



**VAIL HIGH SCHOOL
NEW STUDENT REGISTRATION
2008-2009 School Year**

___ RESIDENT

___ SITE/EMPLOYEE

___ OUT OF DISTRICT

PRINT STUDENT'S NAME _____

CURRENT GRADE _____

SOCIAL SECURITY NUMBER _____

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

___ Copy of Birth Certificate

___ Copy of Immunization Record

___ Copy of Custody or Guardian Papers (if necessary)

___ Unofficial Transcript or Current Report Card

Yes / No (Has your child ever attended an Arizona School)

Verified By: _____ Date: _____ Time: _____

TO BE COMPLETED BY OFFICE STAFF

School Student Number: _____ SAIS Student Number: _____ Grade Level: _____

Entry Date: _____ Entry Code: _____ District of Residence: _____

Full-Time Equivalency: _____ Membership Share: _____ CTDS from previous school: _____

Tuition Payer: (Circle One) All Others or Private Paid / No tuition

Special Enrollment Code: (Circle One) None CECA CECB Open Enrollment

Enrollment Type: (Circle One) Main or Ancillary

ARIZONA DEPARTMENT OF EDUCATION

Student Accountability Information System

SAIS Information for Vail High School Students 2008/2009 School Year

TO BE COMPLETED BY PARENT/GUARDIAN: Student lives with (circle one) Both Parents/ Mother/Father/Guardian
Custodial Alert ___ Yes ___ No

Student's Name: Last _____ First _____ MI _____ Extension: _____
(Legal) (Legal) (Jr, Sr, III, etc)

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____ Phone: _____

Parents E-Mail Address: _____

Mother Cell: _____ Father Cell: _____

Last Name goes by: _____ Date of Birth: _____ Gender: Male ___ Female ___

Emergency Contact: _____

Ethnicity: ___ White (Not Hispanic) ___ Black or African American (Not Hispanic)
___ Asian or Pacific Islander (Oriental) ___ American Indian or Alaskan Native
___ Hispanic or Latino

State of Birth: _____ Tribal Name: _____
(only if country of birth is USA)

Country of Birth: _____ Home Language: _____

Mother's Name: _____ Work Number: _____ Employment: _____

Father's Name: _____ Work Number: _____ Employment: _____

Legal Guardian: _____ Work Number: _____ Employment: _____

Lives with: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SPECIAL SERVICES INFORMATION

1. Has the student ever received any special services in the previous schools attended? _____
If so, what services? _____
_____.
2. When and where were these services provided? _____
_____.
3. Were these services ever terminated or are they still in effect? _____
_____.
4. Does this student have a current IEP or 504 plans? Please explain. _____

_____.

Vail Unified School District #20
P.O. Box 800
Vail, Arizona 85641

IMPORTANT NOTICE!!

Dear Parent/Guardian:

The 1987 Legislature passed a law designated to help trace the location of any child who is reported missing. So that schools may assist in effort, A.R.S. Sec. 15-828 requires that you, the parent or guardian of the child you are enrolling in our district, provide **ONE** of the following to this office:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupils identity and age, including the pupil's baptismal certificate, an application for a Social Security number, or original school registration records **AND** an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil certifying that the pupil has been placed in the custody of the agency as prescribed by law.

If you have any questions, please call the district office at (520) 879-2000.

THIS INFORMATION MUST BE PROVIDED NO LATER THAN:

DATE: _____
30 days from enrollment date

VAIL UNIFIED SCHOOL DISTRICT #20
P.O. BOX 800
VAIL, ARIZONA 85641

MEDICAL INFORMATION

NAME _____ DATE OF BIRTH _____

In an emergency that a parent/guardian cannot be reached, I give permission for the Vail School District to provide medical treatment for my child. I give permission for my child to be transported by whatever means necessary, as determined by the school district personnel, to the nearest emergency medical child as deemed necessary in the opinion of my family doctor or the doctor rendering service.

FAMILY DOCTOR _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

Signature of parent or guardian _____ Date _____ Grade _____

A Health Aide, who has First Aid and CPR training, manages the health office. They cannot diagnose or treat illness but are there to manage minor mishaps and ailments. Your child should not be in school if they have a fever, a rash of undetermined cause, vomiting or diarrhea, conjunctivitis (pink eye), chicken pox, impetigo, ringworm, or head lice unless they have been treated medically or are symptom free for 24 hours. A child with a temperature of 100 degrees or greater will be sent home.

No medication brought from home, including over-the-counter medication, will be administered from the Health Office unless there is a written prescription from a Health Care Provider, and the medication is in its original container.

Please check those medications that you give permission for your child to receive through the Health Office.

YES

NO

___ Tylenol (Acetaminophen)

___ Calamine Lotion (For bug bites, rashes)

___ Triple Antibiotics Ointment (for scrapes)

___ Ibuprophen (For mild & moderate pain)

Signature of parent or guardian _____

Student Health History

Has your child ever had any of the following? If so please give age of occurrence next to those that apply.

Student Name: _____

Asthma _____	Heart Condition _____
Allergies _____	Kidney Disease _____
To What _____	Urinary Infection _____
Anemia _____	Orthopedic Condition _____
Chest Condition _____	Rheumatic Fever _____
Seizures _____	Scarlet Fever _____
Tuberculosis _____	Chickenpox _____
Valley Fever _____	Diabetes _____
Frequent Sore Throats _____	Frequent Ear Infections _____

At birth was your child placed in intensive care? _____ If yes, please explain. _____

Is your child presently receiving treatment for any medical problems? _____ If yes, please explain. _____

Is your child presently taking medicine on a regular basis? _____ If yes, please explain. _____

Has your child ever had a serious accident or injury, which required him/her to stay in the hospital overnight or longer? _____ If yes, please explain. _____

Has your child ever had tubes in his/her ears? _____	When? _____
Does your child have any vision problems? _____	What? _____
Does your child have any hearing problems? _____	What? _____
Does your child have any speech problems? _____	What? _____
Does your child wear glasses or hearing aid? _____	What? _____

Are there any restrictions for your child in Physical Education or Physical Activity? _____ If yes, please explain.

List dates and types of immunizations received since last year. _____

Please give any additional information that will be important to the Health History of your child. _____

**Vail High School
Request For Records**

**P.O. Box 800
Vail, Arizona 85641
Phone: 520-879-1905
Fax: 520-879-1901**

Name and Address of Prior School:

Please forward the following records for: _____ Date
of Birth: ____/____/____. This student has enrolled in Grade _____ at
Vail High School on ____/____/____.

Federal Law 99.31 specifies that no parental signature is required for educational records released to another educational institution.

Please send at your earliest convenience the items listed below. Please include date of withdrawal and grades to that date.

- | | |
|-----------------------------|--|
| _____ Transcript of Grades | _____ Withdrawal Grades |
| _____ Health Records | _____ Achievement Test Scores |
| _____ Attendance Records | _____ Other |
| _____ Psychological Records | _____ Special Education Records (IEP,
Speech/Language Services, Resource Support) |

Please send records to: Tricia Kaparoff
Vail High School
P.O. Box 800
Vail, Arizona 85641

Thank you for your cooperation in this matter.

Tricia Kaparoff
Office Manager/Registrar

1st REQUEST SENT ____/____/____
2nd REQUEST SENT ____/____/____

If the student has received Special Education services, please mail those records to:
Vail School District Special Education
13801 E. Benson Hwy Suite B
Vail, Arizona 85641

VAIL HIGH SCHOOL
TRANSPORTATION INFORMATION
Vail Unified School District #20

FOR TRANSPORTATION ONLY	
BUS ROUTE _____	Date: _____
BUS STOP _____	
Grade: _____	New Student () Student Withdraw ()
First day to ride the bus Day _____ Date _____	

Student: _____

- () 1. My child may be dropped off to walk home.
- () 2. My child is not to be left at the regular school bus stop unless a member of our family is at the stop to meet him/her.
- () 3. My child is not to left at the regular school bus stop unless a member of our family or a person designated as an alternate is at the stop to meet him/her. The name of the designated alternate is:

Date: _____ Signature of Parent/Guardian _____

Street Address: _____

Mailing Address: _____

Home Phone: _____

Father's Work Number: _____ Mother's Work Number: _____

Student Records

Designation of Directory Information

During the school year, District staff members may compile nonconfidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the Governing Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing not to release the student's information without your prior written consent. *If you do not opt out of releasing any and all of the below-designated information, then the District must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.*

If you *do not* want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior written consent, you must notify the district in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son's/daughter's designated directory information.

TO: Principal

I *do not* want **any or all** the information I have below concerning

(Student's name) _____ designated as directory

information and released to any person or organization without my prior written consent:

- | | |
|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Address |
| <input type="checkbox"/> Telephone listing | <input type="checkbox"/> Electronic mail address |
| <input type="checkbox"/> Date and place of birth | <input type="checkbox"/> Photograph |
| <input type="checkbox"/> Dates of attendance | <input type="checkbox"/> Grade Level |
| <input type="checkbox"/> Honors and awards received | <input type="checkbox"/> Major Field of study |
| <input type="checkbox"/> Enrollment status (e.g., part time or full time) | |
| <input type="checkbox"/> Participation in officially recognized activities and sports | |
| <input type="checkbox"/> Weight and height of members of athletic teams | |
| <input type="checkbox"/> Most recent educational agency or institution attended | |

(Parent/guardian signature)

(Date)

Model Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

PPRA affords parents and students who are under age eighteen (18) or emancipated minors (“eligible students”) certain rights regarding our conduct of surveys, collection and use of information for making purposes, and certain physical exams. These include the right to:

- * Consent before students are required to submit to a survey that concerns one or more of the following protected areas.
 1. Political affiliations or beliefs of the student or student’s parent;
 2. Mental or psychological problems of the student or student’s family;
 3. Sex behavior or attitudes;
 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 5. Critical appraisals of others with whom respondents have close family relationships;
 6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
 7. Religious practices, affiliations, or beliefs of the student or parents;
 8. Income other than as required by law to determine program eligibility.

- * Receive notice and opportunity to opt a student out of:
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

- * Receive / Inspect, upon request and before administration or use:
 1. Protected information surveys of students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

Vail School District will/has develop(ed) and adopt(ed) policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. Vail School District will directly notify parents and eligible students of these policies at least annually at the start of each school year, and after any substantive changes. Vail School District will also directly notify parents and eligible students, such as through registration materials, the U.S. Mail or e-mail, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participating in:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by the U.S. Department of Education.
- Any non-emergency, invasive physical examination or screening as described above.

Parents/eligible students who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-4605

VAIL UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY CARD

EMERGENCY CONTACT AND PHONE NUMBERS

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____

Note: Students will only be released to those on the list.

**VAIL UNIFIED SCHOOL DISTRICT #20
P.O. BOX 800
VAIL, ARIZONA**

On September 11, 1981, the Vail Governing Board gave the following directive to the administration in determining eligibility in Vail Unified School District No. 20:

“A student must reside with one or both legal parents of the district, with one or both legal court appointed guardians, or be in place in the district by court order.”

Date: _____

This is to certify that I am the legal guardian of: _____

Signature: _____

Address: _____

Vail High School
DRESS CODE

Please remember, you are on a science and technology park surrounded by *business professionals*. Students must present an image that is appropriate to a business environment.

Students need to be clean, hygienic, and neatly groomed; only natural hair color shades are permitted, and hairstyles should not cause distraction.

Proper attire includes and is limited to:

- Site security badge
- Appropriately sized clothing (No baggy pants, shorts, tight shirts, skirts, etc.)
- Neatly tailored jeans or slacks with hems or cuffs
- Neatly tailored shorts and skirts with hems or cuffs
- Skirts and shorts will not be shorter than mid-thigh when standing up
- Professional shirts or blouses with or without collars
- Banded, buttoned/zippered or buttoned collared shirts with sleeves
- Shirts must be tucked in if they extend more than 5 inches below the belt line or if the shirt has tails
- Official VHS designed attire
- Sweatshirts and light jackets
- Modestly-sized, appropriate necklaces and jewelry

Not to include:

- Caps, hats, hoods or head coverings*
- Shirts that show cleavage, or bare midriff when arms are raised.
- Flip-flops, jelly shoes, slippers, elevator shoes, and stiletto heels
- Utility belts
- Bare midriff, backless, see-through, halter-tops, spaghetti straps, tight fitting, and any clothing that is distracting to the educational environment
- Clothing, jewelry, or other accessories that are gang affiliated
- Clothing and accessories which display slogans, advertisement of drugs, alcohol, tobacco, or other negative messages which are offensive or inappropriate
- Inappropriate makeup
- Chains, spikes, dog collars and inappropriate accessories

** Exceptions may be considered for religious or medical reasons*

Student Signature _____

Parent Signature _____

Vail High School CODE OF CONDUCT

Vail High School is a partnership of learners where workplace behavior and professional dress is required. Students, parents, staff, and community members share the responsibility of providing a quality education in a safe, nurturing, and productive environment. All individuals involved are expected to be honest, kind, and considerate. Respectful actions, attitudes, and appropriate language are required.

To achieve these goals, district policies and regulations, in addition to this Code of Conduct, will apply to all students at school, on the way to and from school, on the Science and Technology park property and off-site while attending any school related activity or function.

Any action, which endangers the safety, health, or welfare of others, will be prohibited. The following infractions are specifically prohibited and will be handled with the prescribed consequences:

1 Point

Dress code infraction
Use or display of beepers/cellular phones
Knowingly obstructing a school investigation
Disruptive behavior
Profane/vulgar language
Excessive tardiness
Ditching class

Minimum Consequences

Communication with student
Communication with home
Negotiated consequence with home, student, and teacher
Lunch detention
Afternoon detention
1 day out of school suspension

2 Points

Disorderly conduct
Accessing inappropriate Internet site(s)
Violating school Acceptable Use Policy
Possessing obscene material
Leaving school without permission
Gambling, vandalism, or intimidation
Cheating/plagiarism
Insubordinate behavior
Inappropriate or vulgar language directed at a staff member

Minimum Consequences

3 day suspension and communication with home

3 Points

Stealing
Destruction of property
Gang activity of hazing
Creating a physically hazardous condition
Harassment or Sexual Harassment or Bullying
Believed to have/or actually committed a crime
Possession of tobacco or tobacco paraphernalia
Possession of a lighter, matches, or other incendiary device

Minimum Consequences

5 day suspension and communication with home

6 Points

Selling, using, or possessing alcohol, drugs, or other controlled substances or paraphernalia
Selling, using or possessing weapons, fireworks, or other dangerous instruments

Minimum Consequences

Recommended Long Term Suspension

Each suspension will result in a point value based upon the category. If a student accumulates more than a total of 5 points during any one school year, the administration will recommend a long-term suspension.

Student Signature: _____

Parent/Guardian Signature: _____

ENFORCEMENT OF HIGH ACADEMIC STANDARDS

Vail High School students are held to high standards of academic achievement. They must maintain a grade point average (GPA) of 2.5 or better every semester or be placed on academic probation.

Students placed on academic probation have one semester to raise their GPA one full point or to 2.5, whichever is less. Students on academic probation are required to meet with their parents and academic advisor on a regular basis. Students on academic probation may be required to attend Saturday school and tutoring sessions and may be required to attend extended sessions after regular school hours.

Students who have not successfully improved their GPA by the end of their probationary semester may be required to seek out an alternative placement.

Any student who is deemed by administration or faculty to be in danger may be required to attend Saturday school, tutoring sessions, or extended sessions, regardless of whether the student has been placed on probation.

Notice of Nondiscrimination

Vail Unified School District #20 does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability in admission or access to, or treatment or employment in, its educational programs or activities. Inquiries concerning Title VI, Title VII, Title IX, Section 504, and Americans With Disabilities Act may be referred to the **Superintendent, Calvin Baker, or John Carruth, Assistant Superintendent and Title IX and Section 504 Coordinator, 13801 E. Benson Hwy. Vail, AZ 85641, 520-879-2000.**

Aviso de No Discriminación,

El Distrito Escolar Unificado de Vail #20 no discrimina a base de raza, color, origen de nacionalidad, sexo, edad, religion, o inhabilidad en admisión o acceso a, o tratamiento de personas o empleo en, sus programas educacionales o actividades. Si usted tiene preguntas o algun otra cuestión sobre Titulo VI, Titulo VII, Titulo IX, Sección 504 ud. Puede digerise con al Superintendente Sr. Calvin Baker, o Asistente al Superintendente Sr. John Carruth, 13801 E. Benson Hwy., Vail, AZ 85641, 520-879-2000.



In the Vail Schools we:

Are respectful and trustworthy

Care about each other

Take responsibility