

ARIZONA CHARTER BOARD ENROLLMENT INFORMATION

SCHOOL YEAR 2014 - 2015

Please Print

Student Name:			
First _____	Middle _____	Last _____	
Date of Birth: ____/____/____			
Entering Grade Level:	9	10	11 12
Last School Attended:			
Name _____	City _____	State _____	
Parent/Guardian Information:			
First _____	Middle _____	Last _____	
Street _____	City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	Cell Phone _____	

Parent/Guardian's Signature _____ **Date** _____

Received:
Date _____ **Time** _____ **Staff Initials:** _____

Please do not write in this box. For school use only.	
SPED Category	A, ED, EDP, HI, MD, MDSSI, MIMR, MOMR, OHI, OL, SLD, SLI, SMR, TBI, VI
504 Plan	SLD
Service Type	A, B, C, I, D, E, F, G, V, H, S, J
LEP Status	Yes No
SAIS #	

VISION HIGH SCHOOL APPLICATION

Instructions: Mail or hand-deliver the completed application packet to the addresses below. A student will not be considered for admission or put on a waiting list until the application packet is complete. Please use the checklist below.

Mail completed application to: Vision High School
Attn: Admissions
5901 S. Calle Santa Cruz
Tucson, Arizona 85709

Hand-deliver completed application to: Vision High School
Pima Community College, Desert Vista Campus
5901 S. Calle Santa Cruz, Classroom B-135
8:00 AM to 5:00 PM, Mon-Fri, School Year
Call 741-8419 for summer hours

Document Checklist:

- Application Packet – all pages completely filled out and signed if requested
- Birth Certificate (bring in original, we will make a copy)
- Immunization Record (bring in original, we will make a copy)
- Official Transcripts from every traditional, alternative, BIA, charter, private, parochial, and/or certified home school program the student has attended
- Official documentation of 8th grade promotion for incoming 9th graders
- Official Withdrawal Form from previous school. Form must have SAIS number
- AIMS Scores (Reading, Writing, Mathematics, and Science) / Stanford 10
- Most recent IEP or 504 Plan for Special Education students
- Arizona Residency Documentation Form and requested documents

All requested documents listed above must be turned in to Vision High School prior to a student attending an Orientation Session or going onto the waiting list. Students with incomplete applications or missing documents will not be accepted.

**VISION HIGH SCHOOL
Student Enrollment Form**

Identification

Student's Name:

Last _____ First _____ Middle _____

Birthdate _____

Home Street Address:

City _____ State _____ Zip _____

Home Phone _____

Message Phone _____

Parent/Guardian's Cell Phone _____

Student's Cell Phone _____

Parent/Guardian's Email Address _____

Student's E-mail Address _____

Gender: ___ Male ___ Female

Ethnicity: ___ Hispanic
 ___ White (not Hispanic origin) ___ African-American
 ___ Asian or Pacific Islander ___ American Indian, Tribe _____

Educational Programs

Has the student ever been involved in the following programs (mark all that apply):

___ Special Education ___ 504 Plan ___ Gifted Program

___ Other, describe: _____

**All Special Education records need to be submitted prior to acceptance into the program*

Public Assistance and Citizenship

Is the family or student receiving any of the following (mark all that apply):

___ General Assistance ___ Food Stamps ___ Social Security ___ ACCHSS

Was the student born in the United States? ___ Yes ___ No

If yes, name of State _____ If no, country born in _____

If the student lived in another country please identify the country: _____

Has your family moved in the last three years to seek farming work?

___ Yes ___ No

Family

What adults do the student live (mark all that apply):

Father Mother Step-Father Step-Mother
 Grandmother Grandfather
 Legal Guardian
 Other: _____

Highest grade level completed of father, step-father, or male guardian (the one the student lives with):

8th 9th 10th 11th 12th Vocational Certificate
 College credits, no degree OR Degree: AA/AS BA/B Other: _____

Highest grade level completed of mother, step-mother, or female guardian (the one the student lives with):

8th 9th 10th 11th 12th Vocational Certificate
 College credits, no degree OR Degree: AA/AS BA/B Other: _____

Father, Step-Father, or Male Guardian's Occupation _____
Mother, Step-Mother, or Female Guardian's Occupation _____

Legal Status

Is the student currently on probation? No Yes

If yes, Name of Probation Officer _____ Phone _____

**Vision High School will have an ongoing communication with the probation officer and the court as long as the student is enrolled in Vision High School. Sign below to confirm understanding:*

Parent/Guardian _____

Student _____

Application Signature

I certify that the information is true and correct.

Parent or Guardian's Signature _____

Date _____

**VISION HIGH SCHOOL
Orientation Form**

Student's Name _____

Parent/Guardian's Name _____

I, _____, understand that prior to my child attending Vision High School, I must attend a Parent/Student Orientation session. If I am unable to attend, I will send a relative to represent me.

I will assume the responsibility of calling Vision High School at 741-8419 to find out the date, time, and place of the next Parent/Student Orientation session.

Parent or Guardian's Signature

Date

VISION HIGH SCHOOL
Learning Contract

Student's Name _____ Today's Date _____

I agree to participate fully in my education. This includes:

- ✓ Come to school properly dressed.
- ✓ Come prepared with the required and necessary materials.
- ✓ Turn my assignments in on time.
- ✓ Be present and on time everyday.
- ✓ Support others as they, too, are here to learn.
- ✓ Ask for help and guidance when I need it.
- ✓ Respect authority.
- ✓ Give as much to the program as I take out of it.
- ✓ Be responsible for my own actions.

I agree to work on the following three goals that I have established: *Please Print.*

1. _____

2. _____

3. _____

As a student of Vision High School, I agree to abide by the expectations, policies, procedures, and rules of the school. If I fail to do so, I accept the consequences given to me by my teacher or the administrator.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**VISION HIGH SCHOOL
Student Supply List**

Students must come to class prepared to learn with the following material **each day**:

- ✓ 3-Ring binder, must be at least 1½ inch wide (NO RED OR NAVY) with plastic cover to insert calendar and schedule
- ✓ White, lined, college-ruled, loose-leaf notebook paper (No spiral books!)
- ✓ Divider pages in the binder (5)
- ✓ Daily Planner – Academic Calendar, August 2014 – June 2015
- ✓ Pens and pencils (black ink and black lead only)
- ✓ Calculator (Algebra 2 Students Only)
- ✓ Graph paper
- ✓ USB disk
- ✓ Index cards (200 to start)
- ✓ 2 Composition books
- ✓ Yellow highlighter

*** PERMANENT MARKERS ARE NOT ALLOWED.**

*Additional supplies may be requested at the parent's or guardian's expense

BACKPACKS ARE NOT ALLOWED!!!!

Important Note: Students should not bring any other items other than those listed above. Personal items, including cell phones and ipods, purses and wallets, etc. are the sole responsibility of the student and his/her parent or guardian and will not be replaced by the school in the event of damage or loss.

Student's Signature _____ Date_____

Parent/Guardian Signature_____ Date_____

VISION HIGH SCHOOL

Victory
Incentive
Security
Initiative
Opportunity
Nurturing

Vision Charter School, Inc.
5901 S. Calle Santa Cruz
Tucson, Arizona 85709

Telephone (520) 741-8419
Fax (520) 741-8123

Transcript / Test Score Release Request

*This form is to be completed by the parents/guardian and given to the student's current and/or previous school(s). **Admission to Vision High School will not be considered until 8th grade completion certificate and/or transcripts from other high schools are received.**

My signature below authorizes the release of transcript, test scores, special education records, and any other necessary information.

Student's Legal Name _____

Home Address _____

Date of Birth _____

Transcripts are to be sent from (name of school) _____

Authorization Signature:

Parent or Guardian's Signature

Date

VISION HIGH SCHOOL

Dress Code

From the "Student and Parent Handbook"

The dress code is enforced from the time the student enters the parking lot of Pima Community College until the student physically leave the parking lot and enters onto Calle Santa Cruz.

- A. All students are required to wear a Vision High School shirt. The shirt shall be fitted properly; not too large and not too small. Shirts are to be worn clean and neat. The shirt is to remain on the student's body until the student is officially beyond the gate of the Pima Community College property.
- B. Jackets and coats are not permitted. VHS sweatshirts are on sale in the school office and can be worn over VHS shirts.
- C. Shoes must fit properly. Shoelaces must be white or black only. Not allowed are flip flops, jellies, slippers, sandals, and any type of shoe without a full heel covering. Heels cannot be over 1½ inches high. Not allowed are over-sized shoes, and unlaced or unbuckled shoes or boots. Shoe tongues must be tucked into the shoe.
- D. Pants: Students must wear "Dockers" style pants in either beige or tan only. Pants must fit properly and be clean and neat. Pants may not hang longer than the heel of the shoe. Pants cannot be more than 4 inches in circumference from the body, legs, waist, and from the bottom of the hem. Not allowed are denim or jeans of any color, bagging, sagging, cargo, cammos, pockets on the sides, flares more than 4 inches wide, spandex, skinny pants, stretchy material, and skin-tight pants.
- E. Underwear and undershirts must not show, this includes boxers, shorts, bras, undershirts, etc. Undershirts must be white only.
- F. Clothing must have a sewn hem. No cut-offs or unhemmed edges; faded material; or holes or patches that show.
- G. No layering of clothing, this includes wearing shirts under the school shirt that can be seen in any way. White undershirts and chemises are allowed but must not be seen.
- H. No hats or other headwear is allowed. No bandanas or handkerchiefs in or on clothing.
- I. No carrying or draping clothing over the shoulder.
- J. Backpacks, satchels, over-sized purses, and carrying bags are not allowed in the classroom. Purses must be less than 8" length, 6" height, and 3" width.

Signatures of Agreement: I have read and understand Vision High School's Dress Code and agree to comply. I also understand the consequences and procedures for violations.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

VISION HIGH SCHOOL
Medication Policy
From the "Student and Parent Handbook"

Under certain circumstances, when it is necessary for a student to take medicine during school hours, the school will cooperate with the family physician and the parents if the following requirements are met:

1. All medications must be prescribed by a physician.
2. Non-prescription and over-the-counter medications are not allowed. If a doctor deems it necessary for a student to take an over-the-counter medication, then the order must be in the form of a prescription and the following policies followed.
3. Prescription medication must be in the original pharmacy container labeled with the student's name, the date the medication was issued, the name of the medication, the dosage, the time(s) the medication must be administered, and the date it is to be discontinued.
4. The parent or guardian must bring the medication to the school and give it to the Administrator in person. Students may not bring the medication.
5. All medication will be stored in a locked cabinet in the Administrator's office or classroom.
6. Prescribed medication will be taken in the presence of a staff member at the designated time on the container. But it is the student's responsibility to notify the staff member that it is time to take the medication.

Under no circumstances will Vision High School distribute non-prescription medication to students. The school no longer provides ibuprofen, aspirin, or non-aspirin.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

VISION HIGH SCHOOL
Affirmative Form Concerning Expulsion & Suspension

Students on expulsion or suspension status from any other school in any state at the time of this application may not be admitted to Vision High School. There are no exceptions to this law. Your signature below affirms the status of your child.

Answer these questions, please:

1. Has your child been expelled or is in the process of being expelled from any other school within the last 12 months? ___Yes ___No

2. Has your children been suspended or is in the process of being suspended from any other school within the last 12 months? ___Yes ___No

I understand that all of the answers I provided above will be verified by Vision High School before enrollment may occur.

Parent/Guardian Signature _____ Date _____

VISION HIGH SCHOOL
Affirmative Form Concerning Zero Tolerance

When violations by students occur that involve federal, state, or local law, or Pima Community College policies, such acts must be reported to law enforcement authorities immediately. The following violations are those in which Vision High School has **ZERO TOLERANCE** and such violations will be reported immediately and the student expelled from Vision High School. No exceptions!

- Possession or under the influence of drugs or alcohol
- Possession of drug paraphernalia
- Possession of weapons and dangerous items
- Gang activity of any type, including graffiti on notebooks or other areas, tagging, gestures, and wearing or carrying gang related clothing that might depict gang identification or activity
- Aggression or threats towards staff or student(s)

Further descriptions of each of these violations are found in the Student & Parent Handbook.

Vision High School administration reserves the right to search any student suspected of possessing drugs, weapons, or stolen goods on school grounds, in vehicles parked on school grounds, and at school functions.

Signatures of Agreement:

I, (name of student) _____ read the above statements and understand the policy and procedures for such actions.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

VISION HIGH SCHOOL Emergency Information Sheet

Please Print

Student's Name _____ Birth Date _____
Street Address _____ City _____ Zip _____
Home Phone _____ Student's Cell Phone _____
Student's Birthdate _____

With whom does the student live?

Name of primary adult(s) _____
Relationship to the student _____
Their home phone _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION

First Contact Name _____ Relationship _____
Their home phone _____ Work Phone _____ Cell Phone _____
May this person pick your child up from school? Yes No

Second Contact Name _____ Relationship _____
Their home phone _____ Work Phone _____ Cell Phone _____
May this person pick your child up from school? Yes No

INSURANCE INFORMATION

Company Name _____ Policy Number _____
Family Physician _____ Phone _____

Known medical conditions: _____
Current medications: _____
Allergies to certain drugs, foods, insect bites/stings, or other substances: _____

Susceptible to infections? _____

History of:

asthma diabetes concussion fainting
 hepatitis heart murmur epilepsy headaches

EMERGENCY CONSENT

If an emergency occurs and medical action or treatment is required and neither parent or guardian can be contacted, I hereby consent for the student named above to receive medical care by a doctor selected by the school. This may include paramedic and ambulance services.

Parent or Guardian's Signature _____ Date _____

Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name: _____ Date of birth: _____

School Name: Vision High School Grade: _____

Has your child ever had chickenpox (please circle one answer):

Yes *Go to question #1*

No *Go to question #2*

Don't Recall *Go to question #1*

1. Please answer the following questions (please circle one answer):

a. Was your child in "face-to-face" contact with other children who had chickenpox? Yes No Don't Recall

b. Did you child have a rash on his/her body? Yes No Don't Recall

c. Did the rash "itch"? Yes No Don't Recall

d. Were there blisters present? Yes No Don't Recall

e. Did scabs appear toward the end of the rash? Yes No Don't Recall

f. When did your child have chickenpox? Approximate date: _____

2. If our child has not had the chickenpox, has he/she had the chickenpox (varicella) shot? Please circle one answer: Yes No Don't Recall

If you circled YES, please take your child's immunization record to the school so that the date of shot can be recorded in your child's school record.

If you circle NO or DON'T RECALL, please take your child to their doctor or local health clinic to get the chickenpox shot, then take your child's immunization record to the school so that the date of shot can be recorded in your child's school record.