

MIYA



Home of the Legend!

HIGH SCHOOL

RETURNING STUDENT

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• THE LEONA GROUP, L.L.C. • *A new kind of public school* •
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MAYA HIGH SCHOOL

S AIS ID: _____

Enrollment Form for 2011-2012

*For re-enrollment within 2011-2012

Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Current Age: _____ Date of Birth: _____ Month: _____ Day: _____ Year: _____

Gender: Female Male Have you ever attended this school? Yes No

Race: American Indian/Alaskan Native Native Hawaiian or Pacific Islander Is Ethnicity Hispanic or Latino? (Circle) Yes No

Asian White

Black or African American

School year student was first a freshman? 2011-2012 2010-2011 2009-2010 2008-2009 Before 2008

Is the student pending expulsion or long term suspension? YES NO

Last School Attended: _____ Last Date of Attendance: _____

Has the student ever been identified for and/or placed in a special education program? Yes No

If yes, does the student have a current IEP? (Please bring to enrollment interview) Yes No

Student's Place of Birth? City: _____ State: _____ Country: _____

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____ What is the language that the student first acquired? _____

Has the student attended school in the United States for more than 3 years? YES NO

Parent/Guardian Information

Primary/mailling contact

Last Name: _____ First Name: _____ Relationship to Student: _____

Mailing Address: _____ Apt/Lot Number: _____

City: _____ State: _____ Zip Code: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Student Email Address: _____

Lives with Contact? Yes No Has Legal Custody? Yes No OK to Pickup? Yes No Receives Report Cards Yes No

Secondary Contact

Last Name: _____ First Name: _____ Relationship to Student: _____

Mailing Address: _____ Apt/Lot Number: _____

City: _____ State: _____ Zip Code: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Work Phone: _____

Lives with Contact? Yes No Has Legal Custody? Yes No OK to Pickup? Yes No Receives Report Cards Yes No

Other Emergency Contact

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ OK to pick up? Y ___ N ___

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

Parent/Guardian Signature _____ Date _____

*As I re-enroll my student: _____, I acknowledge the information above has not changed and is still current. (Student name)

Parent/Guardian Signature _____ Date _____

Interpreted by _____ Date _____ Official Entry Date _____ Entry Code _____

Session: Morning Afternoon Night 2 3 4

Data Entered into System/checked by parent: _____ Date Entered into System/checked by: _____ Copy to SPED?

Maya High School

CONSENT FOR MEDICAL/DENTAL EMERGENCY TREATMENT AND MEDICAL INFORMATION

In the event of a medical emergency, we will attempt to contact the primary guardian first and then the secondary guardian, both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school.

STUDENT NAME: _____ **Date of Birth:** _____

Yes, I give permission for my child to receive emergency medical treatment by authorized pre-hospital personnel and members of the hospital staff, as may, in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference	
Medical Insurance Carrier	Policy #
Family Physician Name	Phone #
Dental Insurance Carrier	Policy #
Family Dentist Name	Phone #

Please use this space to explain any special procedures or requests:

No, I do not give permission for my child to receive emergency medical treatment.

Please use this space to explain any special procedures or request:

EMERGENCY CONTACT NAME AND PHONE NUMBER

Emergency Contact Name:

This person will be contacted only if the primary and secondary guardians are unavailable.

Emergency Contact Phone Number:

MEDICAL/ALLERGY INFORMATION

Please list any existing medical problems:

Please list any known allergies:

CONSENT FOR PRESCRIPTION MEDICATION

The office staff will dispense prescription medication provided it is in its original pharmaceutical container and accompanied by written dosage instructions from either their doctor or parent. Over the counter medication may be administered provided it is in its original unopened container with the child's name clearly marked on the outside and accompanied by written directions for administration either from a doctor or parent. The office does not carry over the counter medications in its first aid supplies.

I understand that if my student needs medication, prescription or anything other than the recommended dosage for over-the-counter medication, the following stipulations must be met:

1. Whether a prescription drug or an over-the-counter drug, the medication must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
2. The parent must provide signed and written directions to the school regarding medication to be administered.
3. All medications shall be kept in the school office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Legal Guardian Signature	Date
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Maya High Schedule
Student Attendance Policy

In order to receive credit for a course, a student must attend class each day and complete all work required at a level that is acceptable by the teacher. Attendance is mandatory! Arizona State law requires attendance 90% of the time to receive credit. If a student is absent on any day of the week, he or she is required to flex the time prior to that week ending. If a student does not flex the time within the same week of the absence, the absence will be considered a Permanent Absence. An absence not made up is considered a permanent absence. If a student is absent more than 10% of the time (4 or more Permanent absences at the end of the block), they will fail their class(es). These criteria meet the state requirements for class attendance/earned credit.

Student absences will be monitored by the teachers and administration for accountability. If a student misses 5 consecutive days of school he/she will be automatically withdrawn from school and must re-enroll. If an absence occurs, the parent/guardian must contact the school daily and explain the reason for missing classes. Maya High School administration will review the circumstances of an extended absence and determine eligibility for homebound status.

Print Student's Name _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Maya High School
The Leona Group Arizona
Student Residency Status
McKinney-Vento Eligibility Questionnaire**

Name of Student _____ Date: _____

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine services a student may be eligible for. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes _____ No _____
2. Is your temporary address due to loss of housing or economic hardship? Yes _____ No _____

If you answered "NO" to both of these questions you may stop here. Thank you.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home:

Name(s):	Name(s):
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

1. Where is this student presently living? (Check one box.)
 - Doubled up with relatives or friends
 - In a motel
 - In a shelter
 - Moving from place to place
 - In a place not considered traditional "housing" (campground, car, public place, etc.)
2. Do you also have pre-school children at home? Yes _____ No _____
3. Are you a high school student who is currently living on your own? Yes _____ No _____
Unaccompanied youth also qualify for services under this law.

Maya High School

STUDENT CALENDAR

2011-2012

BLOCK 1

Aug 1-5	Mon-Fri	Teacher In-Service	
Aug 8	Mon	First Day of Bk 1	
Sep 2	Friday	Mid-Term Grades Due	
Sep 5	Mon	Labor Day - NO SCHOOL	
Sep 16	Friday	Leona In-Service -NO SCHOOL	
Sep 22	Thur	Fall Open House	
Oct 6	Thur	Last Day of Bk 1	
Oct 10-14	Mon-Fri	Fall Break-NO SCHOOL	

BLOCK 2

Oct 17	Mon	First Day of Bk 2	
Oct 25-27	Tues-Thur	AIMS Testing	
Nov 10	Thur	Mid-Term Grades Due	
Nov 11	Friday	Veterans Day - NO SCHOOL	
Nov 24-25	Thur-Fri	Thanksgiving Holiday - NO SCHOOL	
Dec 15	Thur	Last Day of Bk 2	
Dec 19-30	Mon-Fri	Winter Break	

BLOCK 3

Jan 3	Tues	First Day Bk 3	
Jan 16	Mon	MLK Day-NO SCHOOL	
Feb 2	Thur	Mid-Term Grades Due	
Feb 16	Thur	Spring Open House	
Feb 20	Mon	President's Day-NO SCHOOL	
Feb 28-29	Tues-Wed	AIMS Testing	
Mar 8	Thur	Last Day Bk 3	

BLOCK 4

Mar 12-16	Mon-Fri	Spring Break-NO SCHOOL	
Mar 19	Mon	First Day of Bk 4	
Apr 10-11	Tues-Wed	AIMS Testing	
Apr 19	Thur	Mid-Term Grades Due	
May 23	Wed	Last Day of Bk 4	
May 24	Thurs	Graduation	

Daily Schedule

Morning (8:00 am-2:03 pm)	Evening (2:18 pm-8:14 pm)
8:00 - 9:50 First Period 9:53 - 11:43 Second Period 11:43 - 12:10 Lunch 12:13 - 2:03 Third Period	2:18 - 4:08 Fourth Period 4:11 - 6:01 Fifth Period 6:01 - 6:21 Dinner 6:24 - 8:14 Sixth Period