



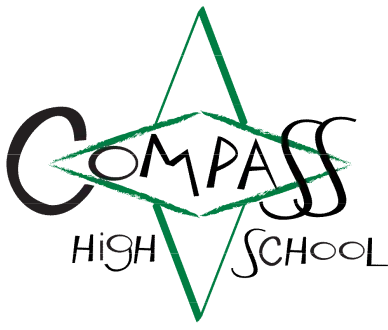
Enrollment Packet 2009-2010

The following is a list of information required by Compass High School at the time of enrollment:

- Completed CHS enrollment packet.
- Withdraw slip from previous school.
- Official Transcript.
- AIMS testing scores if student has taken them.
- A copy of student's birth certificate.
- Copies of student's immunization records or a signed exemption form. The attached is a list of immunizations that are required by the Pima County Health Department.
- Signed Student Conduct Policy Contract, found in the back portion of the Student Handbook.

Please note: the student is not officially enrolled until we have received this information.

Thank you,
Compass High School



CHS Annual Enrollment Form

Session Preference: (Please pick one)

Morning

Afternoon or



Start Date: _____

Referred By: _____

Student Data

Student Name: _____
(LAST) (FIRST) (M.I.)

Home #: _____

Legal Name (If Different): _____

Cell #: _____

Physical Address: _____

Birthdate: _____

S.S. #: _____

Mailing Address: _____

Birthplace: _____
(CITY) (STATE)

Race/Ethnic Background (Circle One): Caucasian (White) Pacific Islander/Asian African American Hispanic
Native American Other: _____

Last school attended: _____ City/State/Zip: _____

Last District attended: _____ Grade: _____ Date Withdrawn: _____

Which AIMS Tests has the student taken? Math Reading Writing

The year you started as a Freshman in High School? _____

Do you have an IEP? _____ If yes, for what reason: _____

Do you have a 504? _____ If yes, for what reason: _____

To enable us to plan best for your student's educational needs, please indicate if he or she has ever been evaluated for special education services, had a psychoeducational evaluation, had an IEP, received special education services, had a 504 plan, or needed special tutoring. This is for planning purposes only and will not affect your child's registration at this school.

Parent/Guardian Data

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Home #: _____ Work #: _____ Cell #: _____

Place of Employment: _____ Custody: Yes _____ No _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Home #: _____ Work #: _____ Cell #: _____

Place of Employment: _____ Custody: Yes _____ No _____

If there is a Divorce or Legal Separation, please provide custody papers.



State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective July 1, 2009)

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 used most often by the student)

Language: _____

Student Name: _____

Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

(For Office Use Only)

Student ID: _____ SAIS ID: _____



Notice to Parents/Guardians

SECTION 504 OF THE REHABILITATION ACT OF 1073

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against persons with a disability in any program receiving federal financial assistance. In order to fulfill obligations under Section 504, Compass High School has the responsibility to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability should knowingly be permitted in any of the programs and practices of the school system.

Compass High School has the responsibilities under Section 504, which include the obligations to identify, evaluate, and if the student is determined to be eligible under Section 504, to afford access to appropriate educational services.

If parents or guardians disagree with the determination made by the professional staff of the school district, they have a right to a hearing with an impartial officer.

The Family Educational Rights and Privacy Act (FERPA), also specifies rights related to educational records. This Act gives the parents or guardians the right to: 1) inspect and review their child's educational records; 2) make copies of these records; 3) receive a list of the individuals having access to those records; 4) ask for an explanation of any item in the records; 5) ask for an amendment to any report on the grounds that it is inaccurate, misleading or violates the child's rights; and 6) a hearing on the issue if the school refuses to make the amendment.

If there are any questions, please contact Debbie Ferguson at 520-296-4070.

Or write: Compass High School
ATTN: Debbie Ferguson
P. O. Box 17810
Tucson, AZ 85731



SUMMARY OF CHILD FIND PROCEDURES FOR PARENTS AND STAFF

In compliance with federal legislation, Compass High School has established the following policies and procedure for Child Find purposes:

Compass Policy assures that:

1. Compass will maintain documentation of the public awareness efforts to inform the public and parents within the district's boundaries, including private and religious schools and the County School Superintendent's office regarding homeless and home-schooled children.
2. Screening activities will be implemented for all newly enrolled students and those transferring in without sufficient records.
3. The screening will be completed within 45 calendar days of school entry.
4. The screening will include consideration of academic or cognitive skills, vision, hearing, communication, emotional, motor and adaptive development.
5. Review referral and follow-up will be done on screenings and documented in the child's cumulative file, with back up data on the district's Child Find Screening Log.
6. Compass High School will maintain documentation and annually report the number of children with disabilities within each disability category that have identified, located, and evaluated.
7. Compass High School will refer children aged birth through two years suspected of having a developmental delay to the Arizona Early Intervention Program (AzEIP) to determine eligibility for early services, using the Child Find Tracking Form to ensure follow up within 30 calendar days of initial referral.

Refer Parents of Children Birth to 3 to:

Arizona Early Intervention Program
AzEIP Contact: Peggy Brown
Phone Number: (520) 519-1676 Ext. 1169
Or (800) 501-2765

Refer Parents of Youth 3 to 21 to:

Special Education Services
Child Find Contact: Nanette Newell
Phone Number: (520) 232-8331



COMPASS HIGH SCHOOL STUDENTS ARE GOING PLACES!!

Field Trip and Other Activities Permission and Waiver of Liability Agreement

Compass High School students will be participating in academic and other extra-curricular activities during the 2009/2010 school year. Compass High School, Inc. may provide transportation, employees or other volunteers may provide transportation or students themselves may provide transportation to these destinations.

Your signature below is your authorization for your student to participate and your agreement to waive any and all liability of Compass High School, Inc. and/or its employees that may arise from your student's participation in such field trips or other activities. This signed waiver agreement and authorization must be on file at Compass High School, Inc. before your student can participate.

Students unwilling to follow rules set by the teacher and/or teachers will not be allowed to participate in field trips and other activities. Students must be in good standing in regard to compliance with rules of current attendance, behavior and academic performance to participate in field trips and other activities.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Policy Number: _____

(Please submit a copy of your insurance card)

IMPORTANT: Do not sign until you read this document. (Your signature is your Authorization for participation and your agreement to waive any and all liability of Compass High School, Inc., and/or its employees.)



Attention Registrar: _____

Student: _____

Date of Birth: _____ Last Grade Attended: _____

Please fax and mail copies of the following information for the above named student:

1. Official Transcript.
2. Withdraw Form.
3. IEP, MET, and Psychological Evaluations (Special Education Information).
4. ELL Test Results and/or Program Information.
5. AIMS results and other test scores.
6. Birth Certificate.
7. Immunization Records (ASIR 109 and/or copy of Doctor records).

Thank you for your prompt response. Please feel free to contact us if you have any questions, at 520-296-4070.

Sincerely,

I consent to the transfer of the requested records:

Student/Parent Signature

Date: _____

Please mail records to:
P. O. Box 17810
Tucson, Arizona 85731