do not enter or exit the bus through the emergency exits unless there is an actual emergency or unless you are directed to do so by the driver.
5. **Student(s) that interfere with the safe and orderly operation of the bus will have their transportation privileges suspended.** Depending on the severity of the infraction, warnings may or may not be given. If requested by the driver or aide, students are to give their correct name. Students must ride only their assigned bus. The bus driver has the discretion to approve or deny any guest passenger privileges for any reason. It is recommended that guest passengers obtain driver permission in advance. Please do not spray any perfume/cologne on the bus.
6. **Students should be at their bus stop at least ten (10) minutes before the schedule pick-up time.** Students should stand back at least ten (10) feet from the curb/stop and should not approach the bus until it has come to a complete stop. The driver will open the door and signal the students to enter when appropriate. Do not chase a bus if you missed a pick up, the driver cannot make a special stop once the doors have been closed and the bus is moving. Please allow at least five (5) minutes after scheduled pick-up time for the bus to arrive.
7. **After exiting the bus, the students should remain visible to the driver as they cross the street or walk away from the bus.** If a student needs to cross the street, they should go to a point at least ten (10) feet in front of the bus and wait for the driver to signal them to cross. Students should not cross behind the bus; it is very dangerous. If an object is dropped in front of, under, or behind the bus, do not attempt to retrieve the object. Signal the driver about the problem, wait for the bus to leave, and wait until traffic is clear before getting the object. **Never crawl under the bus or bend down in front of the bus for any reason.**

For the most part, a driver has the same authority over bus passengers that a teacher has over students in the classroom. It is expected that students will behave the same or better than they do in the classroom due to the safety issues in transporting children. The driver will review these general rules, along with any additional rules, specific to that bus, with the passengers. You may contact Las Puertas Community School at 520-546-9296 if you have any questions or concerns.

**Our goal is for you to have a safe and enjoyable school year.**

Please complete and detach the lower part of this sheet and return it to Las Puertas Community School.

---

I have read these Transportation Rules and understand them. I agree to abide by these rules and follow the driver's instructions.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### LAS REGLAS DEL AUTOBUS DE LAS PUERTAS COMMUNITY SCHOOL

Se espera que los estudiantes se comporten correctamente, mientras viajan en un autobús escolar. El transporte en autobús se proporciona como un servicio de cortesía para los estudiantes que viven en una zona de transporte. Esta cortesía puede ser revocada o suspendida si un estudiante no coopera, rebelde / distracción, o una falta de respeto hacia cualquier empleado de la escuela u otro estudiante. Además, debe ser nota que todas las reglas escolares se aplican a los autobuses escolares, también. Siguiendo las reglas enumeradas a continuación le ayudará a asegurar que su servicio continúe y contribuir a un viaje seguro, agradable a la escuela y de regreso a casa.

1. **Los estudiantes deben cumplir con la autoridad del conductor.** Son no discutir o ser irrespetuoso de ninguna manera; los estudiantes tienen que estar en su asiento asignado y permanecer sentados mientras el autobús está en movimiento .
2. **Estudiantes no deben hacer ningún tipo de ruidos que distraen.** Gritar, hablar en voz alta, en voz alta riendo, y el juego de instrumentos de la banda en el bus no está permitido. Los radios y otros aparatos electrónicos no se les permite ser jugado, salvo que se utilicen los auriculares y el permiso se ha dado desde el controlador. Los teléfonos celulares deben estar apagados o en silencio. Las llamadas no se pueden colocar ni tomar en el autobus.
3. **Alimentos, dulces, bebidas, productos no están permitidos en el autobús o en la parada del autobús.** No tire basura, acosar, prevaricación, destrozor o dañar cualquier propiedad (incluyendo el autobus), mientras que en el autobús o en la parada del autobús. Las paradas de autobús se pueden mover o eliminar, en cualquier momento, especialmente si se produce un problema grave o frecuente en esa parada.
4. **Los estudiantes deben cargar y montar de una manera ordenada.** En concreto, no empujar, gritar, empujar, pelear, escupir, basura, arrojar objetos, usar lenguaje obsceno o gestos inapropiados; mantener los brazos, las manos, la cabeza, dentro del autobús en todo momento. No entrar o salir del bus a través de las salidas de emergencia a menos que haya una emergencia real o menos que se le indique hacerlo por el conductor.
5. **Estudiante (s) que interfieren con el funcionamiento seguro y ordenado del autobús tendrá sus privilegios de transporte suspendidos.** Dependiendo de la gravedad de la infracción, las advertencias pueden o no pueden ser dados. Si lo solicita el conductor o ayudante, los estudiantes tienen que dar su nombre correcto. Los estudiantes deben viajar solo en el autobús asignado. El conductor del autobús tiene la facultad de aprobar o negar los privilegios de pasajeros invitados por cualquier razón. Se recomienda que los pasajeros de los huéspedes obtienen permiso controlador de antemano.
6. **Los estudiantes deben estar en la parada del autobús por lo menos diez minutos antes de la hora programada para ser recogidos.** Los estudiantes deben mantener por lo menos 10 pies de la acera / parada y no deben acercarse al autobús hasta que ha llegado a una parada completa. El conductor se abrirá la puerta y señalar a los estudiantes para entrar en su caso. No persiga un autobús si te perdiste un servicio de recogida, el conductor no puede hacer una parada especial una vez que las puertas se han cerrado y el autobús está en movimiento. Por favor, esperar al menos 5 minutos después de programar toman el tiempo para el autobús para llegar. Por favor no perfume.
7. **Después de salir del autobús, los estudiantes deben permanecer visible para el conductor al cruzar la calle o pie del autobús.** Si un estudiante necesita cruzar la calle, deben ir a un punto por lo menos diez pies delante del autobús y esperar a que el controlador para señalar a cruzar. Los estudiantes no deben cruzar por detrás del autobús ni caminar por el lado del autobús, es muy peligroso. Si un objeto se coloca delante de, debajo o detrás del autobús; no intente recuperar el objeto. Avisar al conductor sobre el problema, esperar el autobús para salir, y esperar hasta que el tráfico está claro antes de conseguir el objeto. Nunca meterse debajo del autobús o agacharse en frente del autobús, por cualquier razón.

**Nuestro objetivo es que usted tenga un año escolar seguro y agradable.** Por favor completar y separar la parte inferior de esta hoja y devolverla con el estudiante para entregar.

---

He leído las reglas de transporte y los entiendo. Estoy de acuerdo en cumplir con estas normas y seguir las instrucciones del conductor.

Nombre del Padre \_\_\_\_\_ Firma del Padre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre del Estudiante \_\_\_\_\_ Firma del Estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_





## Communication from Las Puertas:

If your child rides the bus, you will receive text messages regarding any information or changes with the bus schedule, route or pick-up/drop off information, etc.

Las Puertas will also send out school-wide text messages regarding important information such as:

- Testing dates
- School events
- School holidays
- Other information as they happen

We will be using the cell phone number that you have supplied us. If your cell phone number should change, please call the office and provide us with the new number as soon as possible. This is important so we can keep you informed of information that is important for parents and in case of illness or any other type of emergency involving your child.

Thank you.

---

## Comunicación de Las Puertas:

Si su hijo viaja en el autobús, recibirá mensajes de texto con respecto a cualquier información o cambios con el horario del autobús, la ruta o la información de recogida / entrega, etc.

Las Puertas también enviará mensajes de texto de toda la escuela con información importante como:

- Fechas de prueba
- eventos escolares
- Festejos, vacaciones escolares
- Otra información a medida que ocurren.

Utilizaremos el número de teléfono celular que nos ha proporcionado. Si su número de teléfono celular cambia, llame a la oficina y envíenos el nuevo número tan pronto como sea posible. Esto es importante para que podamos mantenerlo informado sobre la información que es importante para los padres y en caso de enfermedad o cualquier otro tipo de emergencia relacionada con su hijo.

Gracias.

---

Parent/Guardian Signature    Firma del Padre o tutor

---

Date/ Fecha





## LAS PUERTAS ATTENDANCE AND TRUANCY POLICY

### Attendance & Truancy Policies

Regular attendance for each student is necessary for school success. Therefore, parents and the school are expected to assume responsibility for regular attendance. The regular attendance of a child of school age is required by law. Absences shall be excused only for necessary and important reasons including illness, death in the family, major family emergencies, doctor's appointments that cannot reasonably be scheduled during non-school time, and observance of major religious holidays of the family's faith. (A.R.S. 15-901(a)(1) Family vacations may be approved up to 5 days each semester if the student otherwise had excellent attendance so the total does not exceed 20 per year.

Arizona law requires that a parent or legal guardian must ensure that their minor child between the ages of six and sixteen is in school for the full time school is in session, unless otherwise legally excused pursuant to A.R.S. 15-802 or 15-803.

It is the parent/guardian's responsibility to notify the office at (520)546-9296 when your child is absent and give the reason for the absence or the absence must remain unexcused.

Please notify the office before 9:45 A.M. on any day that your child will not be in attendance, and by 9:00 A.M. if your child will be late. A message may be left on the office voice mail at any time. (520-546-9296). Please include your child's name and specific reason for the absence. If you notify the office by phone, a note is not required upon the child's return.

Late arrival or early release requires that the parent/guardian sign in/out the student in the office. (A.R.S. 15-803 A) Only those who are on the approved list for student pick up will be allowed to sign a student out of school. Reason for late arrival or early release may then be provided to the office staff.

When a student's absence for personal illness exceeds three consecutive days, a statement from a physician or health clinic must be provided.

### Consequences for chronic absences or tardiness/early release as follows:

Arizona regulations define 20 days per year as maximum days allowed for absences.

1. After 5 absences or 7 tardy/early check out a "School Absence or Truancy Warning Letter" is mailed informing parents/guardians of their child's attendance concerns. A meeting will be scheduled to discuss how to help the child with regular attendance.
2. After the 7<sup>th</sup> unexcused absence or 15 unexcused tardies a School Absence or Truancy Advisory Letter is mailed that requires the parent/guardian to contact the principal within 24 hours.

**Academic requirement:** Classwork missed for any absences or late arrival/early release must be made up within 3-5 days after any absence. Excessive absences with lack of make-up may result in the student being retained.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print student name & sign

\_\_\_\_\_  
Date







## LAS PUERTAS COMMITMENT AGREEMENT

Las Puertas has three key points to help **all** students succeed. These three points are based upon our five years of experience. The student and parent/guardian are asked to agree to the following expectations:

- 1. The student will follow the required dress code every day.**  
Plain Shirt with collar – Green, Gray, Gold, Black, White, Yellow  
Jeans (no holes please) slacks, shorts and skirts may be same color as shirts above, mid - thigh shorts, or skirts that are mid-thigh or longer.  
Shoes of your choice but please no flip-flops or thongs. Black or white laces.  
Students may bring a sweatshirt, jacket or hat for PE as desired but these are not allowed during the regular classes.
- 2. Students will be on time, attend and participate in all classes.**
- 3. Students will not carry or use headsets or cell phones during the instructional day.** Students will not use cell phones except during designated cell phone times. Students who do use phones inappropriately may have phones confiscated & parents will be called to pick up phone.
- 4. Backpacks: NO BACKPACK PLEASE –** We provide laptops for work so students will not need to drag around a lot of books.

I agree to support and follow the four Commitments:

---

Parent/Guardian

Date

---

Student

Date



## COMPROMISO DE LAS PUERTAS

Las Puertas tienen tres puntos clave para ayudar a todos los estudiantes a tener éxito. Estos tres puntos se basan en nuestros cinco años de experiencia. El estudiante y los padres se les pide que de acuerdo a las siguientes expectativas:

- 1. El alumno seguirá el código de vestimenta requerido todos los días.**  
Camisa lisa con cuello - Verde, Gris, Dorado, Negro, Blanco, Amarillo  
Los pantalones vaqueros (sin agujeros, por favor), los pantalones cortos y las faldas pueden ser del mismo color que las camisas de arriba, los pantalones cortos en la mitad del muslo o las faldas que están en la mitad del muslo o más largas.  
Zapatos de su elección, pero por favor no chanclas o tangas. Cordones negros o blancos. Los estudiantes pueden traer una sudadera, chaqueta o gorro para la clase de educación física según lo deseen, pero no están permitidos durante las clases regulares.
- 2. El estudiante llegara a tiempo, asistirá y participara a todas las clases.**
- 3. El estudiante no llevara ni usara auriculares o teléfonos celulares durante el día de instrucción.** Los estudiantes no usarán celulares, excepto durante las horas designadas para teléfonos celulares. Los estudiantes que usen teléfonos inapropiadamente podrán ser confiscados y se llamará a los padres para que recojan el teléfono celular. Los estudiantes tienen acceso al teléfono de la escuela si necesitan ponerse en contacto con las familias. Si el padre/tutor necesita hablar a un estudiante le llamamos a la oficina.

Estoy de acuerdo en apoyar y seguir los tres compromisos:

---

Padre/Tutor

Fecha

---

Alumno

Fecha





# LAS PUERTAS COMMUNITY SCHOOL

## STUDENT INFORMATION OPT-OUT FORM SCHOOL YEAR \_\_\_\_\_

*This request must be signed every school year*

### STUDENTS NAME: \_\_\_\_\_

Las Puertas CS does not sell, rent or lease its customer lists to third parties. Las Puertas CS may, from time to time, contact you on behalf of external business partners about a particular offering that may be of interest to you. In those cases, your unique personally identifiable information (e-mail, name, address, telephone number) is not transferred to the third party. In addition, Las Puertas CS may share data with trusted partners to help us perform statistical analysis, send you email or postal mail, provide customer support, or arrange for deliveries. All such third parties are prohibited from using your personal information except to provide these services to Las Puertas CS and they are required to maintain the confidentiality of your information.

### DIRECTORY INFORMATION

The District/School may disclose information that is generally not considered harmful or an invasion of privacy if the primary purpose is to allow the District/School to include this type of information in certain school publications, such as yearbooks, newsletters, playbills, team rosters, or honor rolls. Directory information includes the following:

- name
- address
- telephone listing
- email address
- grade level
- date & place of birth
- major field of study
- enrollment status
- dates of attendance
- participation in officially recognized activities & sports
- weight & height if a member of an athletic team
- most recently attended educational institution

The District will not disclose directory information unless the District/School will use the information in a publication, or a third party has requested the information for a reason that, in the judgment of the District/School, serves the student's best interests. For example, the District/School will comply with directory information requests from another school in which a student seeks to enroll, universities and colleges, law enforcement and Child Protective Services. The District/School will provide directory information for commercial purposes only if beneficial to students, such as yearbook or class ring sales. *Your child's directory information will be released as described above, unless you direct otherwise by checking the box below:*

- DO NOT RELEASE MY CHILD'S DIRECTORY INFORMATION. By selecting this option, I understand that my child's name and/or image will not be included in the yearbook, newsletters, programs, and other school/district publications not to the press or the general public, third parties such as universities and colleges, employers and military recruiters.

### DISTRICT/SCHOOL AND NEWS MEDIA

Your child may be interviewed, photographed, or audio- or video-recorded by the news media or district staff for print, radio, television, Internet content or any other media, *unless you direct otherwise.*

- NO, I DO NOT give my permission for my son/daughter's picture to be used anytime by Las Puertas Community School/StrengthBuilding Partners for the purpose(s) of recruiting and/or public relations.

\_\_\_\_\_  
Parent/Guardian Print & Sign

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





# Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2021 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

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

Indicator 1       Indicator 2       No

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.



# Guía Para Determinar Estudiantes Elegibles

El departamento de Educación le proporciona la siguiente guía para determinar elegibilidad de estudiantes asistiendo esta escuela en el año fiscal 2021. Esta información es importante para determinar si el estudiante es elegible para los programas federales de la ley Elementary and Secondary Education Act (ESEA).

¿Considerando la información, en el cuadro izquierdo de abajo, son los ingresos de su familia lo mismo -o- menos que las cantidades indicadas para el tamaño de su familia?

Indicator 1       Indicator 2       No

**Definición de Ingresos:** En esta forma debe de incluir todos sus ingresos debido a salarios, antes de deducciones o impuestos, y otros ingresos recibidos en empleo particular, asistencia pública, asistencia del Seguro Social, beneficios del Seguro de Desempleo, pagos de jubilación, pagos legales de asistencia para sus hijos, ingresos de pensiones y pólizas de seguros, etc.

Si su familia califica, por favor proporcione la siguiente información sobre sus hijos:

Nombre Del Estudiante	Nombre de la Escuela
Grado Escolar	
_____	_____
_____	_____
_____	_____
_____	_____

Firma del Padre-o-Guardian \_\_\_\_\_ Fecha: \_\_\_\_\_

NOTE: Estas forma debe archivarse en las oficinas del distrito escolar





## ESEA Eligibility Guidelines July 1, 2020 to June 30, 2021

Household Size	Indicator 1						Indicator 2					
	Yearly Annual	Monthly Mensual	Twice Monthly 2 por mes	Bi – Weekly Quincenal	Weekly Semanal	Yearly Annual	Monthly Mensual	Twice Monthly 2 por mes	Bi – Weekly Quincenal	Weekly Semanal		
1	\$16,588	\$1,383	\$692	\$638	\$319	\$23,606	\$1,968	\$984	\$908	\$454		
2	\$22,412	\$1,868	\$934	\$862	\$431	\$31,894	\$2,658	\$1,329	\$1,227	\$614		
3	\$28,236	\$2,353	\$1,177	\$1,086	\$543	\$40,182	\$3,349	\$1,675	\$1,546	\$773		
4	\$34,060	\$2,839	\$1,420	\$1,310	\$655	\$48,470	\$4,040	\$2,020	\$1,865	\$933		
5	\$39,884	\$3,324	\$1,662	\$1,534	\$767	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092		
6	\$45,708	\$3,809	\$1,905	\$1,758	\$879	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251		
7	\$51,532	\$4,295	\$2,148	\$1,982	\$991	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411		
8	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570		
For Each Add '1 Household Member and Add	\$5,824	\$486	\$243	\$224	\$112	\$8,288	\$691	\$346	\$319	\$160		



# McKinney-Vento Eligibility Questionnaire

2020-2021

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help administrators determine residency documents necessary for enrollment of this student and to determine services the student may be eligible to receive. Please answer the questions below to help us determine McKinney-Vento eligibility. If you have any questions, please contact us at (520)546-9296 or email at [dleon@laspuertas.org](mailto:dleon@laspuertas.org).

Please list all student(s) in the household: (NAME, DOB, SCHOOL)

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Are any student(s) listed above in the custody of the Department of Child Safety? YES NO (if "YES" you may stop here and sign below.) Thank you.

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Students protected under the McKinney-Vento Act are entitled to immediate enrollment in school, even if they do not have the required documents for registration (e.g. proof of residency, school records, immunization records or birth certificate). Students eligible under the McKinney-Vento Act are automatically eligible for free meals and may be entitled to transportation or other services.

1. Is your current living situation due to loss of housing? YES NO  
Foreclosure                      eviction                      natural disaster                      flood                      fire                      other: \_\_\_\_\_
2. Is your current living situation due to economic hardship? YES NO  
Loss of job                      change in job                      cannot afford housing                      other: \_\_\_\_\_
3. Is your current living arrangement temporary? YES NO      waiting to own home or rent apartment  
Other: \_\_\_\_\_
4. Are you a student NOT living with parent(s) or legal guardian? (legal guardianship can only be granted by a court)  
YES                      NO
5. Presently, with whom is the student living? (Check one)  
With Parent or Legal Guardian  
With Friends or family members (adult other than parent or guardian)
6. Presently, where is the student living?  
In a hotel/motel  
Unsheltered (car/campsite/etc.)  
Doubled-up (Living with more than one family in a house or apartment)  
Shelter or transitional housing

***I DELCARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF ARIZONA THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM ARE TRUE AND CORRECT.***

\_\_\_\_\_  
Name of Parent(s)/Legal Guardian(s)                      Signature of Parent/Legal Guardian                      Date

If you are not the Legal Guardian, please check your relationship to the student:

Caregiver                      Host                      Self



