



Liberty High School

A Community Learning Center
"Where every student counts!"

1300 Cedar St
Globe, AZ 85501

Phone: (928) 402-8024

Fax: (928) 402-8358

www.liberty-high.net

Home of the "Silverbacks!"

ENROLLMENT & REGISTRATION PACKET

Liberty High School is an alternative public charter school with open enrollment policies in accordance with A.R.S. § 15-184. An enrollment form and Arizona proof of residency form which shows a list of approved documents is required at the time of enrollment.

Liberty does not discriminate in its admissions or enrollment practices on the basis of race, ethnicity, national origin, age, religion, gender, income level, disability, English proficiency, or athletic ability. Liberty High School may refuse to admit any student who has been expelled from another educational institution or who is in the process of being expelled from another educational institution. After enrollment is confirmed, the documents listed below will be requested.

_____ Records Request Form (Transcripts needed for course placement & schedule)

_____ Birth Certificate — (certified or other proof; baptismal, affidavit, agency)

_____ Immunization Records — (copy)

_____ Home Language Survey – PHLOTE

_____ ESEA (Elementary Secondary Education Act) Eligibility Forms (optional)

_____ Parent Permissions (movies & medication)

_____ Any Necessary Court Documents

Thank you for assisting us in our efforts, and if you have any questions, please call our school office at (928) 402-8024.

REGISTRATION FORM

ENROLLMENT DATE: ____ / ____ / ____ GRADE: ____ Student Email: _____

STUDENT INFORMATION:

(Last Name) (First) (Middle)

Other Names: _____
/ /

ETHNICITY: _____

AGE AS OF Sept 1st _____ M _____ F _____

Hospital Copy _____ Baptismal _____

Birth Date: _____ Birth Place: _____ (City) (State)

Birth Certificate No. (ARS 15-828) _____

Social Security #: _____

RESIDENCE: (Street) (City) (Home Phone No.) **MAILING ADDRESS:** (City) (Zip)

Tribal Affiliation (where applicable): _____

IN ACCORDANCE WITH (ARS 15-754 R7-2-306):

What is the language most often spoken in your home? _____

What was the first language your child learned to speak? _____

What is the language most often spoken by your child? _____

FAMILY DATA:	YES	NO	YES	NO	YES	NO	YES	NO		
Parents Married?	_____	_____	Separated	_____	Father Living	_____	_____	Remarried	_____	_____
Living together?	_____	_____	Divorced	_____	Mother Living	_____	_____	Remarried	_____	_____
Active Military	_____	_____	1 Parent/Guardian	_____	Both Parents/Guardians	_____	_____		_____	_____

FATHER BIRTH DATE: _____ BIRTH PLACE: _____ (City) (Zip)

FATHER'S Email: _____

FATHER'S OCCUPATION EMPLOYER PHONE NO.

MOTHER BIRTH DATE: _____ BIRTH PLACE: _____ (City) (Zip)

MOTHER'S Email: _____

MOTHER'S OCCUPATION EMPLOYER PHONE NO.

STUDENT LIVES WITH: _____

PLEASE LIST BROTHERS AND SISTERS (School Age Only):

(Last Name) (First) (Birth Date) (Grade) **STUDENT'S MARITAL STATUS:** _____

SPOUSE'S NAME: _____

OCCUPATION: _____

WORK NUMBER: _____

EMERGENCY INFORMATION: FAMILY DOCTOR _____ PHONE NO. _____

SPECIAL HEALTH PROBLEMS: _____

PERSONS TO CALL WHEN YOU ARE NOT AVAILABLE:

1. _____ RELATIONSHIP _____ PHONE NO. _____

2. _____ RELATIONSHIP _____ PHONE NO. _____

SCHOOL HISTORY:

SCHOOL LAST ATTENDED PHONE MAILING ADDRESS: (City) (State) (Zip)

GRADE: _____ FROM/TO: (Dates) _____ SPECIAL PROGRAMS ATTENDED _____

(i.e. Gifted, Special Education, Chapter 1, 504, Other)

SIGNATURE OF PARENT/GUARDIAN

DATE



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AUTHORIZATION FOR RELEASE/REQUEST FOR EDUCATION RECORDS

Name of Student: _____

Date of Request: _____ Birthdate: _____

I hereby authorize (Name of School{s} or Facility{s})

To release to **LIBERTY HIGH SCHOOL**

Any and all confidential education related information concerning:

_____ Education
(Faxed Unofficial Transcript)

_____ Medical/Health Records

_____ OFFICIAL TRANSCRIPT
(Sealed and sent Mail)

_____ Speech/Language

_____ Test Results
(both Front & Back)

_____ Birth Certificate (Copy)

_____ Comprehensive Education

_____ Individual Education Program
(IEP, MET, Eval, & Eligibility)

_____ Social/Behavior

_____ Progress Grades

Thank you for your response to this request.

Requesting Party's Signature

- No information requested or received will be transferred to a third party without written parental permission, signature of student of legal age, or proof of proper authority of the requesting party as abiding by ARS 15-828.



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)



State of Arizona
Affidavit of Shared Residence

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
- ___ Valid U.S. passport
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
- ___ 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

Printed Name of Affiant: _____ Signature of Affiant: _____

The physical residence is still the same location as it was during the previous registration. No Changes have been made since then.

Acknowledgement

State of Arizona; County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____,

By _____.

My Commission Expires: _____

Notary Public

ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2023 Income Guidelines for determining eligibility information for federal funding associated with programs funded under Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached ESEA (Title I) Income Eligibility Guidelines schedule? If so, please check the appropriate box. Otherwise check NOT ELIGIBLE.

INDICATOR 1

INDICATOR 2

NOT ELIGIBLE

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:

<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 Signature

Date

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

ADE REVISED: May 2021

ESEA (Title I) INCOME Eligibility GUIDELINES

July 1, 2022- June 30, 2023

<u>Income Eligibility 1</u>						<u>Income Eligibility 2</u>					
HOW OFTEN INCOME WAS RECEIVED						HOW OFTEN INCOME WAS RECEIVED					
Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly	Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	17,667	1,473	737	680	340	1	25,142	2,096	1,048	967	484
2	23,803	1,984	992	916	458	2	33,874	2,823	1,412	1,303	652
3	29,939	2,495	1,248	1,152	576	3	42,606	3,551	1,776	1,639	820
4	36,075	3,007	1,504	1,388	694	4	51,338	4,279	2,140	1,975	988
5	42,211	3,518	1,759	1,624	812	5	60,070	5,006	2,503	2,311	1,156
6	48,347	4,029	2,015	1,860	930	6	68,802	5,734	2,867	2,647	1,324
7	54,483	4,541	2,271	2,096	1,048	7	77,534	6,462	3,231	2,983	1,492
8	60,619	5,052	2,526	2,332	1,166	8	86,266	7,189	3,595	3,318	1,659
Each Additional Member Add:	+6,136	+512	+256	+236	+118	Each Additional Member Add:	+8,732	+728	+364	+336	+168

Note:

If all income is received on the same schedule
Example: alimony = \$100 / month & pension = \$300 / month
DO NOT use conversion factors

If family reports income sources from more than one schedule
Example: alimony = \$100 / month & pension = \$300 / week
Income MUST be converted to yearly.

Yearly Income = Monthly	x 12
Yearly Income = Twice Per Month (Bi-Monthly)	x 24
Yearly Income = Every Two Weeks (Bi-Weekly)	x 26
Yearly Income = Week	x 52

DO NOT round the values resulting from each conversion

Liberty High School - McKinney Vento

This questionnaire is intended to address the McKinney-Vento Act.

1. Presently, where is the student living? *Check one box:*

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) <p><u>CONTINUE:</u> <i>If you checked a box in Section A, complete #2 and the remainder of this form.</i></p>	<input type="checkbox"/> Choices in Section A do not apply <p><u>STOP:</u> <i>If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel.</i></p>

2. The student lives with:

- | | |
|---|--|
| <input type="radio"/> 1 parent
<input type="radio"/> 2 parents
<input type="radio"/> 1 parent & another adult | <input type="radio"/> a relative, friend(s) or other adult(s)
<input type="radio"/> alone with no adults
<input type="radio"/> an adult that is not the parent or the legal guardian |
|---|--|

School: _____

Name of Student _____ Male Female

Birth Date _____ / _____ / _____ Age: _____ Social Security# _____
 Month / Day / Year (optional)

Name of Parent(s)/Legal Guardian(s) _____

Address _____ ZIP: _____ Phone/Pager: _____

Signature of Parent/Legal Guardian _____ Date: _____

School Use Only - Campus Administrator's determination of Section A circumstances:

DRESS CODE

Clothing must not violate school policy as stated in the parent/student handbook.

Hats may not be worn in the buildings. They may be worn outside and décor must not violate “no tolerance” policies.

Bandanas may not be worn on any part of your person during school.

ANY kind of music device and/or cell phones are not permitted at school.

If you choose to wear hats or bandanas, or use ANY kind of music device, and/or cell phones, you will be asked to give it up. Refusal to do so will result in your items(s) being confiscated and must then be picked up by parents at their convenience.

I have read the understand the above statements.

Signature of Parent/Guardian

Date

Name of Student

Signature of Student

Date

Parent/Guardian **Pick-up** Permission

The following people **MAY**
pick my child up from school.

The following people **MAY NOT**
pick my child up from school.

Name

Relation

Name

Relation

Signature of Parent/Guardian

Date

Parent/Guardian Movie Permission

Permission is given for _____ to watch a movie containing PG13 and/or R Rated material as long as it is relevant to state academic standards.

Parent Signature

Date

I do not give permission and understand the student will be excused to another classroom.

Parent Signature

Date

Vandalism of School Property

Dear Parent or Guardian:

State statutes and district policies prohibit the misuse, abuse and vandalism of school buildings and equipment.

Parents are reminded that **they may be held liable** for such misuse, abuse and vandalism by their child. In the event that such prohibited action occurs and damage is done to school property, parents may have to provide restitution to the school. Penalties may be imposed on the student including, but not limited to, suspension and/or expulsion.

I have read the above and understand these statements.

Signature of Parent/Guardian

Date

Name of Student

Signature of Student

Date

Medication Permission Form

I hereby request and authorize the staff of Liberty High School to dispense or monitor the medications listed below for my child.

I, _____ agree to release Liberty High School, and all staff from any responsibly as a result of any problems arising from the administration of medications or treatments.

The following medication(s) may be given by Liberty High School:
(please initial where applicable)

___ Advil, 200mg

___ Hydrocortisone Cream

___ Tylenol 500mg

___ Benadryl Gel

___ Aspirin 325mg

___ Caladryl Lotion

___ Hall's Cough Drops

___ Other: Specify _____

___ **Doctor Prescribed Medication** (which must be left at the office and will be prescribed only as directed by the bottle's prescription).

I understand that medication will be administered for no more than 2 days. Should my student require any more medication, I accept that the school will contact me and ask for verbal permission, at the time, and provide written permission for the student's file for later reference.

Signature of Parent/Guardian

Date

Name of Student

If your child experiences ANY side effects or allergic reactions from any medications or dressing (i.e. Band Aids, etc.) please specify below.

Liberty High School Permissions & Acknowledgements

Electronic/Print Media

Because of the intense interest in public education, print and electronic media sometimes request schools for stories about programs and current events. In accordance with such activities, district policy requires parental approval be obtained before the media may take close up pictures of students, or use a student's photo and name in non-school publications. Please authorize by initially on the line that you allow your child to be interviewed and photographed by the print/electronic media. _____

World Wide Web & Internet Publishing

Liberty High School recognizes the limitless potential for research, information and communication provided by the internet and the World Wide Web. Therefore, we encourage the creation of our school website pages for publication on the internet. However, all Web publications are subject to the following terms:

- Student work may be published only as it relates to a curricular subject or school activity.
- All Web page documents may include only student's first names
- No names may be associated with pictures

Liberty High School Handbook & Online Learning Student/Parent Acknowledgement

I have read the Liberty High School Online Learning Policies and agree to abide by these policies as outlined in the handbook as well as all information contained in the Liberty High School Student & Parent Handbook.

Student's Printed Name: _____

Student Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____