



SAIS ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Enrollment form for **2020 – 2021** school year  
ENROLLMENT: NEW \_\_\_\_\_ CONTINUING \_\_\_\_\_

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Gender:  Female  Male Have you ever attended this school?  Yes  No

Race:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	

Is Ethnicity Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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School year student was first a freshman?  2018-2019  2019-2020  Other: \_\_\_\_\_

Is the student pending expulsion or long term suspension?  Yes  No

Last School Attended: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_

Has the student ever been identified for and/or placed in a Special Education Program?  Yes  No

If yes, does the student have a current IEP? (Please bring to enrollment interview)  Yes  No

Student's Place of Birth? City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Has the student attended school in the United States for more than 3 years?  Yes  No

**Parent / Guardian Information**

**Primary Contact**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives with contact?	<input type="checkbox"/> Yes	Has Legal Custody:	<input type="checkbox"/> Yes	Ok to Pick up?	<input type="checkbox"/> Yes	Receives Report Cards	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No

**Secondary Contact**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Lives with contact?	<input type="checkbox"/> Yes	Has Legal Custody:	<input type="checkbox"/> Yes	Ok to Pick up?	<input type="checkbox"/> Yes	Receives Report Cards	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No

I hereby give my permission for my son/daughter's picture to be used anytime by Las Puertas Community School/StrengthBuilding Partners for the purpose(s) of recruiting and/or public relations.  Yes  No \_\_\_\_\_(initial).

NOTICE: Parents/guardian and eligible students are entitled to inspect and review the student's education records and request amendments to ensure the accuracy of the records to applicable state and federal laws and administrative rules & regulations. Copies of the district's policy on student education are available at the school and may be obtained at no charge.

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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

\_\_\_\_\_  
Date

SMS Entry Date: \_\_\_\_\_ Staff Intl \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade: \_\_\_\_\_ Enrollment Date \_\_\_\_\_



LAS PUERTAS COMMUNITY SCHOOL  
100 W 37th Street  
Tucson, AZ 85713

Emergency Contact/Medical

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

Transportation information and permissions:

The following people have permission to transport my child to/from school and/or in case of emergency.(aside from primary/secondary contact) **Student will not be released to anyone other than those listed, unless prior arrangements have been made and school officials have been notified.**

- 1) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 2) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 3) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 4) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 5) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor & Phone \_\_\_\_\_

Counselor & Phone \_\_\_\_\_

Probation Information (if applicable) \_\_\_\_\_

Special Medication  
Considerations \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

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

\_\_\_\_\_  
Date

# LAS PUERTAS COMMUNITY SCHOOL

## Student Health Information Form

### Student Information

Last Name	First Name	Middle Name
Birth Date	Grade	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female

#### ***Emergency Contacts – Other Than Parent***

Name	Relationship	Home Phone	Work Phone	Other

Please include only the names of adults who are authorized to make decisions related to your child if we are unable to contact you during an emergency. During a medical emergency, if no contact can be made at the numbers listed above, the school may seek help from physicians, EMTs, and/or ambulance service.

#### ***Medical History***

- |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ADD/ADHD<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Anemia<br><input type="checkbox"/> Arthritis<br><input type="checkbox"/> Chicken Pox<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Epilepsy/Seizures<br><input type="checkbox"/> Fainting Spells<br><input type="checkbox"/> Gastrointestinal<br><input type="checkbox"/> Head Injury/Concussion<br><input type="checkbox"/> Heart Condition<br><input type="checkbox"/> Hepatitis<br><input type="checkbox"/> Immune Suppression | <input type="checkbox"/> Kidney/Urinary Problems<br><input type="checkbox"/> Migraines<br><input type="checkbox"/> Orthopedic/Bone Problems<br><input type="checkbox"/> Pneumonia<br><input type="checkbox"/> Rheumatic Fever<br><input type="checkbox"/> Skin Conditions/Eczema<br><input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Valley Fever |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Please explain any of the checked conditions: \_\_\_\_\_  
 \_\_\_\_\_

2. Is your child currently under a physician's care?  Yes  No Please explain : \_\_\_\_\_  
 \_\_\_\_\_

3. Is your child on any medication (prescribed or over the counter)?  Yes  No Specify: \_\_\_\_\_  
 \_\_\_\_\_

4. Does your child have any problems with  Speech  Vision  Hearing  Dental? Specify: \_\_\_\_\_  
 \_\_\_\_\_

5. Recent surgery, accidents, illnesses, or hospitalized (past year)?  Yes  No Specify: \_\_\_\_\_  
 \_\_\_\_\_

6. Are there any special concerns you have regarding your child's health? \_\_\_\_\_  
 \_\_\_\_\_

7. Does your child have any allergies  Food  Latex  Medications  Insects  Other?  
 List Allergies: \_\_\_\_\_  
 Type of Reaction: \_\_\_\_\_  
 Has your child ever used an EpiPen?  Yes  No Explain: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

This consent is continuing in nature, and is intended by me to extend for the current school year. Any changes to the information listed on this form must be sent in writing to the School.

X \_\_\_\_\_  
 Signature of Parent or Guardian Date



## Las Puertas Community School

100 W 37<sup>th</sup> Street, Tucson AZ 85713  
 Phone: 520.546.9296 Fax: 520.884.0037

### 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 **Las Puertas Community School** on: \_\_\_\_\_(Date/fecha)

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 guardian que ha firmado, ha sido informado de esta transferencia y otorga el permiso para que la informacion mencionada sea mandada. Si el estudiante es un estudiante de educacion especial, por favor de mandar tales registros.

***Please send the following information/Por favor de mandar lo siguiente :***

- State testing Report Information(Az Merit)/Reportes informativos de examen del estado
- Birth Certificate/ Acta De Nacimiento
- Official Transcript or Report Cards/Boleta oficial de calificaciones
- Letter of Promotion (if applicable)/Carta de Promocion
- Test Scores (SELP/AZELLA Scores – oral, reading, writing)/Puntuacion en los examenes SELP y AZELLA
- Official Withdrawal Form/Forma oficial de retiro
- Grades to Date of Withdrawal/Calificaciones hasta la fecha de retiro
- Immunization Records/Health Records/Cartilla de vacunas/registro de salud
- Hearing and Vision Screening Results/Resultados de el examen de de vision y audicion
- Special Education Records: including IEP's, MET's Evaluations, Psychological Reports, Signed signature pages etc/Registros de educacion especial, IEP's etc.
- Disciplinary and Attendance Records/Registros de asistencia y disciplina

Please sign and complete the information below:/Por favor firmar y completar la informacion de abajo:  
 Name and address of last school attended/Nombre y direccion de la ultima escuela asistida:

\_\_\_\_\_  
 School Name/Nombre de la escuela

\_\_\_\_\_  
 Address/Domicilio

\_\_\_\_\_  
 City/Cuidad                      State/Estado                      Zip/Codigo Postal

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Signature of Parent/Guardian                                              Date

**\*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.**

1<sup>st</sup> Request: \_\_\_\_\_ 2<sup>nd</sup> Request: \_\_\_\_\_ 3<sup>rd</sup> Request: \_\_\_\_\_



State of Arizona  
Department of Education  
Office of English 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, R7-2-203(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?  
Cual idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?**  
\_\_\_\_\_
- 2. What is the language most often spoken by the student?  
Cual idioma habla el estudiante con mayor frecuencia?**  
\_\_\_\_\_
- 3. What is the language that the student first acquired?  
Cual fue el primer idioma que aprendio el estudiante?**  
\_\_\_\_\_

Student Name(Nombre del estudiante)\_\_\_\_\_

Date of Birth(Fecha de nacimiento)\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature(Firma del padre o tutor)

\_\_\_\_\_  
Date(Fecha)

District/Charter(Distrito/Charter)\_\_\_\_\_

School(Escuela)\_\_\_\_\_

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.



## Las Puertas Community School: Digital Citizenship and Chromebook Agreement

Las Puertas believes that the best way to prepare our students for their digital future is to have them practice using online tools appropriately in school. We have monitoring software and filters, but these tools are not perfect and do not guarantee that students will not encounter potentially harmful situations (harassment, inappropriate contact, etc.). Our goal is to use potential mistakes as teachable moments to help protect our students against future harmful experiences online.

### Respect and Protect Yourself

- I will keep my passwords private and will not share them with my friends
- I will be conscious of my digital footprint and careful about posting personal information
- I will only post text and images that are appropriate for school
- I will be aware of where I save my files so that I can access them where and when I need them (Examples: Google Docs, network folder, thumb drive, web file locker)
- I will be aware of with whom I am sharing my files (keeping them private, sharing with teachers and classmates or posting them publicly)
- I will always log off before leaving a computer
- I will immediately report any inappropriate behavior/language directed at me to my teacher, counselor, or other adult at school.

### Respect and Protect Others

- I will not use computers to bully or harass other people
- I will not log in with another student's username and password
- I will not trespass into another student's network folder, documents, files or profile
- I will not disrupt other people's ability to use school computers
- I will not pretend to be someone else and will be honest in my representation of myself
- I will not forward inappropriate materials or hurtful comments or spread rumors
- I will immediately report any inappropriate behavior/language directed at my fellow students to my teacher, counselor or other adult at school

### Respect the Protect the Learning Environment

- I will limit my web browsing at school to school research or personal research similar to that which I would do in class
- I will not visit inappropriate websites. If an inappropriate page, image or search result comes up, I will immediately close the window or tab.
- I will not play games or download files/content on school computers without specific teacher instructions
- I will not send or read instant messages or participate in online forums or chat without specific teacher instruction
- I will only send and receive school related emails and will use appropriate language
- I will only change the background images and screen savers to school appropriate images.

### Honor Intellectual Property

- I will not plagiarize
- I will cite any and all use of websites, images, books and other media.

**By signing this agreement, I am accepting the terms of Las Puertas Community School Digital Citizenship and Chromebook Agreement. I agree to be financially responsible for the replacement cost should the Chromebook be lost, stolen, or damaged. This includes any damage or loss that occurs on campus.**

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Las Puertas Community School: Transportation Rules & Agreement

Students are expected to conduct themselves properly while riding on the school bus. Bus transportation is provided as a courtesy service for students living in our transportation zone. This courtesy may be revoked or suspended if a student becomes uncooperative, unruly/distracting, or disrespectful towards any school employee or another student. Also, it should be noted that all school rules apply to the school buses as well. Following the rules listed below will help ensure your continued service and contribute to a safe, pleasant ride to school and back home.

1. **Students are to comply with the authority of the driver.** They are not to argue or be disrespectful in any way; Students are to be in their assigned seat and remain seated while the bus is in motion.
2. **Students are not to make any type of distracting noises.** Shouting, loud talking, loud laughing, and the playing of band instruments on the bus is not allowed. Radios or other electronic devices are not allowed to be played, unless headphones are used and permission has been given from the driver. Cell phones must be turned off or the ringer on silent. Calls may not be placed nor taken while on the bus. However, texting may be allowed if it is kept to the individuals and is not disruptive to the driver or other passengers.
3. **Food, candy and drink products, are not allowed on the bus or at the bus stop.** Do not litter, harass, trespass, vandalize, or damage any property (including the bus) while on the bus or at the bus stop. Bus stops may be moved or eliminated at any time, especially if severe or frequent problems should occur at that stop.
4. **Students should load and ride in an orderly manner.** Specifically, do not shove, shout, push, fight, spit, litter, throw objects, use obscene language, or inappropriate gestures; keep arms, hands, head, inside the bus at all times. Do not enter or exit the bus through the emergency exits unless there is an actual emergency or unless you are directed to do so by the driver.
5. **Student(s) that interfere with the safe and orderly operation of the bus will have their transportation privileges suspended.** Depending on the severity of the infraction, warnings may or may not be given. If requested by the driver or aide, students are to give their correct name. Students must ride only their assigned bus. The bus driver has the discretion to approve or deny any guest passenger privileges for any reason. It is recommended that guest passengers obtain driver permission in advance. Please do not spray any perfume/cologne on the bus.
6. **Students should be at their bus stop at least ten (10) minutes before the schedule pick-up time.** Students should stand back at least ten (10) feet from the curb/stop and should not approach the bus until it has come to a complete stop. The driver will open the door and signal the students to enter when appropriate. Do not chase a bus if you missed a pick up, the driver cannot make a special stop once the doors have been closed and the bus is moving. Please allow at least five (5) minutes after scheduled pick-up time for the bus to arrive.
7. **After exiting the bus, the students should remain visible to the driver as they cross the street or walk away from the bus.** If a student needs to cross the street, they should go to a point at least ten (10) feet in front of the bus and wait for the driver to signal them to cross. Students should not cross behind the bus; it is very dangerous. If an object is dropped in front of, under, or behind the bus, do not attempt to retrieve the object. Signal the driver about the problem, wait for the bus to leave, and wait until traffic is clear before getting the object. **Never crawl under the bus or bend down in front of the bus for any reason.**

For the most part, a driver has the same authority over bus passengers that a teacher has over students in the classroom. It is expected that students will behave the same or better than they do in the classroom due to the safety issues in transporting children. The driver will review these general rules, along with any additional rules, specific to that bus, with the passengers. You may contact Las Puertas Community School at 520-546-9296 if you have any questions or concerns.

**Our goal is for you to have a safe and enjoyable school year.**

Please complete and detach the lower part of this sheet and return it to Las Puertas Community School.

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I have read these Transportation Rules and understand them. I agree to abide by these rules and follow the driver's instructions.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### LAS REGLAS DEL AUTOBUS DE LAS PUERTAS COMMUNITY SCHOOL

Se espera que los estudiantes se comporten correctamente, mientras viajan en un autobús escolar. El transporte en autobús se proporciona como un servicio de cortesía para los estudiantes que viven en una zona de transporte. Esta cortesía puede ser revocada o suspendida si un estudiante no coopera, rebelde / distracción, o una falta de respeto hacia cualquier empleado de la escuela u otro estudiante. Además, debe ser nota que todas las reglas escolares se aplican a los autobuses escolares, también. Siguiendo las reglas enumeradas a continuación le ayudará a asegurar que su servicio continúe y contribuir a un viaje seguro, agradable a la escuela y de regreso a casa.

1. **Los estudiantes deben cumplir con la autoridad del conductor.** Son no discutir o ser irrespetuoso de ninguna manera; los estudiantes tienen que estar en su asiento asignado y permanecer sentados mientras el autobús está en movimiento .
2. **Estudiantes no deben hacer ningún tipo de ruidos que distraen.** Gritar, hablar en voz alta, en voz alta riendo, y el juego de instrumentos de la banda en el bus no está permitido. Los radios y otros aparatos electrónicos no se les permite ser jugado, salvo que se utilicen los auriculares y el permiso se ha dado desde el controlador. Los teléfonos celulares deben estar apagados o en silencio. Las llamadas no se pueden colocar ni tomar en el autobus.
3. **Alimentos, dulces, bebidas, productos no están permitidos en el autobús o en la parada del autobús.** No tire basura, acosar, prevaricación, destrozar o dañar cualquier propiedad (incluyendo el autobus), mientras que en el autobús o en la parada del autobús. Las paradas de autobús se pueden mover o eliminar, en cualquier momento, especialmente si se produce un problema grave o frecuente en esa parada.
4. **Los estudiantes deben cargar y montar de una manera ordenada.** En concreto, no empujar, gritar, empujar, pelear, escupir, basura, arrojar objetos, usar lenguaje obsceno o gestos inapropiados; mantener los brazos, las manos, la cabeza, dentro del autobús en todo momento. No entrar o salir del bus a través de las salidas de emergencia a menos que haya una emergencia real o menos que se le indique hacerlo por el conductor.
5. **Estudiante (s) que interfieren con el funcionamiento seguro y ordenado del autobús tendrá sus privilegios de transporte suspendidos.** Dependiendo de la gravedad de la infracción, las advertencias pueden o no pueden ser dados. Si lo solicita el conductor o ayudante, los estudiantes tienen que dar su nombre correcto. Los estudiantes deben viajar solo en el autobús asignado. El conductor del autobús tiene la facultad de aprobar o negar los privilegios de pasajeros invitados por cualquier razón. Se recomienda que los pasajeros de los huéspedes obtienen permiso controlador de antemano.
6. **Los estudiantes deben estar en la parada del autobús por lo menos diez minutos antes de la hora programada para ser recogidos.** Los estudiantes deben mantener por lo menos 10 pies de la acera / parada y no deben acercarse al autobús hasta que ha llegado a una parada completa. El conductor se abrirá la puerta y señalar a los estudiantes para entrar en su caso. No persiga un autobús si te perdiste un servicio de recogida, el conductor no puede hacer una parada especial una vez que las puertas se han cerrado y el autobús está en movimiento. Por favor, esperar al menos 5 minutos después de programar toman el tiempo para el autobús para llegar. Por favor no perfume.
7. **Después de salir del autobús, los estudiantes deben permanecer visible para el conductor al cruzar la calle o pie del autobús.** Si un estudiante necesita cruzar la calle, deben ir a un punto por lo menos diez pies delante del autobús y esperar a que el controlador para señalar a cruzar. Los estudiantes no deben cruzar por detrás del autobús ni caminar por el lado del autobús, es muy peligroso. Si un objeto se coloca delante de, debajo o detrás del autobús; no intente recuperar el objeto. Avisar al conductor sobre el problema, esperar el autobús para salir, y esperar hasta que el tráfico está claro antes de conseguir el objeto. Nunca meterse debajo del autobús o agacharse en frente del autobús, por cualquier razón.

**Nuestro objetivo es que usted tenga un año escolar seguro y agradable.** Por favor completar y separar la parte inferior de esta hoja y devolverla con el estudiante para entregar.

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He leído las reglas de transporte y los entiendo. Estoy de acuerdo en cumplir con estas normas y seguir las instrucciones del conductor.

Nombre del Padre \_\_\_\_\_ Firma del Padre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre del Estudiante \_\_\_\_\_ Firma del Estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_





### Communication from Las Puertas:

If your child rides the bus, you will receive text messages regarding any information or changes with the bus schedule, route or pick-up/drop off information, etc.

Las Puertas will also send out school-wide text messages regarding important information such as:

- Testing dates
- School events
- School holidays
- Other information as they happen

We will be using the cell phone number that you have supplied us. If your cell phone number should change, please call the office and provide us with the new number as soon as possible. This is important so we can keep you informed of information that is important for parents and in case of illness or any other type of emergency involving your child.

Thank you.

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### Comunicación de Las Puertas:

Si su hijo viaja en el autobús, recibirá mensajes de texto con respecto a cualquier información o cambios con el horario del autobús, la ruta o la información de recogida / entrega, etc.

Las Puertas también enviará mensajes de texto de toda la escuela con información importante como:

- Fechas de prueba
- eventos escolares
- Festejos, vacaciones escolares
- Otra información a medida que ocurren.

Utilizaremos el número de teléfono celular que nos ha proporcionado. Si su número de teléfono celular cambia, llame a la oficina y envíenos el nuevo número tan pronto como sea posible. Esto es importante para que podamos mantenerlo informado sobre la información que es importante para los padres y en caso de enfermedad o cualquier otro tipo de emergencia relacionada con su hijo.

Gracias.

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Parent/Guardian Signature    Firma del Padre o tutor

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Date/ Fecha



## LAS PUERTAS ATTENDANCE AND TRUANCY POLICY

### Attendance & Truancy Policies

Regular attendance for each student is necessary for school success. Therefore, parents and the school are expected to assume responsibility for regular attendance. The regular attendance of a child of school age is required by law. Absences shall be excused only for necessary and important reasons including illness, death in the family, major family emergencies, doctor's appointments that cannot reasonably be scheduled during non-school time, and observance of major religious holidays of the family's faith. (A.R.S. 15-901(a)(1) Family vacations may be approved up to 5 days each semester if the student otherwise had excellent attendance so the total does not exceed 20 per year.

Arizona law requires that a parent or legal guardian must ensure that their minor child between the ages of six and sixteen is in school for the full time school is in session, unless otherwise legally excused pursuant to A.R.S. 15-802 or 15-803.

It is the parent/guardian's responsibility to notify the office at (520)546-9296 when your child is absent and give the reason for the absence or the absence must remain unexcused.

Please notify the office before 9:45 A.M. on any day that your child will not be in attendance, and by 9:00 A.M. if your child will be late. A message may be left on the office voice mail at any time. (520-546-9296). Please include your child's name and specific reason for the absence. If you notify the office by phone, a note is not required upon the child's return.

Late arrival or early release requires that the parent/guardian sign in/out the student in the office. (A.R.S. 15-803 A) Only those who are on the approved list for student pick up will be allowed to sign a student out of school. Reason for late arrival or early release may then be provided to the office staff.

When a student's absence for personal illness exceeds three consecutive days, a statement from a physician or health clinic must be provided.

### Consequences for chronic absences or tardiness/early release as follows:

Arizona regulations define 20 days per year as maximum days allowed for absences. Tardies or early check out may also count towards absences.

1. After 5 absences or 7 tardy/early check out a "School Absence or Truancy Warning Letter" is mailed informing parents/guardians of their child's attendance concerns. A meeting will be scheduled to discuss how to help the child with regular attendance.
2. After the 7<sup>th</sup> unexcused absence or 15 unexcused tardies a School Truancy Advisory Letter is mailed that requires the parent/guardian to contact the principal within 24 hours or the result will be an automatic referral to the Pima County Attorney.

**Academic requirement:** Classwork missed for any absences or late arrival/early release must be made up within 3-5 days after any absence. Excessive absences with lack of make-up may result in the student being retained.

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Parent/Guardian Signature

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Date

---

Print student name & sign

---

Date



## LAS PUERTAS COMMITMENT AGREEMENT

Las Puertas has three key points to help **all** students succeed. These three points are based upon our five years of experience. The student and parent/guardian are asked to agree to the following expectations:

1. **The student will follow the required dress code every day.**

Plain Shirt with collar – Green, Gray, Gold, Black, White, Yellow

Jeans (no holes please) slacks, shorts and skirts may be same color as shirts above, mid - thigh shorts, or skirts that are mid-thigh or longer.

Shoes of your choice but please no flip-flops or thongs. Black or white laces.

Students may bring a sweatshirt, jacket or hat for PE as desired but these are not allowed during the regular classes.

2. **Students will be on time, attend and participate in all classes.**

3. **Students will not carry or use headsets or cell phones during the instructional day.**

Students will not use cell phones except during designated cell phone times. Students who do use phones inappropriately may have phones confiscated & parents will be called to pick up phone.

4. **Backpacks:** NO BACKPACK PLEASE – We provide laptops for work so students will not need to drag around a lot of books.

I agree to support and follow the four Commitments:

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Parent/Guardian

Date

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Student

Date



## COMPROMISO DE LAS PUERTAS

Las Puertas tienen tres puntos clave para ayudar a todos los estudiantes a tener éxito. Estos tres puntos se basan en nuestros cinco años de experiencia. El estudiante y los padres se les pide que de acuerdo a las siguientes expectativas:

1. **El alumno seguirá el código de vestimenta requerido todos los días.**

Camisa lisa con cuello - Verde, Gris, Dorado, Negro, Blanco, Amarillo

Los pantalones vaqueros (sin agujeros, por favor), los pantalones cortos y las faldas pueden ser del mismo color que las camisas de arriba, los pantalones cortos en la mitad del muslo o las faldas que están en la mitad del muslo o más largas.

Zapatos de su elección, pero por favor no chanclas o tangas. Cordones negros o blancos.

Los estudiantes pueden traer una sudadera, chaqueta o gorro para la clase de educación física según lo deseen, pero no están permitidos durante las clases regulares.

2. **El estudiante llegara a tiempo, asistirá y participara a todas las clases.**

3. **El estudiante no llevara ni usara auriculares o teléfonos celulares durante el día de instrucción.** Los estudiantes no usarán celulares, excepto durante las horas designadas para teléfonos celulares. Los estudiantes que usen teléfonos inapropiadamente podrán ser confiscados y se llamará a los padres para que recojan el teléfono celular. Los estudiantes tienen acceso al teléfono de la escuela si necesitan ponerse en contacto con las familias. Si el padre/tutor necesita hablar a un estudiante le llamamos a la oficina.

Estoy de acuerdo en apoyar y seguir los tres compromisos:

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Padre/Tutor

Fecha

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Alumno

Fecha