



Enrollment Forms Packet Online Enrollment

**5058 S. Price Road
Tempe, AZ 85282
Phone 480-838-1322
Toll Free 888-573-4322
Fax 480-838-1522**

**Principal
Myron Hammond**



Enrollment Forms Packet 2011-2012

For New Students

Fax:
480-838-1522

Scan & E-mail:
LAVAINfo@leonagroup.com

Mail:
LAVA
5058 S Price Road
Tempe, AZ 85282

Required Documents for ALL students

When Submitting Documents, Please Submit Copies, Not Originals

Please review the table below. Depending on your circumstances, you are required to provide additional documentation as part of the enrollment process. Items marked with * can be requested by LAVA once ALL other documents are received; however, **students may not start classes until all of these documents are received.**

Item	Description	Provided by?
Picture	Digital Picture of the student	You
Proof of Age	Official birth certificate (not the hospital issued certificate)	You*
Proof of Residency	One of the following: <ul style="list-style-type: none"> AZ Driver's License or ID (accepted if address is not a PO Box) Current utility bill showing service address Mortgage statement - address of property must match student address Lease agreement including the landlord's signature - address must match student address 	You
Withdrawal Slip	Copy of the withdrawal slip from the student's prior school	You*
Immunization Record	Complete immunization record	You*
Student Agreement	This form must be signed by the student and the legal guardian	This Packet
Internet Use Policy	This form must be signed by the student and the legal guardian	This Packet
Parent Consent for School-Based Counseling Program	Please complete and sign this form	This Packet
Chickenpox (Varicella) Disease	Screening Form to Determine Chickenpox (Varicella) Disease Please complete and sign this form	This Packet
Request for Release of Records	By filling out this form you are giving our school permission to request your student's official records from their previous school	This Packet
PHLOTE	This is the Primary Home Language Other Than English Home Language Survey. Please answer other three questions and sign the form.	This Packet
Medical Consent Form	Consent for Medical/Dental Emergency Treatment & Medical Information in the event that 1 st and 2 nd parties are not reachable.	This Packet
Contact Policy for Adult Students	Form is for students 18 and over granting us consent to contact those they identify pertaining to their Attendance, Health, and Academic Performance.	This Packet
No Child Left Behind Act Form	Please follow the directions for complete this form and sign.	This Packet
McKinney-Vento Eligibility Questionnaire	Please complete this form	This Packet
Acknowledgement and Assumption of Risk and Release	This form requires the legal guardian signature	This Packet
Request for Special Services	Please complete and sign this form - this is required for ALL students as part of our Federally Required Child Find process	This Packet
Report Card / Transcripts	<ul style="list-style-type: none"> 7th - 8th Grade - student's report card 9th Graders - Certificate of Promotion OR Unofficial Transcript 10th - 12th Graders - Unofficial Transcript 	You*

Additional Documents for Students with Special Services

If all of the above documents are received, your student can start school; however, if your student has an Individualized Education Plan or Section 504 plan, providing it **before** your student starts school will help us ensure that the appropriate services are provided to your student.

Item	Description	Provided by?
IEP/504	A copy of your student's current IEP (Individualized Education Plan) or Section 504 plan. This is the document you update every year	You
Evaluation Report	A copy of your student's current evaluation report. This is done once every 3 years.	You



MIDDLE SCHOOL CALENDAR

5058 S Price Road | Tempe, AZ 85282
 P: 480.838.1322 or 888.573.4322 | F: 480.838.1522
 lavainfo@leonagroup.com | www.lavavirtual.com

Description	Start Date	End Date
Semester 1	August 8th, 2011	December 16th, 2011
Labor Day - office closed	September 5th, 2011	--
Professional development day - office closed	September 16th, 2011	--
Fall Break	October 10th, 2011	October 14th, 2011
Midterm	October 17th, 2011	--
Veterans' Day - office closed	November 11th, 2011	--
Thanksgiving - office closed	November 24th, 2011	--
Winter Break	December 19th, 2011	January 2nd, 2012
Semester 2	January 3rd, 2012	March 9th, 2012
Martin Luther King Day - office closed	January 16th, 2012	--
Professional development day - office open	January 30th, 2012	--
President's day - office open	February 20th, 2012	--
Spring Break	March 12th, 2012	March 16th, 2012
Midterm	March 19th, 2012	--
AIMS Testing	April 16th, 2012	April 20th, 2012
Promotion	May 25th, 2012	--



HIGH SCHOOL CALENDAR

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 lavainfo@leonagroup.com | www.lavavirtual.com

Description	Start Date	End Date
Block A1	August 8th, 2011	September 15th, 2011
Block B1	August 22nd, 2011	September 30th, 2011
Labor Day - office closed	September 5th, 2011	--
Block C1	September 6th, 2011	October 28th, 2011
Professional development day - office closed	September 16th, 2011	--
Block A2	September 19th, 2011	November 10th, 2011
Block B2	October 3rd, 2011	November 23rd, 2011
Fall Break	October 10th, 2011	October 14th, 2011
Block D1	October 17th, 2011	November 23rd, 2011
AIMS Writing - 11th & 12th Grade	October 25th, 2011	--
AIMS Reading - 11th & 12th Grade	October 26th, 2011	--
AIMS Math - 11th & 12th Grade	October 27th, 2011	--
Block C2	October 31st, 2011	December 9th, 2012
Veterans' Day - office closed	November 11th, 2011	--
Block A3	November 14th, 2011	January 13th, 2012
Thanksgiving - office closed	November 24th, 2011	--
Block B3	November 28th, 2011	January 27th, 2012
Block C3	December 12th, 2011	February 10th, 2012
Winter Break	December 19th, 2011	January 2nd, 2012
Block D2	January 3rd, 2012	February 10th, 2012
Martin Luther King Day - office closed	January 16th, 2012	--
Block A4	January 17th, 2012	February 24th, 2012
Professional development day - office open	January 30th, 2012	--
Block B4	January 31st, 2012	March 9th, 2012
Block C4	February 13th, 2012	March 30th, 2012
President's day - office open	February 20th, 2012	--
Block A5	February 27th, 2012	April 13th, 2012
AIMS Writing - 10th, 11th & 12th	February 28th, 2012	--
AIMS Reading - 10th, 11th & 12th	February 29th, 2012	--
Spring Break	March 12th, 2012	March 16th, 2012
Block B5	March 19th, 2012	April 27th, 2012
Block C5	April 2nd, 2012	May 11th, 2012
AIMS Math - 10th, 11th & 12th	April 10th, 2012	--
Stanford 10 Testing -- 9th ONLY	April 10th, 2012	April 11th, 2012
AIMS Science - 10th ONLY	April 11th, 2012	--
Block A6	April 16th, 2012	May 25th, 2012
Block B6*	April 30th, 2012	May 25th, 2012
Graduation	May 29th, 2012	--



LEONA ADVANCED VIRTUAL ACADEMY

Inclusive Education Philosophy

Leona Advanced Virtual Academy embraces the philosophy of full inclusion, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the unique learning abilities of all students. Special education staff supports the regular classroom teacher with this process. There are not two distinctly different types of students, e.g. “special” and “regular.” All students are individuals with their own unique set of physical, intellectual and psychological characteristics that influence their instructional needs. There are not two discrete sets of instructional methods – one set for “special” students and another for “regular” students. Individualized instructional programs are designed for each student.

Basic Beliefs and Expectations

Inclusion is the underlying philosophy by which all students are educated.

All students are educated with chronological age appropriate peers.

All students are educated full time in the general education classroom.

All students learn and develop individually and the curriculum is modified or adapted to allow students to progress at their individual rates. Students are not penalized for the inability to progress at grade level.

General education teachers assume responsibility to teach and meet the cognitive, affective and social needs of all students with special education teachers and staff providing support. Teaching strategies that facilitate the education of multi-level abilities in each class are used by all teachers (e.g., cooperative learning, project learning, mastery learning, and curriculum compacting, independent projects, flexible groupings, learning centers and teaching to learning styles such as visual, auditory and manipulative).

Graduation Requirements

The Arizona State Board of Education has changed graduation requirements beginning with the class of 2012 and ending with the class of 2013. As seen in the table below, the State Board is adding more math, science and social studies. Additionally, the total number of credits to graduate will increase from 20 to 22.

In addition to the requirements below, students MUST pass the high school AIMS reading, writing and math tests to receive a high school diploma.

Subject	Graduation Year	
	2013 ^a or later	2012 ^b
English	4	4
Math	4	3
Science	3	2
World History	1	1
US/AZ History	1	1
Government	0.5	0.5
Economics	0.5	0.5
CTE/Fine Art	1	1
Electives	7	7
Total Credits	22	20

^a Math courses shall consist of Algebra I, Geometry, Algebra II (or its equivalent) and an additional course with significant math content as determined by district governing boards or charter schools. Science courses shall consist of three credits of science in preparation for proficiency at the high school level on the AIMS test.

^b Math courses shall consist of Algebra I, Geometry and an additional course with significant math content as determined by district governing boards or charter schools.



LEONA ADVANCED VIRTUAL ACADEMY

Explanation of Schedule

Leona Advanced Virtual Academy's program follows a block schedule system. During each block, the student takes and completes 3-5 courses. In order to receive credit for a course, a student must complete all the work required at a level that is acceptable by the teacher. At the end of the block the earned credit is then applied to the transcript.

HIGH SCHOOL

- Block Schedule System (6-7 week blocks)
- Student takes 2 courses during the 6 week block
- Students are **REQUIRED** to complete 25 hrs./week minimum

Suggested work schedule to be successful in the program

	# of Classes	Hrs. / Class	Hrs./Day
5 DAY Course Week	2 Classes	2.5 hrs.	5 hrs.
6 DAY Course Week	2 Classes	2.10 hrs.	4.20 hrs.
7 DAY Course Week	2 Classes	1.78 hrs.	3.58 hrs.

MIDDLE SCHOOL

- Quarter Schedule System (9-10 week)
- Student takes 5-6 Classes @ one time
- Students are **REQUIRED** to complete 30 hrs./week minimum

Suggested work schedule to be successful in the program

	# of Classes	Hrs. / Class	Hrs./Day
5 DAY Course Week	5 Classes	1.20 hrs.	6 hrs.
6 DAY Course Week	5 Classes	1 hr.	5 hrs.

The learning lab is open from 8:00 AM to 5:00 PM Monday – Thursday, 8:00 AM to 4:00 PM Friday. Students who do not meet the full-time attendance in a given week will be placed on attendance probation for the next week. Failure to meet the requirement two weeks in a row during the course of a term may result in the student being withdrawn. It is imperative that students realize there is a 100% attendance requirement policy. These criteria meet the State requirements for class attendance/earned credit.

Equal Educational Opportunities/Non-Discrimination Affirmation

Leona Advanced Virtual Academy 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.

The 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.



Document Submission Coversheet

Please include this as the first page when you submit your Enrollment Forms and check which items you have included in this submission:

Student Name: _____ Guardian Name: _____
 If we have questions, what is the best phone number to contact you at: _____

Note: Shaded items are forms in this Enrollment packet.

Included?	Item	Description
	Proof of Age	Official birth certificate (not the hospital issued certificate)
	Proof of Residency	One of the following: <ul style="list-style-type: none"> AZ Driver's License or ID (accepted if address is not a PO Box) Current utility bill showing service address Mortgage statement - address of property must match student address Lease agreement including the landlord's signature - address must match student address
	Withdrawal Slip	Copy of the withdrawal slip from the student's prior school
	Immunization Record	Complete immunization record
	Student Agreement	This form must be signed by the student and the legal guardian
	Internet Use Policy	This form must be signed by the student and the legal guardian
	Parent Consent for School-Based Counseling Program	Please complete and sign this form
	Chickenpox (Varicella) Disease	Screening Form to Determine Chickenpox (Varicella) Disease Please complete and sign this form
	Request for Release of Records	By filling out this form you are giving our school permission to request your student's official records from their previous school
	PHLOTE	This is the Primary Home Language Other Than English Home Language Survey. Please answer the three questions and sign the form.
	Medical Consent Form	Consent for Medical/Dental Emergency Treatment & Medical Information in the event that 1 st and 2 nd parties are not reachable.
	Contact Policy for Adult Students	Form is for students 18 and over granting us consent to contact those they identify pertaining to their Attendance, Health, and Academic Performance.
	No Child Left Behind Act Form	Please follow the directions for complete this form and sign.
	McKinney-Vento Eligibility Questionnaire	Please complete this form
	Acknowledgement and Assumption of Risk and Release	This form requires the legal guardian signature
	Request for Special Services	Please complete and sign this form - this is required for ALL students as part of our Federally Required Child Find process
	Report Card / Transcripts	<ul style="list-style-type: none"> 7th - 8th Grade - student's report card 9th Graders - Certificate of Promotion OR Unofficial Transcript 10th - 12th Graders - Unofficial Transcript

You can submit the documents using any of the following methods:

*****Don't Forget to E-mail us a digital picture of your student******

Fax:
480-838-1522

Scan & E-mail:
LAVAInfo@leonagroup.com

Mail:
LAVA
5058 S Price Road
Tempe, AZ 85282



LEONA ADVANCED VIRTUAL ACADEMY

Student Agreement/Contract

The following rules and procedures are enforced at Leona Advanced Virtual Academy for the purpose of maintaining a safe, drug-free learning environment.

Policies for ALL Students

1. **Attendance:**
 - a. Middle School: Students will attend class thirty hours per week.
 - b. High School: Students will attend class twenty-five hours per week.
 - c. Students who do not meet the full-time attendance requirement as defined above will be placed on attendance probation for the next week. Failure to meet the requirement two weeks in a row during the course of a term may result in the student being withdrawn.
 - d. Attendance will be collected from the time logged online. Students are required to submit time for work completed outside of the online school, weekly. Failure to submit attendance on time may result in student being withdrawn from the program.
2. **Parent Notification:** As a condition of enrollment at LAVA, students agree that LAVA staff may discuss attendance, academic performance, behavior and health with any of the contacts that are.
3. **Privacy:** LAVA tracks the use of its online school resources and computer systems. Users are hereby notified that they have no expectation of privacy while using school controlled electronic resources and computer systems.
4. **Teacher Availability:** Teachers are available to communicate with parent/guardians. E-mail is the preferred method of communication with teachers and staff. Teachers can be reached by phone during their office hours as posted in their contact information in your student's course. Additionally, teachers will hold regular virtual classroom sessions with students for additional instruction and support.
5. **Disrespect:** Students will not be disrespectful to teachers, staff members or fellow students. This includes the use of racist, sexist, obscene language or gestures in the classroom (virtual or physical), on class work, on campus as well as a disrespectful attitude when addressing staff members or fellow students.
6. **No Gang Activity or Association:** Leona Advanced Virtual Academy strictly enforces a zero tolerance policy towards any type of gang activity or association. This includes but is not limited to hand gestures/signs, clothing, belt buckles, T-shirts, handkerchiefs, emblems, writing graffiti, user ID names, email address, etc.
7. **Vandalism:** Vandalism is forbidden. Any destruction of school property by a student is the financial responsibility of the parent/guardian and may be reported to the police for further action.
8. **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 and/or staff members.
9. **Illegal Possession:** Any actions involving the possession, use, or sale of any type of drug, alcohol, tobacco, or other controlled substances will result in notification of authorities.
10. **No Weapons:** Weapons or any other dangerous items are not allowed on campus; this includes look-alikes and replicas. Possession of dangerous items will result in notification of authorities.

11. **Academic Integrity:** Plagiarism is defined as using the work of another as your own work without proper citations. Students are expected to do their own work on all assignments, tests, and quizzes. All work that is identified as plagiarized will be graded as 0 (F). Severity and frequency will be considered by the school before any work is allowed to be resubmitted.

Policies While at our Learning Center

12. **Closed Campus Policy:** Leona Advanced Virtual Academy operates a closed campus policy. Students who become ill or have an emergency must report to the office and sign out before leaving campus. All students under the age of 18 must have parent/guardian permission; students 18 or older must speak to administration before being allowed to sign out and leave campus.
13. **Personal Phone Calls & Text Messaging:** Students will not receive telephone calls or respond to text messages during school hours. Emergency calls from parents/guardian will be taken at the front desk.
14. **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/she should contact the principal or assistant principal immediately.
15. **Personal Electronic Equipment:** Cell phones should not be used while on campus. Beepers, hand-held computer games and other electronic equipment are allowed but cannot be used in the building or administrative offices. Students at the learning center may use music players while working. LAVA encourages students not to bring personal electronics on to campus. LAVA does not accept responsibility for personal property.
16. **Trash/Littering:** Students will throw trash in trash cans and assist the Leona Advanced Virtual Academy staff in keeping the campus litter free.
17. **Gambling:** Gambling in any form is not allowed on campus.
18. **Attire:** Students are expected to dress appropriately. Any attire which is inappropriate or distracts from the learning environment will not be tolerated.
19. As an online school, LAVA provides its services online. We offer computer access to students who would like to work in a campus environment. LAVA reserves the right to prohibit students from working at its campus due to long-term suspensions, expulsions, issues at other Leona Group schools and any other issue that LAVA identifies that would distract from the Learning Center environment.

Acceptance

I am aware that Leona Advanced Virtual Academy is a school of choice. After talking with my parents/guardians, I have chosen to attend Leona Advanced Virtual Academy.

I agree that my continued admission will be based on my willingness to follow the above-stated rules and policies of Leona Advanced Virtual Academy.

I understand that violation of any of these guidelines or rules will result in discipline up to and including my removal from Leona Advanced Virtual Academy.

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



LEONA ADVANCED VIRTUAL ACADEMY

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 son/daughter to participate in the use of the Internet, a worldwide telecommunications network. I realize that s/he 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 Leona Advanced Virtual Academy 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: _____

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 Leona Advanced Virtual Academy 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: _____



LEONA ADVANCED VIRTUAL ACADEMY

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 student’s school personnel with any questions or concerns you may have, and, you may revoke this consent for participation at any time.

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)



Screening Form to Determine History of Chickenpox (Varicella) Disease

ADHS Var 6/05

Student Name: _____ Date of Birth: _____

School Name: _____ Grade: _____

Parent/Guardian Name (please print): _____

Address: _____

Telephone Number (where you can be reached during the day): _____

If your child saw a doctor for a rash that the doctor said was chickenpox, please fill out this box.

Doctor's Name: _____

Approximate Date of the Doctor Visit: Month: Year: _____

Parent/Guardian Signature: _____ Date: _____

If you filled out this box then your child will not need to get the chickenpox vaccine for school admission. Present this to the school nurse as proof of chickenpox disease.

If you think your child had chickenpox even though he or she was not taken to the doctor, please fill out this box.

Approximate Date of Illness: Month _____ Year _____

Did your child have a rash on his/her body for 3 or more days? Yes No Don't Know

Did the rash have blisters? Yes No Don't Know

Did the blisters itch? Yes No Don't Know

Did the blisters turn into scabs Yes No Don't Know

Parent/Guardian Signature: _____ Date: _____

If you answered "Yes" to all the questions in this box then your child will not need the chickenpox vaccine for admission to school. Present this to the school nurse as proof that your child already had chickenpox.

If you answered "No" or "Don't Know" to any of the questions in this box, then your child will need the chickenpox vaccine for school admission.



LEONA ADVANCED VIRTUAL ACADEMY

5058 S. Price Rd. Tempe AZ 85282
PHONE 480-838-1322 FAX 480-838-1522

REQUEST FOR RELEASE OF STUDENT RECORDS

SOLICITUD PARA CEDER REGISTROS DEL ESTUDIANTE

Please forward the transcript(s) of/Por favor 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 **LAVA** on/ En **LAVA** el _____

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, por favor de mandar tales registros.

Please send the following information:

- AIMS Student Report Information
- Birth Certificate
- Official Transcript*
- Letter of Promotion
- Test Scores (SELP/AZELLA Scores – oral, reading, writing)
- Official Withdrawal Form
- Grades to Date of Withdrawal
- Course Description/Catalog of Courses
- Immunization Records/Health Records
- Hearing and Vision Screening Results
- Discipline and Attendance Records
- Explanation of Grading/Credit System. (Please indicate symbols designating accelerated classes.)
- Special Education Records, including IEP's, Psychological Reports, etc.

Por favor de mandar lo siguiente:

- Reportes informativos de el examen AIMS
- Acta De Nacimiento
- Boleta oficial de calificaciones
- Carta de Promoción
- Puntuación en los exámenes SELP y AZELLA
- Forma oficial de retiro
- Calificaciones hasta la fecha de retiro
- Descripción de cursos/Catalogo de cursos
- Cartilla de vacunas/registro de salud
- Resultados de el examen de visión y del oído
- Registros de asistencia y disciplina
- Explicación de sistema de calificaciones y créditos
- Registros de educación especial, incluyendo IEP's, informes psicológicos.

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

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

School Name/Nombre de la escuela

Address/Dirección

City/Cuidad State/Estado Zip/Código Postal

Telephone Number/Numero de teléfono FAX Number/Numero

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 DEBTS. *New Federal Law 99.31- No parent or signature required for educational records to be sent to another educational agency.**



State of Arizona
Department of Education
Office of 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 Montezuma Public Charter Middle School

School Leona Advanced Virtual Academy

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.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas



LEONA ADVANCED VIRTUAL ACADEMY

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. Please complete the following emergency medical and insurance information.

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 on 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 requests:

EMERGENCY CONTACT NAME AND PHONE NUMBER

Emergency Contact Name (other than those listed above). 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 AND OVER-THE-COUNTER 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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Contact Policy for Adult Students

Educational Contact Policy

Experience has shown that students at have great success when they have the support of family and friends. We have found this to be especially true for students who are over the age of 18.

As a condition of enrollment at LAVA, students who are 18 years of age and older agree that LAVA staff may discuss the following with any of the contacts that are provided:

- The Student's Attendance
- The Student's Academic Performance
- The Student's Behavior while at School
- The Student's Health

LAVA strongly recommends that adult students regularly check with the office to ensure that the contacts they have on file should be given access to this information.

Contacts which have been identified by the student as EMERGENCY CONTACTS will ONLY be contacted by LAVA if the student is incapacitated and/or is no longer able to respond for themselves due to medical/health reasons.

Acceptance

I have read the policy above and agree to its terms. I also understand that LAVA, without my consent, may provide my information to government agencies and departments as required by law. I have also reviewed the contacts that are currently listed in my Schoolmaster File.

Signature: _____ Date: _____

Printed Name: _____

FY 2012 Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2012 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the No Child Left Behind Act of 2001.

If your family is at or below the current income guidelines based on the **NCLB Eligibility Guidelines** chart below please check the appropriate box. Otherwise check NOT ELIGIBLE.

INDICATOR 1 **INDICATOR 2** **NOT ELIGIBLE**

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>

I hereby certify that all of the above information is true and correct.

Parent Signature _____

Date: _____

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.

		Indicator 1					Indicator 2				
		House-hold Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks
To determine eligibility circle Household Size and Income Level based on your pay schedule.	1	\$14,157	\$1,180	\$590	\$545	\$273	\$21,147	\$1,679	\$840	\$775	\$388
	2	\$19,123	\$1,594	\$797	\$736	\$368	\$27,214	\$2,268	\$1,134	\$1,047	\$524
	3	\$24,089	\$2,008	\$1,004	\$927	\$464	\$34,281	\$2,857	\$1,429	\$1,319	\$660
	4	\$29,055	\$2,422	\$1,211	\$1,118	\$559	\$41,348	\$3,446	\$1,723	\$1,591	\$796
	5	\$34,021	\$2,836	\$1,418	\$1,309	\$655	\$48,415	\$4,035	\$2,018	\$1,863	\$932
	6	\$38,987	\$3,249	\$1,625	\$1,500	\$750	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
	7	\$43,953	\$3,663	\$1,832	\$1,691	\$846	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
	8	\$48,919	\$4,077	\$2,039	\$1,882	\$941	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
	For Each Add'l Household Member Add		+\$4,966	+\$414	+\$207	+\$191	+\$96	+7,067	+\$589	+\$295	+\$272



Leona Advanced Virtual Academy STUDENT RESIDENCY STATUS 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.)

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:

Maggie True Leona Advanced Virtual Academy 5058 S. Price Rd. Tempe AZ 85282 TL 480-838-1322 FAX 480-383-1522 maggie.true@leonagroup.com	Frank Migali State Coordinator for Homeless & Refugee Education Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ (602) 542-4963 Frank.Migali@azed.gov
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LEONA ADVANCED VIRTUAL ACADEMY

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

Participants Name: _____

The Leona Advanced Virtual Academy (LAVA) and The Leona Group, LLC requires each Participant to sign this Acknowledgement and Assumption of Risk and Release. By signing this document you:

- (1) Assume the risk of and release and hold LAVA and 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 for activities done in your own home and
- (2) Agree that neither Lava nor The Leona Group shall have any liability or responsibility for any such injury or harm the Participant may suffer when not in an actual classroom.

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: _____

Date: _____



**LEONA ADVANCED VIRTUAL ACADEMY
RECORDS REQUEST FOR SPECIAL SERVICES
STUDENT SERVICES DEPARTMENT**

Please forward the following records for _____
(Student Name)

DOB ___/___/___ to The Leona Group, Student Services Department.

This student enrolled at Leona Advanced Virtual Academy in the ____ grade

on _____ Student ID Number _____
(Last School Attended)

List the three schools the student last attended, with the most current school listed first.

I give permission to:

(Name of School 1) (Name of School 2) (Name of School 3)

(School Address 1) (School Address 2) (School Address 3)

(City, State, Zip Code 1) (City, State, Zip Code 2) (City, State, Zip Code 3)

To release the records checked below to The Leona Group, Student Services:

- | | |
|--|---|
| <input type="checkbox"/> Psycho-educational Evaluations | <input type="checkbox"/> Nurse Report |
| <input type="checkbox"/> Individual Education Plans | <input type="checkbox"/> Psychiatric Therapy Evaluations |
| <input type="checkbox"/> Eligibility Form | <input type="checkbox"/> Occupational Therapy Evaluations |
| <input type="checkbox"/> Multidisciplinary Evaluation Team Minutes | <input type="checkbox"/> Physical Therapy Evaluations |
| <input type="checkbox"/> Vision/Hearing Screening Results | <input type="checkbox"/> 504 Accommodations Plan |
| <input type="checkbox"/> Speech Evaluations | <input type="checkbox"/> Probation Officer's Reports |
| <input type="checkbox"/> Behavioral Plans | <input type="checkbox"/> Guardianship Papers |
| <input type="checkbox"/> Discipline Records | |

Printed Name of Parent/Guardian Signature of Parent/Guardian

Home Address Telephone Date

Please Forward Records to:
The Leona Group
Student Services Department
7878 N 16th Street Suite 150
Phoenix, AZ 85020
Phone (602) 953-2933 Fax (602) 279-8068