



***PIMA PARTNERSHIP ACADEMY***  
*A STUDENT-CENTERED, INCLUSIVE LEARNING EXPERIENCE*

**2010-2011**  
**Enrollment Packet Checklist**

**Complete, sign and date the following documents:**

- Student Registration Form
- Student Emergency Form
- Student Health Record Form
- Medical Information Form
- Primary Home Language Other Than English Form
- Student Records/Attendance Policy and Field Trip Authorization Form
- Parent Student Compact
- Dress Code Policy
- Photo Media Release Form
- Student Internet Contract
- General Permission Form
- Request for Release of Student Records
- National School Lunch Program Application

**Parent/Guardian to provide school with:**

- Birth Certificate
- Immunization Record
- Unofficial Transcript
- Withdrawal Slip



**Pima Partnership Academy**  
**2010-2011 Registration Form (continued)**

**Family/Guardian Information** \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Last Name/First Name	Daytime/ Work Phone	Home Phone	Cell Phone/ Pager	Student Lives With
<b>Mother:</b>				
<b>Father:</b>				
<b>Step Parent</b>				
<b>Legal Guardian:</b>				
<b>Caseworker:</b>				

Parent email address: \_\_\_\_\_ Student email address: \_\_\_\_\_

Is there a non-custodial parent? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, Name \_\_\_\_\_

Does this child live in a foster or group home? Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, Name of Home \_\_\_\_\_

Student Lives With? (Relationship) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Brothers	Date of Birth	Sisters	Date of Birth

Country of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

Promoted: Yes/No \_\_\_\_\_ Certificate: Yes/No \_\_\_\_\_

Last school attended? \_\_\_\_\_

**Has the student ever been in a Special Education program or have an IEP (Individual Education Plan)?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If so, when?** \_\_\_\_\_, School \_\_\_\_\_,

Type of Program \_\_\_\_\_

**Please check if your child has ever received special assistance for the following:**

\_\_\_\_\_ Learning Disabilities \_\_\_\_\_ Emotional Disabilities \_\_\_\_\_ Physical Disabilities

\_\_\_\_\_ Speech Therapy \_\_\_\_\_ Title I Math \_\_\_\_\_ Title I Reading  
 Instruction Instruction

\_\_\_\_\_ Gifted Program \_\_\_\_\_ Other (Specify) \_\_\_\_\_

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

**Pima Partnership Academy  
2010-2011  
Emergency Information**

In case of an emergency our procedure is to contact the parent/guardian that is listed first on the Registration Form at work or home. If we are unable to contact the parent/guardian, the first person listed on this form will become the next person who will be contacted. The seriousness of the issue will determine whether or not he/she will be asked to care for your child. A rescue unit will be called in an emergency situation.

**Person(s) who will care for and transport the student if the parent/Guardian(s) cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**In case of serious illness or injury, I give my consent for my child to be taken to his/her doctor's office or closest hospital by school personnel or ambulance and given emergency care until I can be contacted.**

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

\_\_\_\_\_  
Date

**Please complete insurance information:**

Insurance Carrier/Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (including times daily):  
\_\_\_\_\_

# Pima Partnership Academy 2010-2011 Student Health Record

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

MO/DAY/YR

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

The following information is helpful in assessing your child's health. Has your child ever had any of the following? If "Yes" please give the child's age at that time.

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

<b>Has your child ever had?</b>	<b>Age</b>	<b>Yes</b>	<b>No</b>		<b>Age</b>	<b>Yes</b>	<b>No</b>
Surgery	_____	_____	_____	Serious accident or injury	_____	_____	_____
Tubes in his/her ears	_____	_____	_____	Vision Difficulties	_____	_____	_____
Dietary Restrictions	_____	_____	_____	Hearing Aides	_____	_____	_____
Hearing Difficulties	_____	_____	_____	Emotional Problems	_____	_____	_____
Attention Deficit Disorder	_____	_____	_____	Other Learning Disabilities	_____	_____	_____

**Is your child currently:**

Receiving medical attention?		<b>Yes</b>	<b>No</b>
Restricted from physical education, sports, etc.?		_____	_____
Taking medication on a daily basis?		_____	_____

Month/Year of last physical exam? \_\_\_\_/\_\_\_\_ Type: \_\_\_\_\_

**Pima Partnership Academy  
2010-2011  
Medical Information**



Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of an emergency situation when a **parent/guardian** cannot be reached, I give/do not give permission for my child to be transported by whatever means necessary, as determined by school personnel, to the nearest emergency medical facility for treatment. I give my consent to the rendering of such medical treatment for my child as deemed necessary in the opinion of my family doctor or the doctor rendering such service.

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Your child should **not** be in school if they have a fever, rash or undetermined cause, vomiting or diarrhea, conjunctivitis (pink eye), chicken pox, impetigo, ringworm, or head lice unless treated medically or they are symptom-free. A child with a temperature of 100 degrees Fahrenheit or greater will be sent home.

No medication brought from home, including over-the-counter medication, will be administered from the health station unless there is a **written** prescription from the health care provider and the medication is in its original container.

Please indicate the medications you give permission for your child to receive at PPA.

<b>YES</b>	<b>NO</b>	
_____	_____	Tylenol (acetaminophen)
_____	_____	Calamine Lotion (for bug bites or rashes)
_____	_____	Triple Antibiotic Ointment (for scrapes and abrasions/Bacitracin)
_____	_____	Saline eye wash (eye irritation)
_____	_____	Benadryl 25 mg
_____	_____	Midol
_____	_____	Chloraseptic Spray
_____	_____	Tums
_____	_____	Pepto - Bismol
_____	_____	Cough drops
_____	_____	Ibuprofen 200 mg

**Other significant health information that school personnel should know about my child:**

\_\_\_\_\_

**Please list the medications your child currently takes:**

\_\_\_\_\_

**2010-2011**

Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)**

This question is in compliance with A.R.S. §15-756. **Identification of English Language Learners**

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

**“What is the primary language of the student?”**  
(Answer with the language most often used by the student.)

**Language:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pima Partnership Academy**

(For Office Use Only)

**2010-2011**

**Student**

**SAIS**

**ID:** \_\_\_\_\_

**ID:** \_\_\_\_\_

# Pima Partnership Academy Student Records

## Family Educational Rights and Privacy Act

Pima Partnership Academy (PPA) complies with the Family Educational Rights and Privacy Act of 1974. This Act protects the privacy of educational records, establishes the right of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

PPA hereby designates the following categories of information as public information, which may be disclosed by PPA for any purpose at its discretion.

The student's name, address, telephone number, date and place of birth, certificates received, honors received, and most recent previous educational agency or institution attended shall be designated public information. PPA will not release other information, including but not limited to official academic transcripts and other sensitive student records.

Currently enrolled students may direct PPA to withhold disclosure or above designated public information by submitting a written request to the Principal's office prior to seven days following their date of enrollment.

PPA assumes that failure on the part of any student to specifically request the withholding of public information indicates individual approval for disclosure. This would include news releases that may provide pictures and quotes of students.

## ABSENCE AND TARDY POLICIES

### Absence Policy (per Block)

Arizona State law requires attendance 85% of the time to receive credit. If a student is absent more than 15% of the time, they will fail their class/classes. Student's absences will be monitored by the teacher and administration for accountability.

**PPA does not discriminate based on race, creed, religion, or personal living conditions (i.e., homelessness) as outlined in federal statutes.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Field Trip Authorization

I give permission for my son/daughter to attend any activity of the Pima Partnership Academy such as field trips during the school year, if under school supervision and transported with school personnel. \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Pima Partnership Academy**  
**2010-2011**  
**Parent/Student/School Compact**

*The Purpose of the parent- student-school compact is to communicate a common understanding of home and school responsibilities to assure that every student attains high standards and quality education.*

**Expectations for Pima Partnership Academy (PPA):**

1. Pima Partnership Academy staff members believe that every student can learn and that the school's responsibility is to collaborate with each student and parent to develop a personal learning plan identifying appropriate goals and strategies.
2. Pima Partnership Academy core subject teachers are highly qualified.
3. Pima Partnership Academy staff is committed to preparing all students for admission into college.
4. Pima Partnership Academy provides a pleasant, caring learning environment that is appropriately well ordered, peaceful, safe, non-threatening, and conducive to learning.
5. Pima Partnership Academy teachers and staff maintain open lines of communication with students and parents.
6. Pima Partnership Academy provides opportunities for parents to become involved in the school program and after school activities.
7. Pima Partnership Academy staff demonstrates professional behavior and positive attitudes.
8. Pima Partnership Academy respects the cultural differences of students and their families.
9. Pima Partnership Academy staff maintains high expectations for all students and families.
10. Pima Partnership Academy staff assists students in the development of a sense of personal and civic responsibility.
11. Pima Partnership Academy staff helps students to resolve conflicts in a positive, nonviolent manner.
12. Pima Partnership Academy commits to providing high quality curriculum and instruction in a supportive and effective learning environment that enables students to meet the standards.

**Expectations for Parents/Guardians of Pima Partnership Academy Students:**

1. As parents, we will be responsible for ensuring that students attend school every day on time and ready to learn. We will make every to schedule appointment outside the school day hours.
2. As parents, we understand that we are responsible for all transportation to and from school.
3. As parents, we will meet with the teachers/adviser in the development of a personal learning plan for our son/daughter. We also commit to attending students led exhibits and conferences.
4. As parents, we will notify the school office if the student is absent from school due to illness or any emergency reason.
5. As parents, we will be available to go to the school for any issues that involve our son/daughter.

**Pima Partnership Academy**  
**2010-2011**  
**Parent/Student/School Compact (Continued)**

6. As parents, we will read all correspondence from the school and if necessary respond in a timely manner.
7. As parents, we understand that our students must follow school rules so as to protect the safety, interest, and rights of all individuals at the school.
8. As parents, we recognize that we are responsible for the behavior and actions of our son/daughter.
9. As parents, we are responsible for ensuring that the school has accurate and current information about our son/daughter.
10. As parents, we commit to giving eight (8) hours of volunteer service and eight hours for parent workshops and seminars per school year.

**Expectations for Pima Partnership Academy Students:**

1. I will arrive at Pima Partnership Academy each day on time and ready to work.
2. I will do whatever it takes to learn. I will always work, think, and behave in the best way I know.
3. I will always behave in a respectful manner that protects the safety, interest, and rights of every individual at Pima Partnership Academy.
4. I am responsible for collaborating with my advisor and parents to develop my own Personal Learning Plan in which I set goals and ways that I can reach them.
5. I understand that I must set a goal for 100% attendance.
6. I will follow the Dress Guidelines of Pima Partnership Academy and understand that I may not attend classes if I violate any of the guidelines.
7. I understand that I must participate in community service activities as part of graduation requirements.
8. I will follow all school rules and expectations with an understanding that non-compliance results in consequences

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Advisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pima Partnership Academy  
2010-2011  
Dress Code**

**Dress Code for Pima Partnership Academy**

The following dress guidelines are provided to clarify what is acceptable dress at PPA. This is issued following a PPA School Board directive to give parents and students information concerning the dress code.

**All headgear such as hats, headbands, hoods, and other coverings are to be removed upon entry into the building.**

**Inappropriate Clothing:**

- Halter Tops, Strapless Tops, Spaghetti Straps, Swimsuits.
- Exposed Undergarments (boxers, panties, etc.), see-through clothing.
- Shirts or Blouses that bare the midriff. Muscle Shirts (Garments revealing cleavage).
- Extremely short skirts or shorts. Skirt or shorts length is determined by measuring the length of a fully extended arm and index finger against the side of the body.
- Basketball shirts without an accompanying T-shirt underneath.
- Belts must not be hanging from pants.
- No pajamas/slippers

In addition the following clothing and accessories are inappropriate at PPA:

- Any clothing, accessories, and/or head coverings altered or identifying with illegal organizations.
- Clothing or accessories portraying racial statements, profane or inflammatory language, and/or sexual depiction/innuendo.
- Accessories such as chains, spiked rings, and/or spiked collars that could pose safety issues.
- Clothing that advertises or advocates the use of alcohol, illegal substances, or tobacco.

**Students who are found to be outside the dress code may be given an opportunity to wear a T-shirt to cover the infraction or a parent/guardian will be contacted so the student can be sent home to change clothes.**

**If you have any questions regarding this outline, please contact the school at 326-2528, Option 2.**

**I understand and agree to the dress code as outlined above by Pima Partnership Academy.**

\_\_\_\_\_  
Signature of Parent, Guardian, or Adult Student

\_\_\_\_\_  
Date

**Pima Partnership Academy  
2010-2011  
Photo/Media Release**

As part of its prevention and education activities, Pima Partnership Academy and the programs of The Partnership are developing a media campaign that includes, but is not limited to, the production of radio ads, television/radio media interviews, news paper articles and brochures. As a student at Pima Partnership Academy, your child may be photographed and may be interviewed, quoted and audio-taped or videotaped for the purpose of promoting Pima Partnership Academy and the programs of The Partnership.

photographed                       interviewed on television, newspaper, etc.  
 videotaped for television         recorded for radio ads, interviews, etc.

I consent to the above and provide its/their release for publication, exhibition, or reproductions to be used for public relations, news articles or telecast, education, research and inclusion on The Partnership website. I release The Partnership, their officers and employees, and each and all persons involved from any liability connected with the taking, recording, or publications of said interviews, photographs, slides, computer images, videotapes, or sound recordings. I waive all rights I may have to any claims for payment or royalties in connections with any exhibition, televising, or other publications of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publications, All negatives and positives, whether prints, video, film or sound recording are the property of The Partnership or the person or entity designated by it, solely and completely. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

**I want my student to participate**

**I do not want my student to participate**

Student's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian's Phone Number

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

\_\_\_\_\_  
Date

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# Pima Partnership Academy - 2010-2011 Student Internet Contract

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## STUDENT RIGHTS

Each user has the right to use district hardware/ software to promote personal academic growth except for that restricted by school administration.

Users have the conditional right to access the Internet for personal academic growth, information- gathering and communication if they do so responsibly.

Users have the right to retrieve information using methods such as File Transfer Protocol (FTP), Telnet, Electronic Mail (e-mail) and World Wide Web (www). Students have the conditional right to request subscriptions such as newsgroups and listservs.

## STUDENT RESPONSIBILITIES

Students who use any hardware/software as an educational resource shall also accept the responsibility for the preservation and care of that hardware/software.

Students using the Internet as an educational resource shall be responsible for the appropriate use of all material received under his/her user account.

Users will be held accountable for any deliberate attempts at knowingly allowing and/or running a computer virus on district equipment.

Use of the network to access pornographic materials, inappropriate text files or files dangerous to the integrity of the network is prohibited. Internet usage for gambling purposes is strictly prohibited.

Users will respect the privacy of other users and will not attempt to modify or use someone else's account or represent themselves as another user.

Use of the network for commercial or for-profit purposes, or for fund-raising without district approval is not allowed.

Students do not have permission to install software applications on school district equipment.

Students are responsible for ensuring subscriptions (i.e., newsgroups, listservs) they request are appropriate. Staff has the right to approve or disapprove the number and kind of mailing lists users may subscribe to.

Students are responsible for adhering to the Student Conduct Code including the provisions herein.

## STUDENT RESPONSIBILITIES (continued)

Students will not remove, relocate or modify any hardware, software or files, or enter the system folder or control panel of any computer system. Altering, moving, renaming, hiding or deleting programs, files or applications, or action of a similar nature is prohibited.

Copyright laws will be strictly adhered to when using all computer, scanner, laserdisc and video equipment in the building. All violations of copyright laws (i.e., copying programs without written permission from the copyright holder who is the author or producer of the program) will be covered under the Student Conduct Code, and local, state or federal laws and ordinances.

Using the network to harass other users or plagiarize material is subject to provisions of the Student Conduct Code and local, state or federal laws or ordinances.

## SCHOOL DISTRICT RIGHTS

Pima Partnership High School has the right to review any material stored in files to which users have access, to edit or remove any material which the district, in its sole discretion, believes is unlawful, obscene, abusive or objectionable, and to take appropriate legal action.

Pima Partnership High School makes no warranties of any kind, whether expressed or implied, for the service it is providing. The district will not be responsible for loss of data, service interruptions, or for the accuracy or quality of information obtained through Internet services.

The Pima Partnership High School has the right to place limits on connection time.

Violation of user responsibilities may result in temporary or permanent loss of Internet address.

## DISCIPLINARY ACTION

Use of the Internet is subject to all rules and regulations enumerated in the Student Conduct Code. Enforcement is the responsibility of the staff. Administration will review all cases referred for disciplinary action. In addition to disciplinary actions listed in the Student Conduct Code, any or all of the following may be implemented:

- (1) Student may be excluded from access to Internet.
- (2) Student may be excluded from using any or all computer equipment throughout the district.

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*I understand and agree to the Rights and Responsibilities of Acceptable Use of the Internet as stated above.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

The Acceptable Use Policy recognizes existing federal requirements for privacy and Internet safety, and the district is CIPA compliant.

**Pima Partnership Academy**  
**2010-2011**  
**General Permission Waiver and Release Form**

**Parents and Teens:** During the school year 2010-2011, students will participate in activities through Pima Partnership Academy. These activities may be full-day or a few hours; they often occur on school property. For an event off school property students will be transported to / from the high school. To lessen the burden on families, parents and guardians, we prepared a **General Permission Waiver and Release Form** for a one-time signature. We will keep this signed form on file. Each time we plan a trip off school property, we will notify parents/guardian by mail or phone of a student who expresses interest in participating. Also, students will be given a copy to take home. An adult may decline to have a student participate, by notifying the school in writing, or by calling the number below.

**Important Contact Information:** Pima Partnership Academy 520-326-2528 Ext 2100

As the named student's parent or legal guardian, I hereby give permission for \_\_\_\_\_ to participate in school-approved activities that will be held from time to time during the school year 2010-2011. I have read the above description on this one-time signature for permission and understand that most of the school-sponsored activities will be covered by this signed form.

I, the undersigned, hereby allow my son / daughter to participate in designated school activities that will take place as field trips and participation events that will be supervised by faculty and/or staff of Pima Partnership Academy (PPA).

I (we) hereby give permission for the named child to participate in school field trips. I (we) understand that Pima Partnership and its employees/agents are not responsible for the child's behavior or acts of other persons. We authorize staff to take disciplinary measures, if necessary, for protection of my child or other persons, and if it warrants, we (I) the parent(s) will be responsible for return transportation of the above-named child (student). I (we) hereby authorize the staff of Pima Partnership Academy to act on their best judgment in any emergency that may require medical attention.

I (we) understand that the child assumes the risk in participation in the activities, and I (we) hereby release, exonerate, discharge and hold harmless Pima Partnership (corporate sponsor of PPA), their employees and agents, from any and all liabilities or causes of any injuries incurred during school events.

\_\_\_\_\_ (check here) Permission is granted for the student to be transported in an agency vehicle.

**Important Medical & insurance information:** Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Insurance Carrier/Number: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to call for emergency if I (we) cannot be reached: Name (printed): \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to teen: \_\_\_\_\_

Student (print name) \_\_\_\_\_ Parent (print name): \_\_\_\_\_

Parent's Signature (signed): \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Home \_\_\_ Work \_\_\_ Date Signed \_\_\_\_\_

**Pima Partnership Academy**  
**Attention: Registrar**

**Request For Release Of Student Records**

Please forward the transcripts for \_\_\_\_\_  
(Student Name)

Date of Birth: \_\_\_\_\_ Who enrolled in Grade: \_\_\_\_\_

At Pima Partnership Academy on \_\_\_\_\_

The parent or guardian who has signed below has been informed of their 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.

Information mentioned below to be sent to Pima Partnership High School:

- AIMS Student Report Information
- Birth Certificate
- Official Transcript
- Letter of Promotion
- Test Scores
- Official Withdrawal Form
- Grades to Date of Withdrawal
- Immunization Records/Health Records
- Hearing and Vision Screening Results
- 4 – Year Plan
- Explanation of Grading and Credit System. Please indicate symbols or letters designating accelerated classes.
  
- **All Special Education Records, including IEP's, Psychological Reports, etc.**  
**(Please send all special education records to the Attention of: Arlene Elliott)**

**Parent/Guardian please complete the information below:**

Name of former school: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date