



# MARICOPA INSTITUTE OF TECHNOLOGY

Academic School Year 2021 - 2022



Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

## Welcome to MIT!

The faculty and staff of MIT thank you for choosing us. If you have any questions about the enrollment process, please call us at: **602.477.2780**

### Enrollment Process

It is the Parent/Guardian's responsibility to obtain the following documentation from the previous school prior to submitting the Enrollment Packet. It is against the law for any school to deny the release of unofficial records of any student to the parent or guardian.

### Transportation

Charter schools are not required to provide transportation to students, but part of MIT's commitment is to help families with transportation based on funding, feasibility, room and distance. MIT has bus routes into the general areas of surrounding communities. Families are encouraged to pick up or drop off their students.

### Automated Calls

MIT has implemented an automated calling service to notify parents of their child's attendance and general school information. If you do not wish to receive automated calls, please indicate so on the application.

### Registration Process

Obtain copies or originals of the following:

#### 1. Prior to Enrollment:

- ☐ Proof of Residency
- ☐ Birth Certificate  
(or other reliable proof  
of the pupil's identity  
and age as allowed by  
A.R.S. §15-828)

#### 2. After Enrollment:

- ☐ 8th Grade Diploma
- ☐ Attendance History (from previous school)
- ☐ Current IEP (if applicable)
- ☐ Custody Paperwork (if applicable)
- ☐ Discipline Records (from previous school)
- ☐ Immunization Records
- ☐ Most Recent Report Card
- ☐ Parent Identification with Photo
- ☐ Unofficial Transcripts
- ☐ Withdrawal Slip

#### 3. Forms to be completed by parent/guardian:

- ☐ Student Enrollment Form
- ☐ School Records - Birth certificate and  
Exceptions: A.R.S. 15-828
- ☐ Application for Free and Reduced Meals
- ☐ Arizona Residency Documentation Form
- ☐ Consent for Medical/Dental Emergency  
Treatment And Medical Information Form
- ☐ Home Language Survey (PHLOTE)
- ☐ McKinney-Vento Eligibility Questionnaire
- ☐ Request for Release of  
Student Records/ESS Form
- ☐ Student Behavior Contract
- ☐ Student / Parent / School Compact And  
Handbook Acknowledgement
- ☐ Physical Activity Consent Form
- ☐ Technology/Internet Use Policy
- ☐ Customer Satisfaction Questionnaire



## Student Information

Last Name	First Name	Middle Name	Grade
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Gender	Date of Birth: (mm/dd/yyyy)	Birth Place	
Street Address (Please include apartment number if applicable)		City	State Zip Code

**Ethnicity** We are required to provide yearly information to the Office of Civil Rights and the Office of State Attendance Records. Hispanic/Latino ☐ Yes ☐ No

**New Federal Regulations for Race/Ethnic Data:**

**Race** ☐ White ☐ Asian ☐ Native American/Alaska Native ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander

Parent/Guardian Name	Relationship to Student
<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings allowed <input type="checkbox"/> Release To: _____	
Phone Number	Cell Phone Number Work Phone Number
Email Address	

Parent/Guardian Name	Relationship to Student
<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings allowed <input type="checkbox"/> Release To: _____	
Phone Number	Cell Phone Number Work Phone Number
Email Address	

Do you give permission for MIT to send automated calls to the home/cell number provided? ☐ Yes ☐ No

**Please specify who the student lives with:**

☐ Mother ☐ Father ☐ Aunt ☐ Uncle ☐ Guardian ☐ Grandparents ☐ Other: \_\_\_\_\_

Are there Custody Issues? ☐ Yes - Please furnish all legal documents ☐ No

Name of the last school attended	City	State
Has your child been in Special Education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has this student been in a Bilingual or ESL program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Has this student been retained? ☐ Yes ☐ No Has this student been identified as Gifted? ☐ Yes ☐ No Gifted Programs? ☐ Yes ☐ No

\*\*\* For School Use Only \*\*\*

Start Date	Entry Code	SAIS #	School ID #	Teacher
Address Verification <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Withdrawal/Report Card <input type="checkbox"/> Yes <input type="checkbox"/> No Records Requested <input type="checkbox"/> Yes <input type="checkbox"/> No				
McKinney Vento <input type="checkbox"/> Yes <input type="checkbox"/> No Photo Denied <input type="checkbox"/> Yes <input type="checkbox"/> No If there are custodial issues were documents provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				
AZELLA Tested <input type="checkbox"/> Yes <input type="checkbox"/> No Test Date: _____ Transportation <input type="checkbox"/> Walk/Bike <input type="checkbox"/> Pick up/Drop off Bus Route _____				
Open Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No IEP Provided <input type="checkbox"/> Yes <input type="checkbox"/> No 504 Provided <input type="checkbox"/> Yes <input type="checkbox"/> No				

System Entry Date Clerk's Initials



## Emergency Information

In case of injury or sudden illness, \_\_\_\_\_ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

The following people may pick up my child in case of emergency

Name	Relationship	Phone Number

### Family Information

Name of Siblings	Relationship	Date of Birth	Grade

What is the primary language of the parent(s)? \_\_\_\_\_

Will you need an interpreter during Parent/Teacher Conferences, meetings with the principal and/or during Special Education Meetings? ☐ Yes ☐ No

### Migrant Survey

Have you moved along with or to join a parent, spouse or guardian within the past 36 months? If no, do not answer the next two questions.

☐ Yes ☐ No

Was the primary purpose of the move to obtain (or try to obtain) work that is temporary or seasonal, in agricultural activities including dairy work?

☐ Yes ☐ No

Was the agricultural work a primary means of livelihood for you and/or your family?

☐ Yes ☐ No

☐ Please check here if MIT **DOES NOT** have authorization to use your child's name, phone, photo or video image for school related programs.

☐ Please check here if you **DO NOT** wish for your name and information to be given to the school's Principal Advisory Committee (P.A.C.).

**I understand and certify that all of the above information provided is true and correct.**

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

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date



## Medical Information

1. Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairments, hernia, etc)? If so, please describe: ☐ Yes ☐ No

2. Is your child allergic to food or other substances? If yes, name food or substances to be avoided and procedures to follow if reaction occurs: ☐ Yes ☐ No

3. Is your child usually susceptible to infection? If so, what precautions need to be taken? ☐ Yes ☐ No

4. Is your child subject to convulsions? What should be our procedure if one occurs? ☐ Yes ☐ No

5. Is your child on any medications at home? If so, please list them: ☐ Yes ☐ No

6. Does your child have a prescribed Epi-Pen? ☐ Yes ☐ No

7. Will your child need to take medication during school hours? ☐ Yes ☐ No

### Consent Form for Over the Counter Medication Administration

State law requires that a parent/guardian provide consent for minors to receive care and treatment for minor injuries and illnesses. Do you give consent to the school to provide care and treatment to your child? ☐ Yes ☐ No

Dear Parent/Guardian:

There are certain procedures that need to be followed should it become necessary for your child to be given over the counter medications during school hours. Please read and sign below if you wish your child to be given these types of medication at any time during the school year.

**All medications will be given by following manufacturer's directions, unless written Doctor Orders are given. No over the counter medication administered by mouth will be given during the last 4 hours of school.**

I have read and understand the above and I request that MIT personnel assist my child, \_\_\_\_\_ by administering him/her the over the counter medication he/she needs. I give permission for the following types of over the counter medication to be administered to my child:

- |   |   |
|---|---|
| <input type="checkbox"/> Tylenol/Acetaminophen (Generic Tylenol)                      | <input type="checkbox"/> Pepto-Bismol (Antacids)                            |
| <input type="checkbox"/> Topical Ointment (antibiotic/burn ointment, first aid cream) | <input type="checkbox"/> Benadryl, Claritin, Tylenol Sinus (Antihistamines) |
| <input type="checkbox"/> Cough Drops, Sore Throat Lozenges                            | <input type="checkbox"/> Anbesol (Tooth Gel)                                |
| <input type="checkbox"/> Cold Medication (Children's Pedia-Care, Dimetapp)            | <input type="checkbox"/> Carmex, Chapstick (for chapped lips)               |
| <input type="checkbox"/> Children's Motrin (Ibuprofen)                                | <input type="checkbox"/> Eye drops, eye wash                                |

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

\_\_\_\_\_  
Date



## Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name

Grade

Date of Birth: (mm/dd/yyyy)

Has your child ever had chickenpox? (Please check one answer) ☐ Yes - Go to #1 ☐ No - Go to #2 ☐ Don't Recall - Go to #1

**1.** Please answer the following questions: (Please check only one answer per question)

- a. Was your child in "face-to-face" contact with other children who had chickenpox? ☐ Yes ☐ No ☐ Don't Recall
- b. Did your child have a rash on his/her body? ☐ Yes ☐ No ☐ Don't Recall
- c. Did the rash "itch"? ☐ Yes ☐ No ☐ Don't Recall
- d. Did "scabs" appear toward the end of the rash? ☐ Yes ☐ No ☐ Don't Recall
- e. When did your child have chickenpox? Month / Year Age

**2.** If your child has not had chickenpox, has he/she had the chickenpox (Varicella) shot? (Please check one answer)

☐ Yes ☐ No ☐ Don't Recall

**\*\*If you answered YES, please take your child's immunization record to the school nurse so the date of the vaccine can be recorded in your child's health record.**

**\*\*If you answered NO or DON'T RECALL, please take your child to their doctor or the local health clinic to get the chickenpox vaccine, then take their immunization record to the school nurse so the date can be recorded in your child's health record.**

I certify that all of the above information provided is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date



## Student Behavior Contract

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth: (mm/dd/yyyy)

\_\_\_\_\_  
Grade

The student contract is between Maricopa Institute of Technology, the parent(s), and the student listed above. The purpose of this contract is to ensure that the student understands and follows the rules of the school. Failure to follow the areas identified below by the student may result in disciplinary consequences up to recommendation for expulsion.

**If your student demonstrates inappropriate behavior in violation of school rules, you will be contacted for a conference to discuss your student's behavior and the applicable discipline process.**

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School/District Administrator Signature (Required)

\_\_\_\_\_  
Date



**MARICOPA INSTITUTE  
OF TECHNOLOGY**



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## **Student Handbook Acknowledgment SY 2021-2022**

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**(Please return this form to your school within one (1) week after the student enrolls.  
You must complete this form each school year.)**

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**Student ID Number**

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**Student Name (last name, first name, middle initial)**

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**Parent Name (last name, first name, middle initial)**

I acknowledge the Attendance Policy, Student Conduct/Discipline Procedures and Penalties, Due Process Rights of Students, Use of Technology Resources in Instruction, and Student Records as stated in the student handbook.

I acknowledge that I have read all of the documents in the Maricopa Institute of Technology Student Handbook. I will abide by the conditions and rules within this handbook.

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**Student Signature**

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**Date**

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**Parent Signature**

---

**Date**



## **Title I School Wide Project Compact Letter SY 2021-2022**

Part of our government grant for Title 1 requirements (due to our school's high percentage of free/reduced lunches) is to have a staff/student/parent contract. This contract ensures we work as a team to improve our students' success at school. Thank you for all you do to support us in making our school a safe place for all children to learn and grow.

### **In our commitment to put kids first, we will:**

#### **As a teacher,**

- Have the responsibility to provide high quality curriculum and instruction in a supportive and effective learning environment that enables students to meet the standards,
- Commit to participate in ongoing professional development to implement Project Based Learning
- Believe that all children are capable to success, NO EXCEPTIONS!
- Be accessible and communicate with parents through, individual parent/teacher conferences (twice a year), report cards (quarterly), progress report (four times a year), classroom newsletter (quarterly), open communication by phone calls (respond within 24 hours or same day depending on situation), email, web-site, walk-in opportunities (volunteers, visits and observations),
- Provide a safe school and classroom environment,
- Support student learning compassionately and enthusiastically,
- Respect the cultural differences of others.

### **As parents/guardians, we want our children to have the best possible education and realize that strong school systems are essential, we as parents/guardians, join the staff in supporting our children's success in school by:**

- Making every attempt to get our child to school on time every day
- Reading and signing our child's agenda each day
- Reinforcing school rules and policies as they help my child learn, remain safe and gain self-control
- Providing a minimum of one uninterrupted hour a day which will be devoted to a learning activity, homework or studying.
- Reading and signing our child's homework/agenda each day

#### **As a Student,**

- Work hard and do my best in class
- Attend school regularly
- Help keep my school safe
- Ask for help when I need it
- Respect and cooperate with other students and adults

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

\_\_\_\_\_  
**Date**

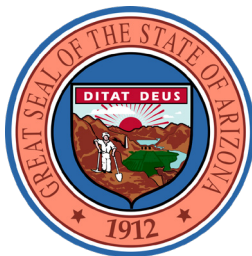
\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Date**





## Arizona Department of Education Arizona Residency Documentation Form

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School

\_\_\_\_\_  
School District or Charter Holder

\_\_\_\_\_  
Parent/Legal Guardian Name

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- ☐ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ☐ Valid U.S. passport
- ☐ Real estate deed or mortgage documents
- ☐ Property tax bill
- ☐ Residential lease or rental agreement
- ☐ Water, electric, gas, cable, or phone bill
- ☐ Bank or credit card statement
- ☐ W-2 wage statement
- ☐ Payroll stub
- ☐ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ☐ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
School/District Administrator Signature (Required)

\_\_\_\_\_  
Date



## State of Arizona Affidavit of Shared Residence

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

### **Persons who reside with me:**

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### **Location of my residence:**

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I submit in support of this attestation a copy of the following document that displays my name and current residential address or physical description of my property:

- ☐ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ☐ Valid U.S. passport
- ☐ Real estate deed or mortgage documents
- ☐ Property tax bill
- ☐ Residential lease or rental agreement
- ☐ Water, electric, gas, cable, or phone bill
- ☐ Bank or credit card statement
- ☐ W-2 wage statement
- ☐ Payroll stub
- ☐ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ☐ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
**Printed Name of Affiant**

\_\_\_\_\_  
**Signature of Affiant**

### **Acknowledgement**

State of Arizona

County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public



## Arizona Department of Education Office of English Language Acquisition Services Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. | What language do people speak in the home most of the time?

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2. | What language does the student speak most of the time?

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3. | What language did the student first speak or understand?

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Student Name	District Student ID
Date of Birth: (mm/dd/yyyy)	SSID
Parent/Guardian Signature	Date
District or Charter	School

**Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.  
In AzEDS, please enter all three HLS responses.**

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

Office of English Language Acquisition Services

1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)



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## Student Media Release

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**One form per student is required**

Maricopa Institute of Technology occasionally publishes pictures and videos of students involved in school activities. Publications may include class newsletters, school newsletters, brochures, flyers, newspapers and the Maricopa Institute of Technology website, and/or Facebook page, etc.

Please note:

- Any picture or video of a student posted to the website or Facebook page, whether individual, group or individual, group or team will not include personal information i.e. name grade etc.
- Some of these pictures or videos may be action or candid shots taken during participation in an event. Other pictures or videos may be staged for specific purposes.
- Group shots such as class or team pictures may be posted to the website and may be identified by team or class name, but no individual names will be included.

- ☐ **YES, I hereby consent to authorize Maricopa Institute of Technology to use and produce any and all photographs and videos taken of this student for Maricopa Institute of Technology without compensation to me. ALL PROOF and PRINTS will be Maricopa Institute of Technology's property solely and completely.**
- ☐ **NO, I withhold permission for Maricopa Institute of Technology to use my student's pictures or video for any Maricopa Institute of Technology publications as noted above.**

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Parent/Guardian Printed Name**

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

\_\_\_\_\_  
**Date**



## A STEM<sup>2</sup> Advanced Academics Program

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Student SAIS ID#**

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

\_\_\_\_\_  
**Driver's License #**

\_\_\_\_\_  
**Parent Email Address**

\_\_\_\_\_  
**Cell/Home #**

\_\_\_\_\_  
**Work #**

Understand that the MIT STEM<sup>2</sup> Program, including Pre-AP/AP, and Dual Enrollment, has expectations within the accelerated educational environment that each student must maintain throughout the school year. Students may remain in the MIT STEM<sup>2</sup> Program by maintaining an individual course average of 70 or higher during each grading cycle in each of the Pre-AP/AP, and Dual credit classes: Math, Science, Social Studies, and Language Arts. A student earning an average less than 70 may remain in the course only after the growth plan committee's careful consideration of the student's best interest. The MIT Program expectations are:

- Complete assignments: classwork, homework, special projects;
- Bring necessary materials to class;
- Maintain a high degree of organization;
- Participate and remain on-task in class;
- Maintain regular attendance in accordance with school policy;
- Refrain from excessive tardiness in accordance with school policy;
- Adhere to the student code of conduct; and

Students who do not meet the program expectations are placed on the MIT Growth Plan for a minimum of one grading cycle. The growth plan helps students meet program expectations within an accelerated educational environment, by identifying individual student problems and by providing a course of action to enable the student to meet academic standards. The growth plan is reviewed each grading cycle that it remains in place, and it is the documentation used to determine if the student should continue in the advanced level course.

This agreement is in the best interest of the student. We agree to adhere to the program expectations and policies as outlined in this agreement.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature (Required)**

\_\_\_\_\_  
**Date**



# MARICOPA INSTITUTE OF TECHNOLOGY



## Release of Student Records

3900 S 55th Avenue, Phoenix, AZ 85043  
Phone: 602.477.2780 Fax: 602.272.0309

We are requesting the release of the following records for use in providing appropriate educational services and updating previous reports for the named student below:

**Medical:** ☐ Birth Certificate ☐ Immunization Records

**Education:** ☐ Withdrawal Form ☐ Report Cards ☐ Official Transcripts ☐ Standardized Test scores  
☐ Language Survey ☐ Gifted Results ☐ Attendance Profile

**ELL and Migrant Program Information:** ☐ Program Information ☐ Test Scores ☐ Student Screening Report

**Special Education Program Information:** ☐ Most Current IEP ☐ 504 Resource Provided

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Date of Birth: (mm/dd/yyyy)**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Student ID No.**

I hereby authorize (previous school district):

\_\_\_\_\_  
**School District**

\_\_\_\_\_  
**School Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, ZIP**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Parent/Guardian Name**

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

\_\_\_\_\_  
**Date**

### For Official Use Only

\_\_\_\_\_  
**1st Request**

\_\_\_\_\_  
**2nd Request**

\_\_\_\_\_  
**3rd Request**

\_\_\_\_\_  
**Records Received Date**

☐ No Previous Records

\_\_\_\_\_  
**Requested By**

\_\_\_\_\_  
**Date**



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## Military Student Identifier

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The Every Student Succeeds Act ("ESSA") recognizes military-connected students as a distinct subgroup, and public schools must include the military student identifier question in their enrollment paperwork. The Military Student Identifier ("MSI") is a recently established code where families indicate upon enrollment at a school that their student has at least one parent who is a member of the Armed Forces on active duty.

### Military Connected Student

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**Name of Student**

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**Date of Birth**

---

**Parent(s) Names**

**Please check the box that applies to you**

Student is a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard.

- ☐ Student is a dependent of a full-time member of the National Guard, or Reserve force of the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- ☐ Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force).
- ☐ None of the above.

Parent/Guardian signature below affirms the information provided is accurate and complete.

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**Parent/Guardian Signature**

---

**Date**



## McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, and 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. Will your child need to take medication during school hours? ☐ 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:**

Names	Names
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 educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth is 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 a 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:

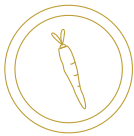
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## 2020-2021 Application for Free and Reduced Price School Meals

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With this link or QR code, you will be able to submit an application for free or reduced lunch for your child. Make sure all of your information is accurate to prevent any issues when the application is reviewed by Child Nutrition Services. Thank you!

**Type me!**

**<https://tinyurl.com/yya6e2rk>**

**Scan me!**

