



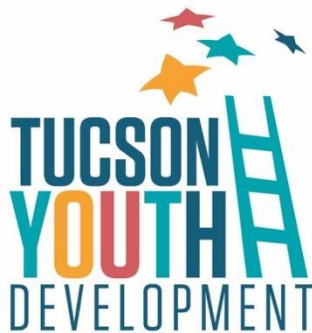
# ACE CHARTER HIGH SCHOOL

A TUCSON YOUTH DEVELOPMENT SCHOOL

*AdvancEd* Accredited

## Registration Packet

**ACE Charter High School**  
1929 N. Stone Avenue  
Tucson, AZ 85705  
(520) 628-8316



**Tucson Youth Development, Inc.**  
District Administration  
1901 N. Stone Avenue  
Tucson, AZ 85705

## Welcome to ACE Charter High School

We request the following documents for enrollment:

1. Birth Certificate (original or certified copy) or one of the following (required):
  - Baptismal Certificate
  - Application for Social Security number
  - Original school records
  - Letter from the authorized representative of an agency that has custody of the student
2. Immunization Records (required to attend school)
3. Proof of Residency (required) – *see pages 10-11 for a complete list of options*
4. High School Transcripts/Proof of Promotion
5. Proof of Guardianship if student does not reside with custodial parent (required)
6. Testing Records
7. Withdrawal Form

## Bienvenido a ACE Charter High School

Solicitamos los siguientes documentos para la inscripción:

1. Certificado de nacimiento (original o copia certificada) o uno de los siguientes (obligatorio):
  - Certificado de bautismo
  - Solicitud de número de la Seguridad Social
  - Expediente escolar original
  - Carta del representante autorizado de una agencia que tenga la custodia del estudiante
2. Registro de vacunas (esto es necesario para asistir a la escuela)
3. Comprobante de domicilio (obligatorio) - *consulte las páginas 10-11 para ver la lista completa de opciones*
4. Transcripciones de la escuela secundaria / Prueba de promoción
5. Prueba de tutor legal si el estudiante no reside con el padre con custodia
6. Resultados de pruebas (si está disponible)
7. Formulario de abandono de la escuela

## Registration Form ACE Charter High School

Date: \_\_\_\_\_

**Student Information (Please PRINT name exactly as it appears on the birth certificate)**

<b>Legal Last Name:</b>	<b>Legal First Name:</b>	<b>Full Middle Name:</b>	<b>Grade:</b> [ ] 9 <sup>th</sup> [ ] 10 <sup>th</sup> [ ] 11 <sup>th</sup> [ ] 12 <sup>th</sup>	<b>Gender:</b> [ ] Female [ ] Male
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<b>Ethnicity:</b> Is student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Race: (check one)</b> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>	<b>Language: (circle one)</b>  <b>What is the primary language used in the home regardless of the language spoken by the student?</b> English    Spanish    Other _____  <b>What is the language most often spoken by the student:</b> English    Spanish    Other _____  <b>What is the language that the student first acquired:</b> English    Spanish    Other _____	<b>Date of Birth:</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%; padding: 5px;">MM</td> <td style="width: 33%; padding: 5px;">DD</td> <td style="width: 33%; padding: 5px;">YYYY</td> </tr> </table>  <b>Country of Birth: (check one)</b> <input type="checkbox"/> United States <input type="checkbox"/> Other Country  <b>U.S. Only – State of Birth</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <b>Country other than U.S.</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	MM	DD	YYYY
MM	DD	YYYY			

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Guardian or Other Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Apt/Unit#:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (If different):** \_\_\_\_\_ **Apt/Unit#:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*The following questions are being asked in order to continue to provide services that may assist your student and you are not required to answer these questions:*

Has your child previously received Special Education, 504 Accommodation Plan or ELL Services: Yes  No

Current IEP: Yes  No  504 Accommodation: Yes  No  ELL (English Language Services): \_\_\_\_\_

Have you previously attended ACE/YouthWorks Charter High School(s): Yes  No

Please List Previous School(s) Attended:

\_\_\_\_\_

\_\_\_\_\_

Please indicate if student is: Homeless  Youth On Their Own  Other: \_\_\_\_\_

Is student currently employed? Yes  No  Where? \_\_\_\_\_ Hours: \_\_\_\_\_

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

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**OFFICIAL USE ONLY:**

SAIS ID: \_\_\_\_\_ Entered in PowerSchool: \_\_\_\_\_ Entry Code: \_\_\_\_\_ Start Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Title: \_\_\_\_\_

## Formulario de Inscripción ACE Charter High School

Fecha: \_\_\_\_\_

**Información del estudiante (IMPRIMA el nombre exactamente como aparece en el certificado de nacimiento)**

<b>Apellido Legal:</b> (Paterno/Materno)	<b>Nombre:</b>	<b>Segundo Nombre:</b>	<b>Grado:</b> [ ] 9 <sup>th</sup> [ ] 10 <sup>th</sup> [ ] 11 <sup>th</sup> [ ] 12 <sup>th</sup>	<b>Sexo:</b> [ ] Femenino [ ] Masculino
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<p><b>Grupo Etnico:</b> ¿El estudiante es Hispano/Latino <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p><b>Raza: (marque uno)</b> Caucásico <input type="checkbox"/> Negro o Afroamericano <input type="checkbox"/> Asiático <input type="checkbox"/> Indio Americano o Nativo de Alaska <input type="checkbox"/> Nativo de Hawaii o Islas del Pacífico <input type="checkbox"/></p>	<p><b>Idioma: (circular uno)</b> ¿Cuál es el idioma principal utilizado en el hogar? Inglés    Español    Otro _____</p> <p>¿Cuál es el idioma más hablado por el alumno? Inglés    Español    Otro _____</p> <p>¿Cuál es el idioma que el alumno aprendió por primera vez? Inglés    Español    Otro _____</p>	<p><b>Fecha de Nacimiento:</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"><u>MM</u></td> <td style="width: 33%;"><u>DD</u></td> <td style="width: 33%;"><u>YYYY</u></td> </tr> </table> <p><b>País de nacimiento: (marque uno)</b> <input type="checkbox"/> Estados Unidos <input type="checkbox"/> Otro país</p> <p><b>Solo EE.UU. - Estado de Nacimiento</b> _____</p> <p><b>País diferente de los EE.UU.</b> _____</p>	<u>MM</u>	<u>DD</u>	<u>YYYY</u>
<u>MM</u>	<u>DD</u>	<u>YYYY</u>			

**Nombre de la Madre:** \_\_\_\_\_ **Nombre del Padre:** \_\_\_\_\_

**Nombre del tutor u otro:** \_\_\_\_\_

**Dirección de residencia:** \_\_\_\_\_ **Apt/Unit#:** \_\_\_\_\_ **Estado:** \_\_\_\_\_ **Código postal:** \_\_\_\_\_

**Dirección postal:** \_\_\_\_\_ **Apt/Unit#:** \_\_\_\_\_ **Estado:** \_\_\_\_\_ **Código postal:** \_\_\_\_\_

**Teléfono:** \_\_\_\_\_ **Teléfono (#2):** \_\_\_\_\_ **Correo electrónico:** \_\_\_\_\_

*Las siguientes preguntas se hacen con el fin de continuar proporcionando servicios que puedan ayudar a su estudiante y usted no está obligado a responder a estas preguntas:*

¿Ha recibido el alumno previamente educación especial, 504 Accommodation Plan o servicios ELL?: Sí  No

IEP Actual: Si  No  504 Accommodation: Si  No  ELL (Servicios de idioma inglés): \_\_\_\_\_

¿Ha asistido anteriormente a ACE / YouthWorks Charter High School(s)?: Sí  No

Por favor apunte las escuelas atendidas anteriormente:

\_\_\_\_\_

\_\_\_\_\_

Por favor indique si el estudiante está: Sin hogar  Youth On Their Own (YOTO)  Otro: \_\_\_\_\_

¿Está el estudiante actualmente empleado? Si  No  ¿Dónde trabaja? \_\_\_\_\_ Horas: \_\_\_\_\_

Firma del Padre / Tutor: \_\_\_\_\_

**SÓLO PARA USO OFICIAL:**

SAIS ID: \_\_\_\_\_ Entered in PowerSchool: \_\_\_\_\_ Entry Code: \_\_\_\_\_ Start Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### Student Contact Information / Información de contacto del estudiante

Legal Last Name / Apellido Legal:	Legal First Name / Nombre:	Grade / Grado: [ ] 9 <sup>th</sup> [ ] 10 <sup>th</sup> [ ] 11 <sup>th</sup> [ ] 12 <sup>th</sup>
Emergency Contacts in Order of Priority / Contactos de emergencia:		Phone Number / Número de teléfono:
Emergency Contact Name (Last, First) #1: _____ Relationship: _____		Number: _____ Sign Out: <input type="checkbox"/> Yes <input type="checkbox"/> No ¿Puede firmar la salida? Si <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact Name (Last, First) #2: _____ Relationship: _____		Number: _____ Sign Out: <input type="checkbox"/> Yes <input type="checkbox"/> No ¿Puede firmar la salida? Si <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact Name (Last, First) #3: _____ Relationship: _____		Number: _____ Sign Out: <input type="checkbox"/> Yes <input type="checkbox"/> No ¿Puede firmar la salida? Si <input type="checkbox"/> No <input type="checkbox"/>
List anyone not allowed to contact the student: Apunte a cualquier persona que no pueda contactar al estudiante:		
Name/Nombre: _____		Relationship/Relación: _____
Name/Nombre: _____		Relationship/Relación: _____
Name/Nombre: _____		Relationship/Relación: _____

### Military Student Identifier Information

#### Información sobre el identificador de estudiantes militares

1. Is the student a dependent of a member of the United States military service in the **Active-Duty** Army, Navy, Air Force, Marine Corps, or Coast Guard? *¿Es el estudiante dependiente de un miembro del servicio militar de los Estados Unidos en el Ejército, la Armada, las Fuerzas Aéreas, el Cuerpo de Marines o la Guardia*

Costera en servicio activo?

YES/SI      NO      REFUSE TO ANSWER/ SE NIEGA A RESPONDER

2. Is the student a dependent of a fulltime member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)? *¿Es el estudiante dependiente de un miembro a tiempo completo de la Guardia Nacional o de la Reserva de las Fuerzas Armadas de los Estados Unidos (Ejército, Marina, Cuerpo de Marines o Fuerzas Aéreas)?*

YES/SI      NO      REFUSE TO ANSWER/ SE NIEGA A RESPONDER

3. Is the student a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)? *¿Es el estudiante dependiente de un miembro de la Guardia Nacional o de la Reserva de las Fuerzas Armadas de los Estados Unidos (Ejército, Marina, Cuerpo de Marines o Fuerzas Aéreas)?*

YES/SI      NO      REFUSE TO ANSWER/ SE NIEGA A RESPONDER

**ACE Charter High School  
Health Information**

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

**DOB:** \_\_\_\_\_

Check here if your child DOES NOT have any health issues (sign at the bottom)

**HEALTH CONCERNS/HEALTH HISTORY:**

My child has a LIFE-THREATENING health condition\*: \_\_\_\_\_

- If your child has health concerns please check all current health conditions below (and fill in all applicable blanks). Parent/Guardian is responsible for notifying the school of new or existing health concerns and for providing the school with any medication or equipment that the student will require during the school day.
- Please contact the office manager to discuss your child's needs.

**ALLERGIES**

Seasonal    Medication Allergies: \_\_\_\_\_    Bee    Insect: \_\_\_\_\_

Food: \_\_\_\_\_    Other: \_\_\_\_\_

Reaction:    Anaphylaxis    Local Swelling    Hives/Rash    Other: \_\_\_\_\_

Treatment:    \*EpiPen\* requires action plan/permit    Other: \_\_\_\_\_

\*Needs medication at school\* requires action plan/permit

**ASTHMA**

Treatment:    \*Carries inhaler (permit required)    Other: \_\_\_\_\_

My child was diagnosed with asthma but no longer uses an inhaler

**DIABETES**

\*Type I (takes insulin)    Insulin Pump    Pen    Syringe

Type II (diet/exercise/medication controlled)    My child is independent in diabetic care

My child needs help with: \_\_\_\_\_

**EMOTIONAL/BEHAVIORAL/PSYCHOLOGICAL/DEVELOPMENTAL**

ADD    ADHD    Anxiety    Asperger's    Autism    Bipolar    Depression    Developmental Delay    Mood Disorder

OCD    ODD    Post Traumatic Stress Disorder    Schizophrenia

Other: \_\_\_\_\_

**SEIZURES\*** (please contact the school office manager to discuss your child's seizures and the need for a seizure action plan)



**OTHER MEDICAL ISSUES** (if you check any provided)

- Activity Restriction     Bowel/Bladder     Migraines     Skin Condition
- Birth Defect     Cancer     Concussion     Bleeding Special Diet
- Cerebral Palsy     Endocrine     Hypertension     Physical Disability
- Other: \_\_\_\_\_

conditions below please explain in space

- Chromosome/Genetic     Gastrointestinal     Disorder     Heart Condition     Neurological

**HEARING/VISION**

- Known hearing loss (explain):
- Hearing Aid     Glasses/Contacts
- Other: \_\_\_\_\_

**MEDICATION\*** (obtain medication permit from school Office Manager)

- Medication taken at home
- Medication to be given at school \* (permit required)

**It is the responsibility of the parent/guardian to notify the school if any changes occur in their child's health status.**



Parent/Guardian Name (Printed): \_\_\_\_\_

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

**State of Arizona  
Department of Education**

May 9<sup>th</sup>, 2017

In accordance with A.R.S. § 15-142 (Laws 2010, Chapter 302), Arizona school districts and charter schools are required to release pupil directory information, if the school district or charter school releases directory information, by October 31<sup>st</sup> of each year. The Arizona Department of Education is required to develop a model form to be provided to pupils to request that directory information not be provided pursuant to state and federal laws.

In accordance with federal law, if a school district or charter school makes directory information available for the purposes of informing students of available educational or occupational opportunities, the district or charter school must make the same information available to official military recruiters on the same basis, unless the student (if eligible), or the student's parents or guardian, requests that the information be withheld.

The Department of Education has determined that a school district or charter school operator that has adopted a student directory information policy and has made available to parents and students an opt-out

form, is in compliance with A.R.S. § charter schools that have not, the below with statutory requirements.



15-142. For those school districts and form is available for your use in complying

Should you have any questions regarding this requirement, please contact Alezis Susdorf with the ADE Policy Department and Government Relations Division, at [Alexis.Susdorf@azed.gov](mailto:Alexis.Susdorf@azed.gov), or contact by phone at (602) 542-3309.

Arizona Department of Education  
1535 W. Jefferson  
Phoenix, AZ 85007

**State of Arizona  
Department of Education**

**Student Directory Information Release Form**

During the school year, school district or charter school staff members may compile non-confidential student directory information specified below.

According to state and federal law, the below-designated directory information may be publicly released to the educational, occupational or military recruiting representatives without your permission. If the district governing board or charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter operator is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any



or all of the below-designated information must provide military recruiters, upon student.



in writing, then the district/charter operator request, directory information about the

If you do not want any or all of the son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the district/charter in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the principal within two (2) weeks of receiving this form, or October 31<sup>st</sup>, whichever occurs first. If the school district or charter school does not receive this form within the prescribed time, it will be assumed that your permission is given to release your son/daughter's designated directory information.

*(Please find form within the next page)*

Arizona Department of Education  
1535 W. Jefferson  
Phoenix, AZ 85007

**Please return to your child's School Administrator:**

- I **DO** consent to military release.
- I **DO NOT** consent to military release
- I **DO** consent to educational release.
- I **DO NOT** consent to educational release.

I **DO NOT** want any information I have indicated below, concerning my child, to be designated as directory information and released to any person or organization without my prior written consent:

- |   |   |
|---|---|
| <input type="checkbox"/> Name                       | <input type="checkbox"/> Enrollment Status (E.G. part time or full time)          |
| <input type="checkbox"/> Telephone Listing          | <input type="checkbox"/> Date and Place of Birth                                  |
| <input type="checkbox"/> Address                    | <input type="checkbox"/> Dates of Attendance                                      |
| <input type="checkbox"/> Electronic Mail Address    | <input type="checkbox"/> Weight and Height (members of athletic teams)            |
| <input type="checkbox"/> Photograph                 | <input type="checkbox"/> Most Recent Educational Agency or Institution Attended   |
| <input type="checkbox"/> Grade Level                | <input type="checkbox"/> Major Field of Study                                     |
| <input type="checkbox"/> Honors and Awards Received | <input type="checkbox"/> Participation in Officially Recognized Activities/Sports |



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

School Name: **ACE Charter High School**

Arizona Department of Education  
 1535 W. Jefferson  
 Phoenix, AZ 85007

**ACE Charter High School  
 STUDENT DIRECTORY INFORMATION RELEASE FORM**

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

**DIRECTORY INFORMATION**

According to state and federal law, the below-designated directory information may be publicly released to the educational, occupational or military recruiting representatives without your permission. If Tucson Youth Development schools permit the release of the designated directory information below to persons or organizations who inform students of educational or occupational opportunities, by law Tucson Youth Development schools are required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any or all of the designated information below in writing, then Tucson Youth Development schools must provide military recruiters, upon request, directory information about the student.

If you do not want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent.

**Please mark unless you direct otherwise by checking the box below:**

**I DO** RELEASE MY CHILD’S DIRECTORY/MEDIA INFORMATION. By selecting this option, I understand that my child’s name and/or photo **will** be published.

**I DO NOT** RELEASE MY CHILD’S DIRECTORY/MEDIA INFORMATION. By selecting this option, I understand that my child’s name and/or photo **will not** be published (to the press, general public or to third parties such as universities and colleges).

**REQUESTS BY MILITARY RECRUITERS**

**I DO** CONSENT TO MILITARY RELEASE

**I DO NOT** CONSENT TO MILITARY RELEASE

**FIELD TRIP CONSENT:**

**I DO** give consent to ACE Charter High School for my student to participate in school-sponsored trips during which transportation will be provided.

**I DO NOT** give consent to ACE Charter High School for my student to participate in school sponsored trips during which transportation will be provided.



\_\_\_\_\_  
(Parent/Guardian Signature)

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



**Arizona Department of Education  
Arizona Residency Guidelines  
REVISED 1/29/2018**

**INTRODUCTION:**

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education (“Department”) is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823, a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils.

The residency of a student is determined by the residency of the parent/guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable.

The Department may audit school to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency status may be required to repay the state aid received for that student.

### **VERIFIABLE DOCUMENTATION**

A.R.S. § 15-802(B) required school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.** For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten (10) days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.** 42 U.S.C. § 11 432(g)(3)(C)(i).

In general, students will fall into two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

1. **Parent(s) or legal guardian(s) that maintain his or her own residence:** the parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian's full name and residential address or physical description property where the student resides (no P.O. Boxes)<sup>1</sup>:

- Valid Arizona Driver's License, Arizona Identification Card
- Valid Arizona Motor Vehicle Registration
- Valid Arizona Address Confidentiality Program Authorization Card
- Property Deed
- Mortgage Documents
- Property Tax Bill
- Rental Agreement or Lease (including Section 8 agreement or off-base military housing)
- Utility Bill (water, electric, gas, cable, phone)
- 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 located in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families)

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** the parent or legal guardian must have an affidavit of shared residency form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the bulleted list bearing the name and address of the person who maintains the residence, A model affidavit of shared residence form is available for school at the end of this document.

### **USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS**

School officials must retain a copy of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS CONFIDENTIAL AND ONLY USED FOR EDUCATIONAL PURPOSES.**

### **ATTENDANCE AT ARIZONA SCHOOLS BY NON-RESIDENTS**

United States citizens that are not residents of Arizona may attend Arizona public schools upon payment of tuition pursuant to A.R.S. § 15-823(A). Tuition shall be set by the school pursuant to the formula set forth in A.R.S. § 15-824(E). Citizens of a foreign country that are not Arizona residents may attend public high schools in Arizona for up to 12 months upon payment of tuition if they abide by the requirements of federal immigration law. For more information regarding foreign students attending public high schools, see the guidance from the U.S. State Department at:

<https://travel.state.gov/content/visas/en/study-exchange/student/foreign-students-in-public-schools.html> Schools that want to enroll foreign student must obtain SEVP certification. For more information regarding SEVP certification, see the guidance at: <https://www.ice.gov/sevis/i17>

<sup>1</sup>For participants in the Arizona Address Confidentiality Program (“ACP”), an ACP Authorization Card may be accepted in lieu of documentation showing the residential address or property description where the student resides.



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

**Student School:** ACE Charter High School

**School District or Charter Holder:** Tucson Youth Development, Inc.

**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

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.



\_\_\_\_\_  
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.



**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 person(s) listed below reside with me at my residence, described as follows:

I 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
- \_\_\_ 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.
- \_\_\_ 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 \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_



**Departamento de Educación de Arizona  
Formulario de Documentación de Residencia en Arizona**

Nombre del Estudiante Nombre de Escuela \_\_\_\_\_

Distrito Escolar o Escuela Chárter \_\_\_\_\_

Padre/Tutor Legal:

Como el padre del estudiante o representante legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- Licencia de conducir válida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- Pasaporte válido de los EE. UU.
- Escritura inmobiliaria o documentos de hipoteca
- Recibo de pago de impuestos sobre la propiedad
- Contrato de renta de casa/residencia
- Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- Factura de tarjeta de crédito o de banco
- Copia de la forma W-2 sobre declaración de ingresos
- Talón del cheque de paga
- Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
- Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

\_\_\_\_\_  
Firma del padre/tutor legal Fecha



**Estado de Arizona**



## Declaración Jurada de Residencia Compartida

Juro o afirmo soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, se describe de la siguiente manera:

Las personas que viven con migo: \_\_\_\_\_

Ubicación de mi residencia: \_\_\_\_\_

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad. Licencia de conducir válida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo

- Pasaporte válido de los EE. UU.
- Escritura inmobiliaria o documentos de hipoteca
- Recibo de pago de impuestos sobre la propiedad
- Contrato de renta de casa/residencia
- Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- Factura de tarjeta de crédito o de banco
- Copia de la forma W-2 sobre declaración de ingresos
- Talón del cheque de paga
- Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
- Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Nombre impreso del declarante: \_\_\_\_\_

Firma del declarante: \_\_\_\_\_

### Acknowledgement

Estado de Arizona Condado de Pima: \_\_\_\_\_

Lo anterior fue reconocido ante me este \_\_\_\_\_ día de \_\_\_\_\_, 20\_\_\_\_,  
Por \_\_\_\_\_.

\_\_\_\_\_  
(Notario Publico)

Mi comisión se vence: \_\_\_\_\_

**ACE Charter High School**  
**STUDENT DIRECTORY INFORMATION RELEASE FORM**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Month Day Year

Address: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Check the box that best describes with whom the student resides:

Parent(s) / Legal Guardian(s) \_\_\_\_\_  
Legal Guardianship may be granted only by a court

CPS / Foster Care / Group Home \_\_\_\_\_

Caregiver(s) who are not legal guardian(s) \_\_\_\_\_  
Examples: friends, relatives, parents of friends, etc.

Unaccompanied Youth \_\_\_\_\_  
An unaccompanied homeless youth who meets the definition of homeless and also is not in the physical custody of a parent or guardian.  
Youth who are eligible under McKinney-Vento must be enrolled immediately.

**Check one box that best describes student's living situation:**

Own, rent or lease home or apartment; or live in Section 8 housing; or in military housing and my home has electricity and running water.

**»If you have checked the box above, STOP. You have completed the form.  
Please sign below.**

In the home of a friend or relative because I lost my housing due to fire, flood, lost job, divorce, domestic violence, unsafe environment, or other \_\_\_\_\_

In a shelter because I do not have permanent housing (living in a family emergency shelter, domestic violence shelter, children/youth shelter, other \_\_\_\_\_

In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization).

In a hotel or motel (because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, or other natural disaster).

In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location.

My home has no electricity and/or no running water.

None of the above describes my present living situation.

Briefly describe your situation: \_\_\_\_\_

This form will better assist ACE Charter High School in ensuring students and families receive the services for which they are eligible. The information on this form is also required by law to comply with the McKinney-Vento Act 42 U.S.C. 11434a (2), which is also known as Title X, Part C, of the No Child Left Behind Act. NOTE: Presenting a false record or falsifying records is an offense, and enrollment of the student under false documents subjects the person to liability tuition or other costs.

(ARS Section 13-2704 and Section 39-161).

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey  
(Effective April, 4<sup>th</sup>, 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 site.  
In SAIS, please indicate the student's home or primary language.

**ACE Charter High School  
Suspensions, Expulsions, and Legal Status**

- We (Parent/Guardian and student) hereby certify that our son/daughter has NOT been suspended or expelled from another high school.
- We (Parent/Guardian and student) hereby certify that our son/daughter is NOT in the process of being suspended or expelled from another high school.
- We (Parent/Guardian and student) hereby certify that our son/daughter is currently NOT in probation/parole.

If on probation/parole, complete the following:

Probation/Parole Officer's Name: \_\_\_\_\_

Probation/Parole Officer's Phone Number: \_\_\_\_\_

If on probation/parole, I (Parent/Guardian) give permission for ACE Charter High School to release school information to the probation/parole officer:

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Welcome Letter

The Parent Advisor Council would like to welcome you to ACE Charter High School. We believe you have made a choice to help your son/daughter become more successful in attaining high school graduation by enrolling at our site.

ACE Charter High School has highly qualified teachers. Teachers that teach to state standards, have high expectations and assist students in small classroom settings. Because much of the work is self-paced, we encourage you to check frequently with both your son/daughter AND the staff in order to monitor progress. You know your son/daughter's educational history and should share with the teachers in order to establish a pattern of success.

We would like you to join us in promoting a parent/guardian and school partnership for the development and education of our children. We believe parental involvement and support are critical to our children's success.

Please complete the attached sheet during your orientation session.

Thank you.  
Members of the Parent Advisory Council

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Please tear off and leave at school during registration.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**Check as many as you wish:**

I am interested in being part of the Parent/Guardian Advisory Council

Sure, I will attend at least two Parent/Guardian activities this year

I will help with cultural activities, school fairs, potlucks and other get together(s) which will benefit our students.

I'm not sure just what I can do, but I will do whatever I can to help my son/daughter be successful and graduate.

I would like to be connected regarding any special activities/meetings.

The best way to contact me is via phone \_\_\_\_\_ email \_\_\_\_\_

## **Carta De Bienvenida**

El Consul de Consejo de Padres desea darles la bienvenida a ACE Charter High School. Creemos que ha tomado la decisión de ayudar a su hijo a tener más éxito en la graduación de la escuela secundaria inscribiéndose en nuestro sitio.

ACE Charter High School tiene maestros altamente calificados. Los maestros enseñan a los estándares del estado, tienen altas expectativas y ayudan a los estudiantes en entornos de aulas pequeñas. Debido a que gran parte del trabajo se realiza a su propio tiempo, lo alentamos a que consulte con frecuencia con su hijo / hija Y con la escuela para monitorear el progreso. Usted conoce el historial educativo de su hijo / hija y debe compartirlo con los maestros para establecer un patrón de éxito.

Nos gustaría que se una a nosotros para promover una asociación de padres / guardianes y la escuela para el desarrollo y la educación de nuestros niños. Creemos que la participación y el apoyo de los padres son fundamentales para el éxito de nuestros hijos.

Por favor complete el formulario que se encuentra debajo durante la sesión de orientación.

Muchas Gracias,  
Miembros del Consul de Consejo de Padres

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Favor de cortar y edjar en la escuela durante el registro.

Nombre de Estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre del Padre/Guardian: \_\_\_\_\_ Fecha: \_\_\_\_\_

Numero de Telefono #: \_\_\_\_\_ Correo Electronico: \_\_\_\_\_

Empleo: \_\_\_\_\_

### **Marque todas las requeridas:**

Estoy interesado en ser parte del Consul de Consejo de Padres

Seguro, asistiré al menos a dos actividades este año

\_\_\_ Ayudaré con actividades culturales, ferias escolares, comidas compartidas y otros encuentros que beneficiarán a nuestros estudiantes.

\_\_\_ Me gustaría estar relacionado con cualquier actividad / reunión especial.

## SCHOOL RECORDS DESIGNATION OF DIRECTORY INFORMATION

### ACE Charter High School

1929 N. Stone Avenue  
Tucson, AZ 85705

Phone (520) 628-8316 Fax (520) 628-2820

### YouthWorks Charter High School

1915 E. 36<sup>th</sup> Street  
Tucson, AZ 85713

Phone (520) 495-4113 Fax (520) 628-2820

Email: [records@acehs.org](mailto:records@acehs.org)

## RELEASE FORM

DATE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

MATRIC #: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

PROGRAM REQUESTING RECORDS: \_\_\_\_\_

I, \_\_\_\_\_ authorize the release of the following records to the program indicated above.

Student Signature

Parent/Guardian Signature

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Date