



Home of the "Silverbacks!"

Liberty High School

A Community Learning Center
"Where every student counts!"

1300 Cedar St
Globe, AZ 85501

Phone: (928) 402-8024

Fax: (928) 402-8358

www.liberty-high.net

REGISTRATION PACKET

Below is listed the information we distribute during student registration. SOME of the forms must be completed and returned to our office. Be sure all required forms are signed. There is some information, which you may keep – in which is specified below. Please return along with the other paperwork to our office.

It will be necessary for you to have a meeting with the Director or the school Counselor prior to the student's FIRST DAY OF SCHOOL.

Thank you for your cooperation and please feel free to contact us at any time if you have any questions or concerns.

All items required before the student will be enrolled in our school are as follows:

- _____ Transcripts – certified copy
- _____ Birth Certificate – certified copy
- _____ Immunization Records – copy
- _____ Proof of State Residency (i.e. Utility Bill with street address)
- _____ Social Security Card – copy
- _____ Registration Form – completed and returned
- _____ Home Language Survey – completed and returned
- _____ Guideline Agreements – completed and returned
- _____ Parent Permissions (movies & medication) – completed and returned
- _____ LEA/Charter School Lunch Eligibility
- _____ Income guidelines for current year

Thank you for assisting us in our efforts, and if you have any questions, please call our school office at (928) 402-8024.

REGISTRATION FORM

ENROLLMENT DATE: ____/____/____ GRADE: ____ Student Email: _____

STUDENT INFORMATION:

_____ (Last Name)			_____ (First)			_____ (Middle)			ETHNICITY: _____		
Other Names: _____ ____/____/____			AGE AS OF Sept 1st _____			M _____ F _____			Hospital Copy _____ Baptismal _____		
Birth Date: _____			Birth Place: _____			(City) _____			(State) _____		
			Birth Certificate No. (ARS 15-828)						Social Security #: _____		

RESIDENCE: (Street) _____ (City) _____ (Home Phone No.) _____ **MAILING ADDRESS:** (City) _____ (Zip) _____**IN ACCORDANCE WITH (ARS 15-754 R7-2-306):**

What was the first language your child learned to speak? _____

What is the language most often spoken in your home? _____

What is the language most often spoken by your child? _____

FAMILY DATA:		YES	NO	YES	NO	YES	NO	YES	NO		
Parents Married?	____	____	Separated	____	____	Father Living	____	____	Remarried	____	____
Living together?	____	____	Divorced	____	____	Mother Living	____	____	Remarried	____	____
						Both					
Active Military	____	____	1 Parent/Guardian	____	____	Parents/Guardians	____	____		____	____

____/____/____

FATHER _____ **BIRTH DATE** _____ **BIRTH PLACE:** _____ (City) _____ (Zip) _____**FATHER'S Email:** _____**FATHER'S OCCUPATION** _____ **EMPLOYER** _____ **PHONE NO.** _____

____/____/____

MOTHER _____ **BIRTH DATE** _____ **BIRTH PLACE:** _____ (City) _____ (Zip) _____**MOTHER'S Email:** _____**MOTHER'S OCCUPATION** _____ **EMPLOYER** _____ **PHONE NO.** _____**STUDENT LIVES WITH:** _____**PLEASE LIST BROTHERS AND SISTERS (School Age Only):**(Last Name) _____ (First) _____ (Birth Date) _____ (Grade) _____ **STUDENT'S MARITAL STATUS:** _____**SPOUSE'S NAME:** _____**OCCUPATION:** _____**WORK NUMBER:** _____**EMERGENCY INFORMATION:** FAMILY DOCTOR _____ PHONE NO. _____**SPECIAL HEALTH PROBLEMS:** _____**PERSONS TO CALL WHEN YOU ARE NOT AVAILABLE:**1. _____ **RELATIONSHIP** _____ **PHONE NO.** _____2. _____ **RELATIONSHIP** _____ **PHONE NO.** _____**SCHOOL HISTORY:** _____**SCHOOL LAST ATTENDED** _____ **PHONE** _____ **MAILING ADDRESS:** (City) _____ (State) _____ (Zip) _____**GRADE:** _____ **FROM/TO: (Dates)** _____ **SPECIAL PROGRAMS ATTENDED** _____

(i.e. Gifted, Special Education, Chapter 1, 504, Other)

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____



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AUTHORIZATION FOR RELEASE/REQUEST FOR EDUCATION RECORDS

Name of Student: _____

Date of Request: _____ Birthdate: _____

I hereby authorize (Name of School{s} or Facility{s})

To release to **LIBERTY HIGH SCHOOL**

Any and all confidential education related information concerning:

_____ Education
(Faxed Unofficial Transcript)

_____ OFFICIAL TRANSCRIPT
(Sealed and sent Mail)

_____ Test Results
(both Front & Back)

_____ Comprehensive Education

_____ Social/Behavior

_____ Medical/Health Records

_____ Speech/Language

_____ Birth Certificate (Copy)

_____ Individual Education
Program (IEP, MET, Eval, & Eligibility)

_____ Progress Grades

Thank you for your response to this request.

Requesting Party's Signature

- No information requested or received will be transferred to a third party without written parental permission, signature of student of legal age, or proof of proper authority of the requesting party as abiding by ARS 15-828.



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?

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

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

Student Name _____	District Student ID _____
Date of Birth _____	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



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: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence 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.
- ___ 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: _____

☐ The physical residence is still the same location as it was during the previous registration. No Changes have been made since then.

Acknowledgement

State of Arizona; County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____,

By _____.

My Commission Expires: _____

Notary Public

Dear Parent/Guardian/Student,

Attached you will find income guidelines that are used to help the school to qualify for extra state funding and program grants that will assist the school in providing additional benefits to all students for additional staff, computers, supplies, etc. In addition, notification, may qualify your child for other benefits such as educational scholarships, fee waivers and specific educational programs.

You can help the school in seeking this additional funding by filling out the form and returning it to the school as soon as possible. Any information reported to the Arizona State Department of Education or any other agency providing additional funding will be statistical only-no individual's names will be released.

The form is easy to complete and only takes a few minutes to do the following:

1. In the column marked 'family size' find the number that corresponds to the number of family members in your home.
2. Read the income levels directly across from the number of family members.
3. If you determine that your family income is at or below the income number, then fill out the attached form and return it to the school.

Thanks for your help and support.

Sincerely,

Mrs Reves,
Director

Multi-Child Free and Reduced-Price School Meals Application

Leander Independent School District District/Charter School

Part 1. Children in School (Use a separate application for each foster child.)

Names of all children in school (Last, First, Middle Initial)	School Name	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Eligibility Group # for Food Stamp or TANF (if any)
1.				
2.				
3.				
4.				
5.				
6.				

If you listed an Eligibility Group # for Food Stamp/TANF, skip to Part 4.

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check box ☐ and list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.

Part 3. Household Members and Gross Income From Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

1. Name. (List everyone in household.)	2. Income and how often it is received. Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				3. Check if NO Income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Example: Smith, Jane B.	\$200/E	\$50/M			<input type="checkbox"/>
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the "Instructions for Applying" page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Date: _____

Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Do not fill out this part. For school use only.

Varying individual income frequencies must be converted to annual or monthly amounts and combined to determine household income. Use annual or monthly, not both, when converting multiple frequencies.

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Household Income: _____ Household Size: _____ FS/TANF: _____ Date Withdrawn: _____

Eligibility: Free: _____ Reduced: _____ Denied: _____ Reason: _____

Temporary: Free: _____ Time Period: _____ (expires after _____ days)

Reviewing Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Follow-up Official's Signature: _____ Date: _____

Guidelines to Determine NCLB Eligible Students

The Arizona Department of Education provides the following FY 2008 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 attached NCLB Eligibility Guidelines schedule 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:

Child's Name	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent Signature

Date

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

ADE REVISED 3/16/12

INCOME ELIGIBILITY GUIDELINES [Effective from July 1, 2018 to June 30, 2019]

Household size	Federal poverty guidelines	Reduced Price Meals—185%					Free Meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
48 Contiguous States, District of Columbia, Guam, and Territories											
1	12,140	22,459	1,872	936	864	432	15,782	1,316	658	607	304
2	16,460	30,451	2,538	1,269	1,172	586	21,398	1,784	892	823	412
3	20,780	38,443	3,204	1,602	1,479	740	27,014	2,252	1,126	1,039	520
4	25,100	46,435	3,870	1,935	1,786	893	32,630	2,720	1,360	1,255	628
5	29,420	54,427	4,536	2,268	2,094	1,047	38,246	3,188	1,594	1,471	736
6	33,740	62,419	5,202	2,601	2,401	1,201	43,862	3,656	1,828	1,687	844
7	38,060	70,411	5,868	2,934	2,709	1,355	49,478	4,124	2,062	1,903	952
8	42,380	78,403	6,534	3,267	3,016	1,508	55,094	4,592	2,296	2,119	1,060
For each add'l family member, add	4,320	7,992	666	333	308	154	5,616	468	234	216	108
Alaska											
1	15,180	28,083	2,341	1,171	1,081	541	19,734	1,645	823	759	380
2	20,580	38,073	3,173	1,587	1,465	733	26,754	2,230	1,115	1,029	515
3	25,980	48,063	4,006	2,003	1,849	925	33,774	2,815	1,408	1,299	650
4	31,380	58,053	4,838	2,419	2,233	1,117	40,794	3,400	1,700	1,569	785
5	36,780	68,043	5,671	2,836	2,618	1,309	47,814	3,985	1,993	1,839	920
6	42,180	78,033	6,503	3,252	3,002	1,501	54,834	4,570	2,285	2,109	1,055
7	47,580	88,023	7,336	3,668	3,386	1,693	61,854	5,155	2,578	2,379	1,190
8	52,980	98,013	8,168	4,084	3,770	1,885	68,874	5,740	2,870	2,649	1,325
For each add'l family member, add	5,400	9,990	833	417	385	193	7,020	585	293	270	135
Hawaii											
1	13,960	25,826	2,153	1,077	994	497	18,148	1,513	757	698	349
2	18,930	35,021	2,919	1,460	1,347	674	24,609	2,051	1,026	947	474
3	23,900	44,215	3,685	1,843	1,701	851	31,070	2,590	1,295	1,195	598
4	28,870	53,410	4,451	2,226	2,055	1,028	37,531	3,128	1,564	1,444	722
5	33,840	62,604	5,217	2,609	2,408	1,204	43,992	3,666	1,833	1,692	846
6	38,810	71,799	5,984	2,992	2,762	1,381	50,453	4,205	2,103	1,941	971
7	43,780	80,993	6,750	3,375	3,116	1,558	56,914	4,743	2,372	2,189	1,095
8	48,750	90,188	7,516	3,758	3,469	1,735	63,375	5,282	2,641	2,438	1,219
For each add'l family member, add	4,970	9,195	767	384	354	177	6,461	539	270	249	125

Liberty High School - McKinney Vento

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box:*

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) <u>CONTINUE:</u> <i>If you checked a box in Section A, complete #2 and the remainder of this form.</i>	<input type="checkbox"/> Choices in Section A do not apply <u>STOP:</u> <i>If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel.</i>

2. The student lives with:

- | | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="radio"/> 1 parent | <input type="radio"/> a relative, friend(s) or other adult(s) |
| <input type="radio"/> 2 parents | <input type="radio"/> alone with no adults |
| <input type="radio"/> 1 parent & another adult | <input type="radio"/> an adult that is not the parent or the legal guardian |

School: _____

Name of Student _____ Male ☐ Female ☐

Birth Date _____ / _____ / _____ Age: _____ Social Security# _____
Month / Day / Year

Name of Parent(s)/Legal Guardian(s) _____

Address _____ ZIP: _____ Phone/Pager: _____

Signature of Parent/Legal Guardian _____ Date: _____

School Use Only - Campus Administrator's determination of Section A circumstances:

REQUEST FOR BUSING

PLEASE FILL OUT COMPLETELY (EVEN IF YOU DON'T NEED BUSING AT THIS TIME).

Do you need busing? _____ NO _____ Yes

If you request that busing be provided for your student(s) please list their name(s) below and sign your name to authorize the **Liberty High School** to provide transportation.

STREET ADDRESS _____

CITY _____ ZIP _____

NEAREST CROSSROADS _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

ATTENDANCE POLICY AGREEMENT

In signing this form I accept full responsibility for my student and I to follow the ATTENDANCE POLICY as explained to me during the INTERVIEW and also written in the STUDENT HANDBOOK. I will make certain to be available to pick up my student late on any day following his/her absence. I also understand that my student could receive a suspension if he/she fails to stay after for make-up as directed.

Signature of Parent/Guardian

Date

Name of Student

Signature of Student

Date

DRESS CODE

Hats, ANY kind of music device, and cell phones may not be worn in the school. They may be worn outside the building when classes are not in session.

Bandanas may not be worn on any part of your person during school.

If you choose to wear hats or bandanas, or use ANY kind of music device, and cell phones, you will be asked to give it up. Refusal to do so will result in your being taken home. Items confiscated may be picked up by parents at their convenience.

I have read the above and will NOT wear a Hat, ANY kind of music device, and cell phone inside the school. I will NOT wear a Bandana on any part of the school grounds.

Signature of Parent/Guardian

Date

Name of Student

Signature of Student

Date

Parent/Guardian **Pick-up** Permission

The following people **MAY**
pick my child up from school.

Name

Relation

The following people **MAY NOT**
pick my child up from school.

Name

Relation

Signature of Parent/Guardian

Date

Parent/Guardian Movie Permission

Permission is given for _____ to watch a movie rental containing PG13 and/or R Rated material.

Parent Signature

Date

If permission is not given, the student will be excused to another classroom.

Parent Signature

Date

Vandalism of School Property

Dear Parent or Guardian:

State statutes and district policies prohibit the misuse, abuse and vandalism of school buildings and equipment.

Parents are reminded that **they may be held liable** for such misuse, abuse and vandalism by their child. In the event that such prohibited action occurs and damage is done to school property, parents may have to provide restitution to the school. Penalties may be imposed on the student including but not limited to suspension and or expulsion.

I have read the above and understand its implication.

Signature of Parent/Guardian

Date

Name of Student

Signature of Student

Date

Medication Permission Form

I hereby request and authorize the staff of Liberty High School to dispense or monitor the medications listed below for my child.

I, _____ agree to release Liberty High School, and all staff from any responsibly as a result of any problems arising from the administration of medications or treatments.

The following medication(s) may be given by Liberty High School:
(please initial where applicable)

____ Advil, 200mg

____ Tylenol 500mg

____ Aspirin 325mg

____ Hall's Cough Drops

____ Hydrocortisone Cream

____ Benadryl Gel

____ Caladryl Lotion

____ Other: Specify _____

____ **Doctor Prescribed Medication** (which must be left at the office and will be prescribed only as directed by the bottle's prescription).

I understand that medication will be administered for no more than 2 days. Should my student require any more medication I accept that the school will contact me and ask for verbal permission, at the time, and I written permission for the file for later reference.

Signature of Parent/Guardian

Date

Name of Student

If your child experiences ANY side effects or allergic reactions from any medications or dressing (i.e. Band Aids, etc.) please specify below.

