

# MIYA



*Home of the Japanese!*

# HIGH SCHOOL

3660 W. Glendale Avenue

Phoenix, AZ 85051

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• THE LEONA GROUP, LLC. • *A new kind of public school.*  
Accredited by North Central Association



**Maya High School**

Checklist For Completing Enrollment Packet

- Complete, sign and date Permission For Off Campus Activity
- Read, Sign and Date the Consent for School based Counseling Form
- Obtain copies or originals of the following:
  - State Certified Birth Certificate
  - Immunization Records
  - Social Security Card (optional)
  - Withdrawal Slip
  - Unofficial Transcripts
  - AIMS/TerraNova/AZELLA Scores
  - Discipline and Attendance Reports
  - 8<sup>th</sup> Grade Diploma or Certificate (if applicable)
  - Individual Education Plan (IEP) or 504 Plan (if applicable)
  - Copy of Custody Paper (if applicable)
- Complete and sign the Student Residency Status Form
- Complete and sign the Student Free and Reduced Price School Meals Application Form
- Read entire packet
- Complete, sign, and date Student Enrollment Form
- Complete the Ad Analysis Form
- Complete the Parent Volunteer Form
- Complete the Student Intent to Enroll Form
- Complete, sign and date Consent for Medical/Dental Emergency Treatment and Medical Information Form
- Keep the Graduation Requirements for 2011/2012
- Complete, sign, and date Home Language Survey (PHILOTE Form)
- Keep Explanation of Block Schedule, Inclusive Education Philosophy, Rights of Homeless Students and the School Calendar for your records
- Complete, sign, and date Student Agreement/Contract both student and parent/guardian signature required)
- Contact **Maya High School** to schedule an interview for the student and parent/guardian to meet with a school administrator. **All documentation MUST be submitted at time of interview.**
- Read, sign, and date Parent/Student Compact (both student and parent/guardian signature required)
- New Student enrollment is conditional upon a student/parent interview by an administrator and completion of a student file with the items listed.
- Read and sign Student/Parent Internet Use Policy Form
- Admission is open to all students ages fourteen through twenty-one. Students unable to provide eighth grade documentation shall be referred to the school Principal for review and consideration.
- Read, sign, and date Student Attendance Policy Form
- Complete, sign and date Athletic League Consent Form



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/mailing 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: \_\_\_\_\_

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 \_\_\_\_\_

Interviewer Initials \_\_\_\_\_ Date \_\_\_\_\_ Official Entry Date \_\_\_\_\_ Entry Code \_\_\_\_\_

Sessions: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Night \_\_\_\_\_ Block 1 2 3 4

Data Entered into Schoolmaster by Initials \_\_\_\_\_ Date Entered into Schoolmaster \_\_\_\_\_ 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 of 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 has some over-the-counter medication that can be given to students for common ailments. They cannot and will not distribute any more than the recommended dosages listed on the packages.

Yes, I give permission for my child to receive over the counter pain reliever from the school office staff (i.e. non-aspirin pain reliever, aspirin, anti-acids, cold & flu relief).

No, I do not give permission for my child to receive over the counter pain reliever.

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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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 \_\_\_\_\_ SAIS ID \_\_\_\_\_

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

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

# Maya High School

## STUDENT AGREEMENT/CONTRACT

The following rules and procedures are enforced at Maya High School for the purpose of maintaining a safe, drug-free learning environment:

1. **Absences:** 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 student is still responsible for flexing the time immediately upon returning to school. An absence not made up is considered a permanent absence. If a student is absent more than 10% of the time (4 or more absences at the end of the block), they will fail their classes. These criteria meet the state requirements for class attendance/earned credit.
2. **Parent Notification – Absences:** All absences will be phoned into the office. If the school does not receive a phone call by the guardian/parent regarding the student's absence, then the school will notify the parent to verify the absence.
3. **Disrespect:** Disrespect to teachers, staff members, as well as fellow students, will not be tolerated. This includes the use of racist, sexist, obscene language or gestures in the classroom, on class work, on campus as well as a disrespectful attitude when addressing staff members or fellow students.
4. **Closed Campus Policy:** Maya High School operates a closed campus policy and ditching will not be tolerated. Students who become ill or have an emergency must report to the office and sign out before leaving the campus. All Students under the age of 18 must receive parental permission before leaving.
5. **Personal Phone Calls:** Students will not receive telephone calls during school hours. Emergency calls from parents will be taken and students will be informed immediately.
6. **Teacher Availability:** Teachers are available before and after class to communicate with parents. Appointments are preferred.
7. **Telephone Calls:** Payphones are available for student use. Students cannot use school phones unless it's deemed an emergency by staff.
8. **No Gang Activity or Association:** Maya High School strictly enforces a zero tolerance policy towards any type of gang activity or association on campus. This includes hand gestures/signs, clothing, belt buckles, T-shirts, handkerchiefs, emblems, writing graffiti, etc.
9. **Illegal Possession:** Any actions involving the possession, use, or sale of any type of drug, alcohol, or other controlled substances will result in notification of authorities.

10. **No Weapons:** Weapons, or any dangerous item, are not allowed on campus. This includes look-alikes and replicas.
  11. **Fighting:** Fighting on our campus, or school related areas such as bus stops or adjacent businesses will not be tolerated. If a student anticipates a problem of any type, he or she should contact the principal or assistant principal immediately.
  12. **Personal Electronic Equipment:** Cell phones should not be used while on campus. Walkmans, CD's, beepers, hand-held computer games and other electronic equipment are allowed, but cannot be used in the building or administrative offices.
  13. **Trash/Littering:** Sunflower seeds are not allowed on campus. Students will throw trash in trashcans and assist the Your School staff in keeping the campus litter free.
  14. **Gambling:** Gambling in any form is not allowed on campus.
  15. **Vandalism:** Vandalism is forbidden. Any destruction of school property by a student is the financial responsibility of the parent/guardian.
  16. **Verbal Abuse or Intimidation:** Additional student behaviors that will not be tolerated are verbal abuse, mocking, extortion, threats and intimidation, or any conduct that will endanger the health and safety of fellow students or staff members.
  17. **Attire:** Students are expected to dress appropriately. Any attire, which is inappropriate or distracts from the school program will not be tolerated. Hats are not allowed.
- I agree that my continued admission will be based on my willingness to follow the above-stated rules and policies of Your School.
- I understand that violation of any of these guidelines or rules can result in my removal from Your School.
- I do hereby agree and acknowledge this Student Agreement/Contract, and put forth my signature below.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Parent/Guardian/Student/School Compact

## Maya High School

The following Compact outlines the goals, expectations, and shared responsibilities for the success of all our students.

### Academics and Curriculum

#### **The School Will:**

- Provide a challenging curriculum that is aligned to the Arizona State Standards.
- Promote student achievement and success addressing all learning styles and accommodations.
- Employ highly trained professionals (teachers, administrators, and staff) who promote the highest quality in education.

#### **The Parents/Guardians Will:**

- Monitor and support their student in their pursuit of academic success. Parents/Guardians can monitor student grades by visiting [www.edline.net](http://www.edline.net)
- Encourage their students to attend before or after school tutoring to seek additional help from teachers if the student does not understand an assignment.
- Be actively engaged in their student's education.

#### **The Student Will:**

- Put in 100% effort in all class activities and all assignments at all times in order to meet the requirements for graduation.
- Ask for help on any assignments they do not understand in order to achieve to their best ability.
- Attend any extra help or additional classes suggested by their teacher in order to achieve to their best ability.
- Complete all classes and all assignments appropriately to the best of their ability.

### Goals and Achievement

#### **The School Will:**

- Provide every opportunity for students to achieve academic success.

#### **The Parents/Guardians Will:**

- Provide every opportunity for their student to achieve academic success.

#### **The Students Will:**

- Take responsibility to learn and achieve in every class and every course of study, to monitor their own grades and credits, and positively work toward graduation.

### Behavior and Participation

#### **The School Will:**

- Maintain a safe climate with a positive atmosphere suitable for learning for all students.
- Provide students with a foundation for continuous learning.

#### **The Parents/Guardians Will:**

- Reinforce mutual respect for all teachers, staff and other students.
- Reinforce appropriate dress for a learning environment (including clothing and jewelry.)
- Monitor their student's attendance ensuring full attendance – 100%.
- Reinforce positive student behavior and participation involving any and all activities, possessions and actions.
- Support their student in his/her learning and completion of all classes, assignments and class activities.
- Assist their student in seeking and receiving any additional help in order to achieve.

- Have access to all curricular materials and their student's class work in order to monitor his or her progress.
- Keep abreast of child's grades and keep an open line of communication with teachers and school staff.

**The Students Will:**

- Show respect to all teachers, staff and students at all times: No racism, foul language, obscene gestures, harassment, poor attitude or inappropriate behavior (see school environment above.)
- Use appropriate language at all times: No obscenities, threats, harassment, or any other verbal abuses.
- Show positive behavior at all times: Attendance, participation, respect, positive attitude, gestures and posture.
- Dress appropriately for a learning environment at all times (professional reflecting maturity and modesty.)

**School Environment**

**The School Will:**

- Provide a safe, secure environment on a closed campus with adequate security (local law enforcement).
- Employ staff that is well trained and certified in maintaining a safe, educational environment.

**The Parents/Guardians Will:**

- Contact the school with any concerns over attendance, behavior or academic completion.
- Contact their individual student, during regular class hours, through the school office only.

**The Students Will:**

- Accept the responsibility of maintaining a safe and secure learning environment by accepting this code of conduct.
- Not use, sell, or participate in any illegal use of drugs, tobacco or alcohol.
- Avoid and refrain from all gang related activities: hand signs, clothing, jewelry, graffiti, or any other actions or behavior.
- Not gamble in any way shape or form – playing cards, dice, or any other related gambling material.
- Not carry weapons or any look-alikes or replicas of weapons.
- Not use electronic devices such as phones, pagers, iPod's or any similar electronics in any class unless specifically instructed to do so by a teacher.
- Not fight or participate in any confrontational behavior at any time with anybody.
- Attend classes on time and be permitted to leave campus with parent/guardian permission only.

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

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

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



**Maya High School**  
**INTERNET USE POLICY**

**PRIOR TO RECEIVING AUTHORIZATION TO USE THE INTERNET, STUDENTS AND THEIR PARENTS/GUARDIANS MUST SIGN THE FOLLOWING PERMISSION AND CONTRACT DOCUMENT:**

To be completed by all Parents/Guardians:

I give my permission for my student to participate in the use of the Internet, a worldwide telecommunications network. I realize that he/she will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold Maya High School accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Use Policy.

Student's Name: (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Name: (PLEASE PRINT) \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

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

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To be completed by all Students:

I will abide by the Internet Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for Maya High School to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and appropriate school discipline and/or legal action may be taken.

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

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

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



**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

### PHYSICAL ACTIVITIES ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

Participant's Name \_\_\_\_\_

Your student (the "participant") would like to participate in physical activities associated with Maya High School. Physical activities requires each participant's parent or guardian (and if the participant is 18 years of age, the participant) to sign this acknowledgment and assumption of risk and release. By signing this document you:

- (1) Acknowledge that injury may result from the participant's participation in the physical activity;
- (2) Represent to Maya High School, The Leona Group Arizona, L.L.C., and their affiliates, schools, officers, employees, and members ("The Leona Group") that the participant has no injury, illness or other medical condition that would prevent him/her from participating in physical activities or that would make it dangerous, harmful, or inadvisable for him/her to do so;
- (3) Assume the risk of and release and hold The Leona Group harmless from and against any and all liability for any physical or other injury or harm suffered by the participant during or as a consequence of participating in physical activity; and
- (4) Agree that neither The Leona Group, nor the facility at which any game, practice or other activity is held, nor any other person involved in organizing or conducting the activity (including coaches, referees, and schools) shall have any liability or responsibility for any such injury or harm the participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns:

Signature of Parent or Guardian \_\_\_\_\_

Signature of Participant (if 18 years of age or older) \_\_\_\_\_

Date \_\_\_\_\_



# Maya High School PERMISSIONS FORM

Please check the boxes of the items you would like to allow your student to participate in and sign below:

Permission to Participate in Off-Campus Activities

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

- Permission is granted to arrange for private transportation with an adult driver if chosen by school officials.
- Permission is granted if school vehicles are used for transportation.
- Permission is granted when students walk from their school to the site of the field trip.
- Public transportation
- Permission is granted to withhold student information from military recruiters.
- Permission to Release News Information

There may be times during the school year when the school, The Leona Group, news media or others wish to photograph or videotape your child at school for use in print, video, Internet or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums.

Permission to Use Artwork

There may be times during the school year when the school, The Leona Group, news media or others wish to use artwork created by your student at the school for use in print, video, Internet or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of mediums.

\_\_\_\_\_  
Student's Name (Please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date





## PARENTAL CONSENT FOR SCHOOL-BASED COUNSELING PROGRAM

As part of the objectives of the educational model offered at this school, we strive to provide students with a nurturing environment focused on academic and personal life-skills training. This school provides students with opportunities to learn important life-skills through therapeutic mean, such as individual and group counseling, as well as programs designed to educate the student about topics such as substance abuse, anger management, conflict resolution, parenting skills and building self-esteem.

Please be advised that all matters discussed during counseling are considered confidential. However, as required by law, certain information must be disclosed to the appropriate sources. This information is as follows:

- Disclosure of allegations of child abuse (physical, sexual, emotional) and neglect.
- Disclosure of imminent harm to self.
- Disclosure of imminent harm to others.

This school encourages participation in all programs offered by the school; however, as the legal guardian of a juvenile (under age 18), you have the right to refuse your child's participation. Please note that you also have the right, and are encouraged, to contact your students school personnel with any questions or concerns you may have, and, you may revoke this consent for participation at any time.

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I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
(Name of Parent or Legal Guardian) (Name of student)

I have read the above information. I understand that all information discussed in the above settings is considered confidential and will be treated as such. I further understand that in the best interest of my child, there are three exceptions to the confidentiality regulations, as listed above.

By signing below, I acknowledge and accept the services provided at this school. I know that if I have any questions or concerns I can contact the appropriate school personnel. I also understand that I may revoke this consent at any time.

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

# Maya High School McKinney-Vento Eligibility Questionnaire

Student Name: \_\_\_\_\_ 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 for which services a student may be eligible. 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 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  
3660 W. Glendale Ave. Phoenix AZ 85051  
P:602-242-3442 F:602-242-5255

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

Please forward the transcript(s) of/Favor de 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 Maya High School**

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 guardián que ha firmado, ha sido informado de esta transferencia y otorga el permiso para que la información mencionada sea mandada. Si el estudiante es un estudiante de educación especial, favor de mandar tales registros.

**Please send the following information:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• AIMS Student Report Information</li><li>• Birth Certificate</li><li>• Official Transcript</li><li>• Letter of Promotion</li><li>• Test Scores (SELP/AZELLA Scores – oral, reading, writing)</li><li>• Official Withdrawal Form</li><li>• Grades to Date of Withdrawal</li><li>• Course Description/Catalog of Courses</li><li>• Immunization Records/Health Records</li><li>• Hearing and Vision Screening Results</li><li>• Discipline and Attendance Records</li><li>• Explanation of Grading/Credit System. (Please indicate symbols designating Accelerated classes.)</li><li>• Special Education Records, including IEP's, Psychological Reports, etc.</li></ul> | <b>Favor de mandar lo siguiente:</b> <ul style="list-style-type: none"><li>• Reportes Informativos de el examen AIMS</li><li>• Acta De Nacimiento</li><li>• Boleta oficial de calificaciones</li><li>• Carta de Promoción</li><li>• Puntuación en los exámenes SELP y AZELLA</li><li>• Forma oficial de retiro</li><li>• Calificaciones hasta la fecha de retiro</li><li>• Descripción de cursos/Catalogo de cursos</li><li>• Cartilla de vacunas/registro de salud</li><li>• Resultados de el examen de visión y audición</li><li>• Registros de asistencia y disciplina</li><li>• Explicación de sistema de calificaciones y créditos</li><li>• Registros de educación especial, incluyendo IEP's, informes psicológicos.</li></ul> |
|---|---|

**Please sign and complete the information below:/Favor de firmar y completar la información de abajo:**

Name and address of last school attended/Nombre y dirección de la última escuela asistida:

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

Address/Dirección \_\_\_\_\_

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

Telephone Number/Numero de teléfono \_\_\_\_\_

Signature of Parent/Guardian/ Firma del padre o guardian \_\_\_\_\_

Date/Fecha \_\_\_\_\_

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



# MAYA HIGH SCHOOL

## Advertising Analysis

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

### How did you find out about our school?

(Please check one of the following):

- |   |  |
|---|--|
| <input type="checkbox"/> Mailing                  | <input type="checkbox"/> Word of Mouth                       |
| <input type="checkbox"/> Movie Screen Ad          | <input type="checkbox"/> Referral from Leona School          |
| <input type="checkbox"/> Flyer, Apartment         | <input type="checkbox"/> Newspaper Advertisement             |
| <input type="checkbox"/> Flyer, Car               | <input type="checkbox"/> Flyer, Hand Delivered               |
| <input type="checkbox"/> Banner                   | <input type="checkbox"/> Internet                            |
| <input type="checkbox"/> Other (Explain in Notes) | <input type="checkbox"/> Referral from Other District/School |

Maya Student: \_\_\_\_\_

\_\_\_\_\_  
*Last Name, First Name*

Notes

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The Leona Group Arizona

### Parent Volunteer

Maya High School is looking for parent volunteers for the following activities:

- |   |  |
|---|--|
| <input type="checkbox"/> Vision and Hearing Screening | <input type="checkbox"/> School Parties      |
| <input type="checkbox"/> AIMS Testing                 | <input type="checkbox"/> Picture Day         |
| <input type="checkbox"/> Stanford 9 Testing           | <input type="checkbox"/> Field Trips         |
| <input type="checkbox"/> Senior Trip/Prom             | <input type="checkbox"/> Ice Cream Social    |
| <input type="checkbox"/> Graduation                   | <input type="checkbox"/> Classroom Volunteer |

Parent Name: \_\_\_\_\_

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

Parent Phone Number: \_\_\_\_\_

Days available:  Monday  Tuesday  Wednesday  Thursday  Friday  
(Please check days)

Times available:  8:00-10:30 a.m.  10:30-1:00 p.m.  1:15-3:30 p.m.  
 3:45-6:00 p.m. (Please check times)

We appreciate your time and cooperation.

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### Voluntario del Padre

**La Escuela** esta en busca de padres voluntarios para las actividades siguientes:

- |  |   |
|--|---|
| <input type="checkbox"/> La Seleccion de Audision y Vision | <input type="checkbox"/> Fiestas de la escuela    |
| <input type="checkbox"/> Pruebas de AIMS                   | <input type="checkbox"/> Dia de fotos             |
| <input type="checkbox"/> Pruebas de Stanford 9             | <input type="checkbox"/> Paseos escolares         |
| <input type="checkbox"/> Paseo de los Seniors/Prom         | <input type="checkbox"/> Social de helados        |
| <input type="checkbox"/> Graduación                        | <input type="checkbox"/> Voluntarios para salones |

Nombre del Padre: \_\_\_\_\_ Nombre del Estudiante: \_\_\_\_\_

Teléfono de Padres: \_\_\_\_\_

Dias disponibles:  Lunes  Martes  Miércoles  Jueves  Viernes  
(Por favor marque los dias)

Horarios disponibles:  8:00-10:30 a.m.  10:30-1:00 p.m.  1:15-3:30 p.m.  
 3:45-6:00 p.m.

Nosotros apreciamos su tiempo y cooperación.

# Maya High School Intent to Enroll 2011-2012

**Student Name:**

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

**Date of Birth (mm/dd/yyyy):**

**Entering Grade Level:**    9    10    11    12  
Please Circle

**Last School of Attendance:**

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Special Education Category &  
Service Type (if applicable):**

**English Language Learner :    Yes/No**

**What clubs, sports or other extra-curricular activities are you (the student) interested in?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Parent/Guardian Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_



**Maya High School**  
 3660 W. Glendale Avenue  
 Phoenix, Arizona 85051  
 Tel. (602) 242-3442 Fax (602) 242-5255

### Graduation Requirements

Maya High School requires a minimum of 20 credits for graduation to receive a high school diploma.

The following table is a list of graduation requirements dictated by the Arizona Department of Education, according to cohort class. Please check with the University of your Choice to make sure you meet its requirements.

Graduation Cohort Class	2011 and Below	2012	2013	
English/ELD	4	4	4	
Math	2	3	4	3 cr.: HS Standards based In 2013 1 credit of course content equivalent to Alg. II (may waiver out through an individualized plan)
Science	2	2	3	
Social Studies	2.5	3	3	1 cr. World History 1 cr. AM/AZ History 0.5 cr. Government (AM/AZ) 0.5 cr. Economics
Fine Arts/Voc Ed.	1	1	1	
Elective	8.5	7	7	
<b>Total Credits Required</b>	<b>20</b>	<b>20</b>	<b>22</b>	

- Students may elect to take more than 20 credits and may choose to participate in Dual Enrollment and Concurrent Enrollment classes for high school and college credit. These courses will be weighted for the purpose of class rank.
- Since Entrance requirements vary greatly from college, students who are college bound should carefully consider high school course selections and investigate college entrance requirements with our Career Counselor.
- Students graduating with a 3.0 GPA or higher are considered to be graduating with the highest honors.

# Maya High School

## EXPLANATION OF BLOCK SCHEDULE

Maya high School's program follows a unique Block schedule system. During the regular school year we offer four 36-38 day Blocks as reflected on the school calendar. During each Block, the student takes and completes three or more courses. At the end of the Block, the earned credit is then applied to the transcript. This system offers the student the motivational advantage of being able to earn a positive reward in a shorter amount of time. It also allows the student who has fallen behind to catch up and graduate before the end of the school year. It is imperative that students realize there is a 90% attendance requirement policy. These criteria meet the State requirements for class attendance/earned credit. Additional work experience credit may be earned for each 128 hours verified by the employer and turned into the registrar.

Morning Session	Evening Session
School hours: 8:00 a.m. to 2:03 p.m.	School hours: 2:18 p.m. 8:14 p.m.
The first class is from 8:00 a.m. to 9:50 a.m.	The first class is from 2:18 p.m. to 4:08 p.m.
The second class is from 9:53 a.m. to 11:43 p.m.	The second class is from 4:11 p.m. to 6:01 p.m.
The third class is from 12:13 p.m. to 2:03 p.m.	The third class is from 6:24 p.m. to 8:14 p.m.
The fourth class (optional) 2:18 p.m. to 4:08 p.m.	The fourth class (optional) 12:13 p.m. to 2:03 p.m.

## EQUAL EDUCATIONAL OPPORTUNITIES / NON-DISCRIMINATION AFFIRMATION

Maya High School affirms that it does not discriminate on the basis of race, color, natural origin, sex, age or disability in access or admission to success or employment opportunities.

Maya High School is also in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1967 as amended in 1978 and 1986, and the Americans with Disabilities Act of 1990.

## COMPLIANCE WITH REQUIRED INSURANCE

The Leona Group Arizona is in compliance with insurance as required by the Arizona Department of Education.

## RIGHTS OF HOMELESS STUDENTS

This school shall provide an education environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate education opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applied to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program.
- In a hotel/motel, campground, or similar situation due to lack of alternatives.
- At a bus station, park, car, or abandoned building.
- In temporary or transitional foster care placement.

According to the McKinney-Vento Homeless Act, eligible students have rights to:

**Immediate enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school.

**School Selection:** McKinney-Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.

**Participate in programs in which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.**

**Transportation Services:** A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.

**Dispute Resolution:** If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond quickly and it must be a written response. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making decision, providing notice of any appeal process, and filling out dispute forms. You have the right to appeal a decision to the state level.

For more information, refer to <http://www.azed.gov/schooleffectiveness/specialpops/homeless> or contact:

<b>Homeless Liaison Contact info</b> Lynne Hilliger 3660 W. Glendale Ave. Phoenix AZ 85051 602.242.3442	<b>Frank Migali</b> State Coordinator for Homeless & Refugee Education Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ (602) 542-4963 <a href="mailto:Frank.Migali@azed.gov">Frank.Migali@azed.gov</a>
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# 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

<b>Morning (8:00 am-2:03 pm)</b>	<b>Evening (2:18 pm-8:14 pm)</b>
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