



2023-2024 SCHOOL YEAR

Enrollment Packet

The following is a list of information required by Compass High School at the time of enrollment:

- ☞ Completed CHS enrollment packet.
- ☞ Withdraw slip from previous school.
- ☞ Copies of student's immunization records or a signed exemption form. The attached is a list of immunizations that are required by the Pima County Health Department.
- ☞ Signed Student Conduct Policy Contract, found in the back portion of the Student Handbook.
- ☞ Reliable proof of students identity and age (any of the following):
 - A copy of student's birth certificate.
 - Student's baptismal certificate.
 - An application for a social security number.
 - Original school registration records with an affidavit explaining the inability to provide a copy of birth certificate.
 - A letter from the authorized representative of an agency having custody of the student pursuant to A.R.S., Title 8, Chapter 2 certifying that the student has been placed in the custody of the agency as prescribed by law. (A.R.S. § 15-828(A))

Please note: The student is not officially enrolled until we have received all of this information.

Thank you,
Compass High School



Entry Code: _____

Start Date: _____

Date of Data Entry: _____

2023-2024 SCHOOL YEAR Annual Enrollment Form

How did you hear about us? Please check all that apply. Facebook Instagram
 Friend/Family Web Search Other

Student Data

Student Name: _____ Home #: _____
 (Last) (First) (M.I.) Cell #: _____
 Physical Address: _____ S.S. #: _____
 _____ Preferred Pronouns: _____
 (City) (State) (ZIP) Gender: Male Female
 Mailing Address: _____ Birthdate: _____
 _____ Birthplace: _____
 (City) (State) (City) (State)

Race/Ethnic Background (Circle One): Caucasian (White) Hispanic Pacific Islander/Asian
 ¼ Tribal Indian or more Native American African American Other: __

Last School Attended: _____ Date Withdrawn: _____
 City/State/Zip: _____ Grade: _____
 Year you started as a freshman in High School? _____
 Student has an IEP? Yes No If yes, for what reason:
 Student has a 504? Yes No If yes, for what reason:
 Student a Foster Child? Yes No

To enable us to plan best for your student's educational needs, please indicate if he or she has ever been evaluated for special education services, has a psych educational evaluation, had an IEP, received special education services, had a 504 plan, or needed special tutoring. This is for planning purposes only and will not affect your child's registration at this school.

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1),(2)(a-c):

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? _____

Parent / Guardian Contact Information

1. Name: _____ Relationship: _____
 Address: _____ City/State: _____ Zip: _____
 Home #: _____ Work #: _____ Cell #: _____
 Employer: _____ Custody: Yes _____ No _____
 Military: Yes ___ No

2. Name: _____ Relationship: _____
 Address: _____ City/State: _____ Zip: _____
 Home #: _____ Work #: _____ Cell #: _____
 Employer: _____ Custody: Yes _____ No _____
 Military: Yes ___ No

If there is a Divorce or Legal Separation, please provide custody papers



Emergency Medical Form

Please list an emergency contact if parents cannot be reached

Emergency Contact:

Name: _____

Phone #: _____

Relationship: _____

Emergency Contact:

Name: _____

Phone #: _____

Relationship: _____

Emergency Contact:

Name: _____

Phone #: _____

Relationship: _____

Learning options (please pick one)

_____ In-person Morning Session (8:00am-12:20pm)

_____ In-person Afternoon Session (12:30pm-4:50pm)

_____ Online

_____ MBL (Mastery Based Learning-Packets)

_____ Hybrid (MBL/In-person or Online/In-person)

Family Physician: _____ Phone #: _____

At administrative discretion, may the student take?

Antacid: Yes____ No____

Acetaminophen (non-aspirin): Yes____ No____

IN THE EVENT the student named above should be injured or stricken ill, be it known that I, the undersigned parent or guardian of the said student, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, or care to said student as, in the judgment of said doctor or hospital, may be required, on an EMERGENCY BASIS.

IT IS FURTHER understood that any expenses incurred will be paid by insurance and/or the said parent/guardian of the student. Payment of the expense is not a school responsibility.

Parent/Guardian Signature: _____ Date: _____



2023-2024 School Year

Compass High School
Student Health Record

Student's Name: _____ DOB: _____

Address _____ City _____ State _____ Zip _____ Home Phone _____

Has your child ever had any of the following? If "Yes" please give the child's age at the time.

	Age	Yes	No		Age	Yes	No
Allergies	_____	_____	_____	High Blood Pressure	_____	_____	_____
Anemia	_____	_____	_____	Kidney Infection	_____	_____	_____
Arthritis	_____	_____	_____	Migraines	_____	_____	_____
Pneumonia	_____	_____	_____	Mumps	_____	_____	_____
Asthma	_____	_____	_____	Rheumatic Fever	_____	_____	_____
Bleeding Disorder	_____	_____	_____	Scarlet Fever	_____	_____	_____
Birth Trauma	_____	_____	_____	Scalatina	_____	_____	_____
Cerebral Palsy	_____	_____	_____	Seizures	_____	_____	_____
Chicken Pox	_____	_____	_____	Scoliosis/Curvature	_____	_____	_____
Cystic Fibrosis	_____	_____	_____	Skin Conditions	_____	_____	_____
Dev. Delays	_____	_____	_____	Strep Throat	_____	_____	_____
Diabetes	_____	_____	_____	Tonsillitis	_____	_____	_____
Epileptic Seizures	_____	_____	_____	Sickle Cell Anemia	_____	_____	_____
Frequent Colds	_____	_____	_____	Urinary Infections	_____	_____	_____
Freq. Sore Throats	_____	_____	_____	Vision Problems	_____	_____	_____
				Other	_____	_____	_____

Has your child ever had?

	Age	Yes	No		Age	Yes	No
Serious accident or injury	_____	_____	_____	Surgery	_____	_____	_____
Vision Difficulties	_____	_____	_____	Tubes in his/her ears	_____	_____	_____
Hearing Aides	_____	_____	_____	Dietary Restrictions	_____	_____	_____
Emotional Problems	_____	_____	_____	Hearing Difficulties	_____	_____	_____
Other Learning Disabilities	_____	_____	_____	Attention Deficit Disorder	_____	_____	_____

Is your child currently:

Receiving medical attention Yes _____ No _____

Restricted from physical education, sports, etc. _____

Month/Year of last physical: _____ / _____ Type: _____

Activity Restrictions: _____

Please list the medications you child currently takes: _____

If you answered "Yes" to any of the above, please explain: _____

Signature of Parent/Guardian: _____	Date: _____
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State of Arizona
Department of Education

Office of English Language Acquisition Services



**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ 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 indicate the student's home or primary language.



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.



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NOTE: Completing this form helps us maintain our Title I status. Personal information is never distributed to third parties.

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following **FY 2023** Income Guidelines for determining eligibility information for the 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 and 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 you family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>

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 of LEA and kept on file for a period of 5 years.

ESEA Eligibility Guidelines
Effective from July 1, 2022 to June 30, 2023

Household Size	Indicator 1					Indicator 2				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$17,667	\$1,473	\$737	\$680	\$340	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$23,803	\$1,984	\$992	\$916	\$458	\$42,606	\$2,823	\$1,412	\$1,303	\$652
3	\$29,939	\$2,495	\$1,248	\$1,152	\$576	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$36,075	\$3,007	\$1,504	\$1,388	\$694	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$42,211	\$3,518	\$1,759	\$1,624	\$812	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$48,347	\$4,029	\$2,015	\$1,860	\$930	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$54,483	\$4,541	\$2,271	\$2,096	\$1,048	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$60,619	\$5,052	\$2,526	\$2,332	\$1,166	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
Each additional Member Add:	\$6,136	\$512	\$256	\$236	\$118	\$8,732	\$728	\$364	\$336	\$168



COMPASS HIGH SCHOOL STUDENTS ARE GOING PLACES!

Field Trip and Other Activities Permission and Waiver of Liability Agreement

Compass High School students will be participating in academic and other extra-curricular activities during the **2023/2024** school year. Compass High School, Inc. may provide transportation, employees or other volunteers may provide transportation or students themselves may provide transportation to these destinations.

Your signature below is your authorization for your student to participate and your agreement to waive any and all liability of Compass High School, Inc. and/or its employees that may arise from your student's participation in such field trips or other activities. This signed waiver agreement and authorization must be on file at Compass High School, Inc. before your student can participate.

Students unwilling to follow rules set by the teacher and/or teachers will not be allowed to participate in field trips and other activities. Students must be in good standing in regard to compliance with rules of current attendance, behavior and academic performance to participate in field trips and other activities.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Policy Number: _____
(Please submit a copy of your insurance card)

IMPORTANT: Do not sign until you read this document. (Your signature is your Authorization for participation and your agreement to waive any and all liability of Compass High School, Inc., and/or its employees.)



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Photo Release Permission Form

As a parent of guardian of this student, I hereby consent to the use of photography/videotape taken during the course of the school year for publicity, security, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Parent/Student Signature: _____ Date: _____
Student's Name: _____

Student Directory Information for Colleges, Military and Potential Employers

In accordance with my rights as an eligible student under the federal Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g, also known as FERPA, **I hereby request that CHS not release directory information about me from my education record(s) without my specific written consent**, as indicated below.

I understand that directory information includes: My Full Name, My Addresses (e.g., Local, Home, Mailing and e-mail), My Dates of Attendance, My Local Telephone Number, My Date of Birth, My Academic Level.

- Option 1: Withhold None of My Directory Information
- Option 2: Withhold All of My Directory Information: Colleges, Military and Potential Employers



2023-2024 SCHOOL YEAR

Compass High School – Arizona Distance Learning

McKinney Vento Eligibility Questionnaire

The purpose of this form is to identify and support students who may be eligible to receive services under the McKinney-Vento Homeless Act 42 U.S.C. 11435. The eligibility information on this form is confidential and should be reviewed and re-evaluated every school year. More information can be found at <http://www.azed.gov/populations-projects/home/homeless/>

If you have any questions or concerns, please contact the school McKinney-Vento Liaison: [Priscilla Arriola 520-296-4070](mailto:Priscilla.Arriola@azed.gov)

Student Name _____

Date of Birth _____ Grade Level _____

Sex _____

Residential Address _____

Question #1 Does the student lack a fixed, regular, or adequate nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><u>Fixed</u> – stationary, permanent, and not subject to change <u>Regular</u> – used on a regular (i.e. nightly) basis <u>Adequate</u> – sufficient for meeting both the physical and psychological needs typically met in the home environments</p>

Question #2 Does the student fall into one or more of the following categories? (Check all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No		
The student's current living situation is temporary AND due to hardship	The student's current living situation is substandard or considered inadequate within the context	The student is considered an Unaccompanied youth
<input type="checkbox"/> In a shelter	<input type="checkbox"/> In a place not designated for ordinary sleeping accommodations such as a car, park, campsite, or public space, or abandoned building	<input type="checkbox"/> The student does not reside in the physical custody of a parent or legal guardian (No CPS/DCS involvement)
<input type="checkbox"/> In transitional housing	<input type="checkbox"/> Housing without electricity, running water, cooling/heating, indoor plumbing, etc.	<input type="checkbox"/> The student is temporarily housed in a group home of foster home while awaiting foster care placement
<input type="checkbox"/> In a motel/hotel		<input type="checkbox"/> The student was initially removed from the home and placed in foster/kinship care during this school year
<input type="checkbox"/> Temporarily living with family or friends due to financial problems or loss of housing		
<input type="checkbox"/> Moving from place to place due to lack of permanent, adequate housing		

If you marked "YES" for both Question #1 and Question #2, your student MAY be eligible for McKinney Vento services. Eligibility is determined on a case-by-case basis. Please contact the school McKinney-Vento Liaison with any questions or concerns regarding the rights of homeless students including immediate enrollment, school selection, transportation, or participation in school programs.

Please sign below to confirm that the information on this form is accurate and complete:

Signature _____

Date _____



2023-2024 SCHOOL YEAR

Cardiopulmonary Resuscitation (CPR) Instruction

Student Name: _____

Pursuant to Arizona Revised Statute 15-718.01 all students in public schools must be offered the opportunity to receive the most current national evidence-based emergency cardiovascular care guidelines for cardiopulmonary resuscitation (CPR). Compass High School will offer CPR training to its students. Students who participate in the CPR training will not receive any CPR certification. The CPR training is required for graduation.

Acknowledgement

I hereby acknowledge that, pursuant to Arizona Revised Statute 15-718.01, Compass High School is offering CPR training to its students. I understand that participation in such training is required for graduation. I further understand that participation in such training will not lead to CPR certification.

If a parent/guardian desires for his or her student to “Opt Out” of the CPR instruction provided by the school district it must be documented in writing with parent/guardian signature and should be kept on file by the student’s school district.

By signing this, I state that I have read the above statement and understand that I am opting my student out of the CPR instruction provided by the school district.

Parent/Legal Guardian Signature

Date