opening doors to your future

LAS PUERTAS
COMMUNITY SCHOOL

Dear Parent/Guardian:

Hello! Thank you for choosing Las Puertas as the school for your child. We are sure that you will be pleased with the decision as we are committed to providing the highest level of academic studies to all of our students. Enclosed you will find our registration packet. Please take your time and review each of these documents. If you have any questions, please feel free to call us at 520-546-9296 so we can help you complete these forms.

To Enroll:

- Complete the enrollment form (page 11 of this packet) and return to the school.
- Submit the required documents supporting Proof of Age/Identity, Proof of Arizona Residency, and the PHOLTE Home Language Survey (page 17 of this packet).
- Submit supplemental documents to enable our school to better serve the student promptly.

Proof of Age/Identity:

Within 30 days submit one of the following documents:

- A certified copy of the student's birth certificate.
- Other reliable proof of the student's identity, including a baptismal certificate, an application for a social security number, or original school registration records. If documentation other than a certified copy of a birth certificate is provided, such documentation must be accompanied by an affidavit explaining the inability to provide a copy of the birth certificate.
- If a student is in the custody of the Department of Child Safety ("DCS"), a letter from the authorized representative of the agency certifying that the student has been legally placed in custody of the agency. Charter schools must carefully safeguard and maintain confidentiality regarding the status of children in DCS custody.

Proof of Arizona Residency:

Provide verifiable documentation of Arizona Residency. Submit a copy of one of the documents listed on the Arizona Residency Documentation form along with the form (page 13 of this packet) or the Affidavit of Shared Residence form (page 15 of this packet). Proof of residency is not required for homeless students.

Supplemental Documents:

Supplemental documents are not required to enroll, but will enable Las Puertas to better serve your child. It is strongly suggested to submit the following forms (pages 19 -35 of this packet): Request for Records, Student Health Information, Digital Citizenship, Transportation Rules and Agreement, Communication Agreement, Attendance Policy, Las Puertas Commitment Agreement, Student Information Opt-Out Form, McKinney-Vento Eligibility Questionnaire, ESEA Eligibility Guidelines(optional).

We are looking forward to meeting with you and your child and beginning a successful school year! See you soon.

Sincerely yours,

Pamela Clark-Raines

Pamela Clark-Raines
Administrator

LAS PUERTAS COMMUNITY SCHOOL

Estimado Padre / Tutor:

¡Hola! Gracias por elegir Las Puertas como la escuela para su hijo(a). Estamos seguros de que estará satisfecho con la decisión, ya que estamos comprometidos a proporcionar el más alto nivel de estudios académicos a todos nuestros estudiantes. Adjunto encontrará nuestro paquete de registro. Tómese su tiempo y revise cada uno de estos documentos. Si tiene alguna pregunta, no dude en llamarnos al 520-546-9296 para que podamos ayudarlo a completar estos formularios.

Para inscribirse:

- Complete el formulario de inscripción (página 11 de este paquete) y devuélvalo a la escuela.
- Envíe los documentos requeridos que respalden la Prueba de edad / identidad, la Prueba de residencia en Arizona y la Encuesta PHOLTE sobre el idioma en el hogar (página 17 de este paquete).
- Presentar documentos complementarios para que nuestra escuela pueda brindar un mejor servicio al estudiante con prontitud.

Prueba de edad / identidad:

En un plazo de 30 días, presente uno de los siguientes documentos:

- Una copia certificada del acta de nacimiento del estudiante.
- Otra prueba confiable de la identidad del estudiante, incluido un certificado de bautismo, una solicitud para un número de seguro social o registros escolares originales. Si se proporciona documentación que no sea una copia certificada de un acta de nacimiento, dicha documentación debe ir acompañada de una declaración jurada que explique la imposibilidad de proporcionar una copia del acta de nacimiento.
- Si un estudiante está bajo la custodia del Departamento de Seguridad Infantil ("DCS"), una carta del representante autorizado de la agencia certificando que el estudiante ha sido puesto legalmente bajo la custodia de la agencia. Las escuelas autónomas deben salvaguardar cuidadosamente y mantener la confidencialidad con respecto al estado de los niños bajo la custodia de DCS.

Prueba de residencia en Arizona:

Proporcionar documentación verificable de residencia en Arizona. Envíe una copia de uno de los documentos enumerados en el formulario de documentación de residencia de Arizona junto con el formulario (página 13 de este paquete) o el formulario de declaración jurada de residencia compartida (página 15 de este paquete). No se requiere comprobante de residencia para los estudiantes sin hogar.

Documentos complementarios:

No se requieren documentos suplementarios para inscribirse, pero permitirán que Las Puertas sirva mejor a su hijo. Se sugiere encarecidamente enviar los siguientes formularios (páginas 19 a 35 de este paquete): Solicitud de registros, Información de salud del estudiante, Ciudadanía digital, Reglas y acuerdo de transporte, Acuerdo de comunicación, Política de asistencia, Acuerdo de compromiso de Las Puertas, Opción de información del estudiante Formulario, cuestionario de elegibilidad de McKinney-Vento.

¡Esperamos reunirnos con usted y su hijo y comenzar un año escolar exitoso! Nos vemos pronto.

Atentamente,

Pamela Clark-Raines
Administrador

LAS PUERTAS
COMMUNITY SCHOOL

Dear Parent/Guardian:

Children need healthy meals to learn. **Las Puertas Community School** is approved to operate **Community Eligibility Provision(CEP)/Provision 2/Provision.** As part of this program, Las Puertas will be offering healthy meals to all students **at no cost** every school day in School Year 2025-2026. Your child(ren) will receive free breakfast and lunch meals every school day without having to pay a fee or submit a household application.

No further action is required of you. Your child(ren) will be able to receive free meals without having to pay a fee or submit an application.

> ***My family needs more help. Are there other programs we might apply for?*** To find out how to apply for **Supplemental Nutrition Assistance Programs** or other assistance benefits, contact your local assistance office or call 1-855-432-7587.

If you have other questions or need help, call **(520)546-9296.**

Sincerely,

Pamela Clark-Raines, LCSW, ACSW
President

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

opening doors to your future

LAS PUERTAS
COMMUNITY SCHOOL

Estimado Padre/Guardian:

Los niños necesitan comida saludable para aprender. Las Puertas Community School está aprobada para operar Provisión de Elegibilidad Comunitaria(CEP)/Provisión 2/Provisión 3. Como parte de este programa, Las Puertas ofrecerá alimentos saludables a todos los estudiantes sin costo alguno todos los días escolares en el año escolar 2025-2026. Su(s) hijo(a) recibirán desayuno y almuerzo gratis todos los días escolares sin tener que pagar una tarifa o presentar una solicitud para comidas gratis o a precio reducido.

No se requiere ninguna acción adicional de usted. Su(s) hijo(s) podrá participar en estos programas de comidas sin tener que pagar o presentar una solicitud.

MI FAMILIA NECESITA MÁS AYUDA. ¿HAY OTROS PROGRAMAS PARA LOS CUALES PODEMOS SOLICITAR BENEFICIOS? Para descubrir cómo aplicar para los programas de **Asistencia de Nutrición Suplementaria** u otros beneficios de asistencia, póngase en contacto con su oficina local de asistencia o llame al 1-855-432-7587.

Si usted tiene otras preguntas o necesita ayuda, llame al **(520)546-9296.**

Atentamente,

Pamela Clark-Raines, LCSW, ACSW
President

De acuerdo con la ley federal de derechos civiles y el Departamento de Agricultura (USDA) reglamentos de derechos civiles y políticas, el USDA, sus Agencias, oficinas y empleados, y las instituciones que participan en o administran los programas del USDA de Estados Unidos tienen prohibido discriminar por motivos de raza, color, origen nacional, sexo, discapacidad, edad o represalia o venganza para actividades antes de los derechos civiles en cualquier programa o actividad llevada a cabo o financiada por el USDA.

Las personas con discapacidad que requieran medios alternativos de comunicación para la información del programa (por ejemplo, Braille, letra grande, cinta de audio, Lenguaje de Signos Americano, etc.) deben ponerse en contacto con la Agencia (estatal o local) donde solicitaron beneficios. Las personas sordas o con problemas de audición o discapacidades del habla pueden comunicarse con el USDA a través del Servicio de Retransmisión Federal al (800) 877-8339. Adicionalmente, la información del programa puede estar disponible en otros idiomas además del inglés.

Para presentar una queja de discriminación del programa, favor de completar el Formulario de USDA Queja de discriminación del Programa, AD-3027, que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, y en cualquier oficina del USDA, o favor de escribir una carta dirigida USDA y favor de poner en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envié el formulario completado o una carta al USDA por: (1) correo: Departamento de Agricultura, Oficina del Secretario Adjunto de Derechos Civiles, 1400 Independence Avenue, SW, Washington, DC 20250-9410 EE.UU.; (2) Fax: (202) 690-7442; o (3) Correo Electrónico: program.intake@usda.gov. Esta institución es un proveedor de igualdad de oportunidades.

Arizona Department of Health Services

Arizona School Immunization Requirements: Kindergarten - 12th Grade

- Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at http://azdhs.gov/phs/immunization/school-childcare/requirements.htm. Homeless students are allowed a 5-day grace period to submit proof of immunization records.
- The immunization record for each vaccine dose must include the *complete* date and the doctor or clinic name.
- The statutes and rules governing school immunization requirements are:
  - Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701–708

Please check requirements for each child's age and grade level in the chart below.

Age→ / Grade→ / Vaccine ↓	Under age 7	7 – 10 years	11 years and older
	Kindergarten and above	Kindergarten-5th grade	6th through 12th grade
DTaP (Proof of DTP or DT counts toward DTaP requirement)	**4-5* doses At least 1 dose at 4 years of age or older is required. *A 6th dose is required if 5 doses have been given before 4 years of age.**	**3 DTaP and/or Td doses are required if all doses were given after 12 months of age. Or 4 DTaP and/or Td doses are required if any of the doses were received before 12 months of age.**	**1 Tdap dose is required for students 11 years and older. Students who completed the primary series of tetanus/diphtheria doses must receive a Tdap when 5 years have passed since the student's last tetanus/diphtheria dose. Students who did not complete the primary series of tetanus/diphtheria doses before age 11 are required to receive a total of 3 doses, including 1 Tdap and 2 Td doses.** **Tdap** doses given prior to age 11 meet the requirement. A **Td** booster is required 10 years after the **Tdap** dose.
Td			
Tdap		**Tdap** may be counted to meet the requirements above. **Tdap** is not required for 11 year olds until they enter 6th grade.	
Meningococcal		**Not required but may be counted as valid when given at this age.**	**1 dose is required.**
Polio	**3-4 doses 4 doses meet the requirement. 3 doses meet requirements if dose #3 was given at 4+ years of age.** (Not required for students 18+ years of age.)		
MMR	**2 doses A 3rd dose will be required if dose #1 was given before more than 4 days before the 1st birthday.**		
Hepatitis B	**3 doses A 4th dose will be required if the third dose was given before 24 weeks of age.**		
Varicella	**1 dose is required if the 1st dose was given before 13 years of age. 2 doses are required if the 1st dose was given at 13 years of age or later.** Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. Students enrolling for the first time after 09/01/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.		

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.

Childcare and preschool immunization requirements are posted at http://azdhs.gov/phs/immunization/school-childcare/requirements.htm.

Arizona Department of Health Services

Requisitos para Inmunizaciones para Escuelas en Arizona
Kindergarten al 12º grado

- Los estudiantes deben tener prueba de todas las vacunas, o exención válida, con el fin de asistir a la escuela. La ley de Arizona permite excepciones por razones médicas, pruebas de laboratorio de inmunidad, y creencias personales. Formularios de exención están disponibles desde las escuelas y en http://www.azdhs.gov/phs/immunization/school-childcare/requirements.htm . Los estudiantes sin hogar se les permite un período de gracia de 5 días para presentar prueba de vacunación.
- El registro de inmunización para cada dosis de vacuna debe incluir la fecha completa y el nombre del médico o de la clínica.
- Los estatutos y normas que regulan los requisitos de vacunación escolar son:
  - Estatutos Revisados de Arizona §15-871-874; y el Código Administrativo de Arizona, R9-6-701-708

Consulte los requisitos de nivel de grado y edad de cada niño en la siguiente tabla.

<table>
<tr><th>Edad➔
Grado➔
Vacuna ↓</th><th>Menores de 7 años</th><th>7 – 10 años</th><th>11 años edad y mayor</th></tr>
<tr><th></th><th>Kindergarten y arriba</th><th>Kindergarten – 5 º grado</th><th>6ª - 12º grado</th></tr>
<tr><td>DTaP
(Prueba de DTP o DT cuenta para el requisito de DTaP)</td><td>4-5* dosis
Se requiere que al menos 1 dosis a los 4 años de edad o mayor.

* Se requiere una 6ª dosis si ha recibido 5 dosis antes de los 4 años de edad.</td><td rowspan="3">Se requieren 3 dosis de DTaP o Td si recibió todas las dosis <u>después</u> de los 12 meses de edad.

-o-

Se requieren 4 dosis de DTaP o Td si ninguna de las dosis fueron recibidas <u>antes</u> de los 12 meses de edad.

Tdap puede ser contada como una dosis para satisfacer los requisitos de arriba. Tdap <u>no se requiere</u> para niños de 11 años hasta que entren al 6 º grado.</td><td rowspan="3"><u>Se requiere 1 dosis de Tdap para los estudiantes de 11 años de edad y mayores.</u>

Los estudiantes que han completado la serie primaria del tétanos/ difteria deben recibir una Tdap cuando han transcurrido 5 años desde la última dosis de tétanos/difteria.

Para los estudiantes que no completaron la serie primaria del tétanos/difteria antes de los 11 años, se requiere que reciban un total de 3 dosis, incluyendo 1 Tdap y 2 dosis de Td.

Una dosis de Tdap dada antes de la edad de 11 años satisface este requisito. Se requiere una vacuna de refuerzo Td 10 años después de la dosis de Tdap.</td></tr>
<tr><td>Td</td><td></td></tr>
<tr><td>Tdap</td><td></td></tr>
<tr><td>Meningocócica</td><td></td><td>No se requiere, pero es válida cuando se le da a esta edad.</td><td>Se requiere 1 dosis</td></tr>
<tr><td>Polio</td><td colspan="3">3-4 dosis
4 dosis cumplen con el requisito. 3 dosis cumplen con los requisites si la 3 ª dosis fue dada a los 4+ anos de edad.
(No se requiere para mayores de 18 años.)</td></tr>
<tr><td>SPR</td><td colspan="3">2 dosis
Una 3ª dosis será necesaria si la dosis número 1 fue dada antes de más de 4 días antes del primer cumpleaños.</td></tr>
<tr><td>Hepatitis B</td><td colspan="3">3 dosis
Una 4ª dosis será necesaria si se administró la 3 ª dosis antes de las 24 semanas de edad.</td></tr>
<tr><td>Varicela</td><td colspan="3">1 dosis se requiere si la dosis primera fue dada antes de los 13 años de edad.
Se requieren 2 dosis si la dosis número 1 fue dada a los 13 años de edad o en adelante

Los estudiantes que asistieron a la escuela o preescolar en Arizona antes de 9/1/2011 sin vacunación por causa de memoria parental de varicela pueden seguir asistiendo . Los estudiantes que se matriculan por primera vez después de 09/01/2011 deben presentar prueba de vacunación contra la varicela o una exención válida por razones médicas, pruebas de laboratorio de inmunidad, o creencias personales.</td></tr>
</table>

Nota: ADHS observa un período de gracia de 4 días para las edades y los intervalos de vacunas, con excepción del espacio entre dos vacunas vivas, como la varicela y la SPR, que se debe dar separadas por lo menos 28 días de diferencia, si no se administran el mismo día.

LAS PUERTAS COMMUNITY SCHOOL

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Notification of Rights under FERPA for Las Puertas Community School

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Schools must notify parents and eligible students annually of their rights under FERPA. Las Puertas will include this notification in all enrollment packets as well as in all re-enrollment packets and has a link to this notification on its website (laspuertas,org).

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Las Puertas is not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Las Puertas may charge a fee for copies.
- Parents or eligible students have the right to request that Las Puertas correct records which they believe to be inaccurate or misleading. If it is decided not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if las Puertas still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Las Puertas must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
    - School officials with legitimate educational interest;
    - Other schools to which a student is transferring;
    - Specified officials for audit or evaluation purposes;
    - Appropriate parties in connection with financial aid to a student;
    - Organizations conducting certain studies for or on behalf of the school;
    - Accrediting organizations;
    - To comply with a judicial order or lawfully issued subpoena;
    - Appropriate officials in cases of health and safety emergencies; and
    - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them.

Las Puertas' directory information includes:

- Student's name
- Grade level
- Degrees, honors, and awards received

The primary purpose of directory information is to allow the Las Puertas to include information from the child's education records in certain school publications only. These include:

- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports/Fine Arts programs

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service.

Or you may contact:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520

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LAS PUERTAS
COMMUNITY SCHOOL

Las Puertas Community School Non-discrimination Policy

StrengthBuilding Partners (school district) and its school, Las Puertas Community School, are equal opportunity education institutions and do not discriminate on the basis of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status in its admissions procedures, educational programs, services, activities or employment practices as required by Title VI, Title IX, Section 504 and/or any other applicable federal statute.

The district and its school will assist students who have Limited English Proficiency to participate in all programs, services and activities.

For information regarding civil rights, admissions, grievance procedures, bilingual education and accessibility of programs, services, activities and facilities that are usable by persons with disabilities, contact:

Pamela Clark-Raines, LCS W, President, Title IX Coordinator
StrengthBuilding Partners/Las Puertas Community School
100 W. 37th street, Tucson, AZ 85713
520-546-9296

For further information on notice of non-discrimination please contact: The Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, Colorado 80204-3582. Telephone: 303-844-5695 FAX: 303-844-4303; TDD: 800-877-8339. Email: OCR.Denver@ed.gov

For a copy of Title IX: HARASSMENT AND DISCRIMINATION OF STUDENTS POLICY please contact Las Puertas Community School Office (520-546-9296) or refer to our website: www.laspuertascommunity school.org

opening doors to your future

LAS PUERTAS
COMMUNITY SCHOOL

Política de no discriminación de Las Puertas Community School

StrengthBuilding Partners (distrito escolar) y su escuela, Las Puertas Community School, son instituciones educativas que ofrecen igualdad de oportunidades y no discriminan por motivos de raza, color, religión, género, orientación sexual, identidad o expresión de género, origen nacional, edad, información, discapacidad o estado de veterano en sus procedimientos de admisión, programas educativos, servicios, actividades o prácticas de empleo según lo requerido por el Título VI, Título IX, Sección 504 y/o cualquier otro estatuto federal aplicable.

El distrito y su escuela ayudarán a los estudiantes que tienen dominio limitado del inglés a participar en todos los programas, servicios y actividades.

Para obtener información sobre derechos civiles, admisiones, procedimientos de queja, educación bilingüe y accesibilidad de programas, servicios, actividades e instalaciones que pueden usar las personas con discapacidades, comuníquese con:

Pamela Clark-Raines, LCS W, Presidenta, Coordinadora del Título IX
Socios de Fortaleza/Escuela Comunitaria Las Puertas
100 oeste de la calle 37, Tucson, AZ 85713
520-546-9296

Para obtener más información sobre el aviso de no discriminación, comuníquese con: La Oficina de Derechos Civiles, Departamento de Educación de EE. UU., Edificio Memorial Cesar E. Chavez, 1244 Speer Boulevard, Suite 310, Denver, Colorado 80204-3582. Teléfono: 303-844-5695 FAX: 303-844-4303; TDD: 800-877-8339. Correo electrónico: OCR.Denver@ed.gov

Para obtener una copia del Título IX: ACOSO Y DISCRIMINACIÓN DE ESTUDIANTES POLÍTICA comuníquese con la Oficina de la Escuela Comunitaria Las Puertas (520-546-9296) o consulte nuestro sitio web: www.laspuertascommunity school.org

100 W 37th Street
Tucson, AZ 85713

LAS PUERTAS COMMUNITY SCHOOL
opening doors to your future

Tuition-free Public Charter School
https://www.laspuertascommunityschool.org
520-546-9296

Enrollment Form for:
_____ **school year**

SAIS ID: _____ **Grade:** _____ **ENROLLMENT: NEW ☐ CONTINUING ☐**

Student Information

Last Name: _____ **First Name:** _____ **Middle Name:** _____
(Apellido) **(Primer nombre)** **(Segundo nombre)**

Current Age(Edad): _____ **Date of Birth: fecha de nacimiento(MM/DD/YYYY)** _____ **Gender(género):☐Female☐Male**

Last School Attended: _____ **Last Date of Attendance:** _____
(última escuela que asistió) **(último dia de asistencia)**

Information below is for reporting demographic data of our student population when applicable. Completion is not condition of enrollment
(La información a continuación es para informar datos demográficos de nuestra población estudiantil cuando corresponda. La finalización no es una condición para la inscripción.)

Is Ethnicity Hispanic or Latino? ☐Yes ☐ No

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Black or African American

The questions below are only asked for continuation of services and completion is not a condition of enrollment (Las preguntas a continuación solo se hacen para la continuación de los servicios y la finalización no es una condición para la inscripción)

Special Classes, Accommodations or Services(Check all that apply):☐English Language Development ☐Gifted/Accelerated Program☐Special Education ☐504 plan ☐Current IEP ☐Speech Therapy Other_____

What is the primary language used in the home regardless of the language spoken by the student?
¿Cuál es el idioma principal que se usa en el hogar, independientemente del idioma que habla el estudiante? _____

What is the language most often spoken by the student? ¿Cuál es el idioma que habla el alumno con más frecuencia? _____

What is the language that the student first acquired? ¿Cuál es el idioma que adquirió el estudiante por primera vez? _____

Parent / Guardian Information Información del padre/tutor

Primary Contact

Last Name(Apellido): _____ First Name (nombre): _____ Relationship(relación): _____
Mailing Address(Domicilio): _____ Apt/Lot Number: _____
City: _____ State: _____ Zip Code: _____ Occupation(Ocupación): _____
Home Phone(teléfono): _____ Cell Phone(celular): _____ Work Phone(trabajo): _____
Email Address: _____ MILITARY: Active Reserve Start Date:_____
Lives with contact? Yes No Has Legal Custody: Yes No Ok to Pick up? Yes No
OK to receive confidential school information in the mail (report cards, behavior information, etc...)? Yes No

Secondary Contact

Last Name(Apellido): _____ First Name (nombre): _____ Relationship(relación): _____
Mailing Address(Domicilio): _____ Apt/Lot Number: _____
City: _____ State: _____ Zip Code: _____ Occupation(Ocupación): _____
Home Phone(teléfono): _____ Cell Phone(celular): _____ Work Phone(trabajo): _____
Email Address: _____ MILITARY: Active Reserve Start Date:_____
Lives with contact? Yes No Has Legal Custody: Yes No Ok to Pick up? Yes No
OK to receive confidential school information in the mail (report cards, behavior information, etc...)? Yes 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.
Por la presente doy mi permiso para que la foto de mi hijo / hija sea utilizada en cualquier momento por Las Puertas Community School / StrengthBuilding Partners con el (los) propósito (s) de reclutamiento y / o relaciones públicas Yes No _____(initial).

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
(AFIRMO QUE LA INFORMACIÓN ANTERIOR ES VERDADERA Y CORRECTA A LO MEJOR DE MI CONOCIMIENTO)

_____ _____
Parent/Guardian Signature Date

FOR OFFICE USE ONLY

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.**

Información y permisos de transporte:
Las siguientes personas tienen permiso para transportar a mi hijo a / desde la escuela y / o en caso de emergencia. (aparte del contacto primario / secundario) El estudiante no será entregado **a nadie que no sean los enumerados, a menos que se hayan hecho arreglos previos y se haya notificado a los funcionarios de la escuela.**

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(Alergias)_____

_____ _____
Parent/Guardian Signature(firma) Date (fecha)

Arizona Department of Education Arizona Residency Documentation Form

Student_____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

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 vehicleregistration
____ Valid Arizona Address Confidentiality Program authorization card
____ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
____ Temporary on-base billeting facility (for military families)
____ 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.

_____ _____

Signature of Parent/Legal Guardian Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on- base billeting facility as the address for proof of residency.

State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me and/or 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 registration (issued in the last 60 days)_
___ Real estate deed or mortgage documents
___ Property tax bill
___ Residential lease or rental agreement
___ Water, electric, gas, cable, or landline phone bill (issued in the last 60 days
___ W-2 wage statement (most recent tax year)
___ Payroll stub (issued in the last 60 days)
___ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this____day of_____, 20____,
By_____.

_____
Notary Public

My Commission Expires:

_____

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 05-2023)

Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. **¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

   _____

2. **¿Qué idioma habla el estudiante la mayoría del tiempo?**

   _____

3. **¿Qué idioma habló o entendió el estudiante primero?**

   _____

Distrito

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ SSID _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas

Las Puertas Community School

100 W 37th Street, Tucson AZ 85713
Phone: 520.546.9296 Fax: 520.884.0037
Email: Diana Leon at dleon@laspuertas.org

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)

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 official de calificaciones
- Letter of Promotion (if applicable)/Carta de Promocion
- Test Scores (SELP/AZELLA Scores – oral, reading, writing)/Puntuacion en los examines SELP y AZELLA
- Official Withdrawal Form/Forma official 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 completer 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.**

1st Request:_____ 2nd Request:_____ 3rd Request:_____

Las Puertas Community School

Student Health Information Form

Student Information

Last Name	First Name	Middle Name
Birth Date	Grade	Gender

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

- ☐ ADD/ADHD
- ☐ Asthma
- ☐ Anemia
- ☐ Arthritis
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Emotional Problems
- ☐ Epilepsy/Seizures
- ☐ Fainting Spells
- ☐ Gastrointestinal
- ☐ Head Injury/Concussion
- ☐ Heart Condition
- ☐ HepatitisSkin
- ☐ Immune Supression
- ☐ Kidney/Urinary Problems
- ☐ Migraines
- ☐ Orthopedic/Bone Problems
- ☐ Pneumonia
- ☐ Rheumatic Fever
- ☐ Conditions/Eczema
- ☐ Tuberculosis
- ☐ Valley Fever

1. 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? _____

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

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

opening doors to your future

Escuela Comunitaria Las Puertas: Acuerdo de Ciudadanía Digital y Chromebook

Las Puertas cree que la mejor manera de preparar a nuestros estudiantes para su futuro digital es hacer que practiquen el uso adecuado de las herramientas en línea en la escuela. Tenemos software de monitoreo y filtros, pero estas herramientas no son perfectas y no garantizan que los estudiantes no se encuentren en situaciones potencialmente dañinas (acoso, contacto inapropiado, etc.). Nuestro objetivo es utilizar los errores potenciales como momentos de enseñanza para ayudar a proteger a nuestros estudiantes contra futuras experiencias dañinas en línea.

Respétate y Protégete

- Mantendré mis contraseñas privadas y no las compartiré con mis amigos
- Seré consciente de mi huella digital y tendré cuidado al publicar información personal
- Solo publicaré texto e imágenes que sean apropiados para la escuela
- Sabré dónde guardo mis archivos para poder acceder a ellos donde y cuando los necesite (Ejemplos: Google Docs, carpeta de red, memoria USB, casillero de archivos web)
- Seré consciente de con quién estoy compartiendo mis archivos (manteniéndolos privados, compartiendo con maestros y compañeros de clase o publicándolos públicamente)
- Siempre me cerraré la sesión antes de dejar una computadora
- Reportaré inmediatamente cualquier comportamiento/lenguaje inapropiado dirigido a mí a mi maestro, consejero u otro adulto en la escuela.

Respetar y proteger a los demás

- No usaré las computadoras para intimidar o acosar a otras personas
- No iniciaré sesión con el nombre de usuario y la contraseña de otro estudiante
- No invadiré la carpeta, los documentos, los archivos o el perfil de la red de otro estudiante
- No interrumpiré la capacidad de otras personas para usar las computadoras de la escuela
- No pretenderé ser otra persona y seré honesto en mi representación de mí mismo
- No reenviaré materiales inapropiados ni comentarios hirientes ni difundiré rumores
- Reportaré inmediatamente cualquier comportamiento/lenguaje inapropiado dirigido a mis compañeros a mi maestro, consejero u otro adulto en la escuela.

Respetar la protección del entorno de aprendizaje

- Limitaré mi navegación web en la escuela a la investigación escolar o investigación personal similar a la que haría en clase
- No visitaré sitios web inapropiados. Si aparece una página, una imagen o un resultado de búsqueda inapropiados, cerraré inmediatamente la ventana o la pestaña.
- No jugaré juegos ni descargaré archivos/contenido en las computadoras de la escuela sin instrucciones específicas del maestro
- No enviaré ni leeré mensajes instantáneos ni participaré en foros en línea ni chatearé sin instrucciones específicas del maestro
- Solo enviaré y recibiré correos electrónicos relacionados con la escuela y usaré un lenguaje apropiado
- Solo cambiaré las imágenes de fondo y protectores de pantalla a imágenes apropiadas para la escuela.

Honrar la propiedad intelectual

- No plagiaré
- Citaré todos y cada uno de los usos de sitios web, imágenes, libros y otros medios.

Al firmar este acuerdo, acepto los términos del Acuerdo de Ciudadanía Digital y Chromebook de Las Puertas Community School. Acepto ser financieramente responsable del costo de reemplazo en caso de pérdida, robo o daño del Chromebook. Esto incluye cualquier daño o pérdida que ocurra en el campus.

Student Name: _____ (Nombre del Estudiante)
Student Signature: _____ (Firma del Estudiante)
Date: _____ (Fecha)

Parent Name: _____ (Nombre del Padre o Tutor)
Parent Signature: _____ (Firma del Padre o Tutor)
Date: _____ (Fecha)

LAS PUERTAS COMMUNITY SCHOOL

opening doors to your future

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 away 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 is it 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.

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 PUERTAS COMMUNITY SCHOOL

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 continue 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.

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: _____

opening doors to your future

LAS PUERTAS
COMMUNITY SCHOOL

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.

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.

Parent/Guardian Signature Firma del Padre o tutor _____ Date/ Fecha _____

LAS PUERTAS COMMUNITY SCHOOL

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 7th 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. Pursuant to A.R.S. §15-802(E), parents who do not ensure their child(ren) between the ages of 6-16 regularly attend school, may be held criminally liable.

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.

Parent/Guardian Signature _____ Date _____ Print student name & sign _____ Date _____

LAS PUERTAS COMMUNITY SCHOOL

PÓLIZA DE ASISTENCIA Y ABSENTISMO DE LAS PUERTAS

Políticas de asistencia y absentismo escolar

La asistencia regular de cada estudiante es necesaria para el éxito escolar. Por lo tanto, se espera que los padres y la escuela asuman la responsabilidad de la asistencia regular. La ley exige la asistencia regular de un niño en edad escolar. Las ausencias se justificarán solo por razones necesarias e importantes que incluyen enfermedad, muerte de un familiar, emergencias familiares importantes, citas médicas que no pueden programarse razonablemente fuera del horario escolar y observancia de las principales fiestas religiosas de la fe de la familia. (A.R.S.15-901 (a) (1) Las vacaciones familiares pueden aprobarse hasta 5 días cada semestre si el estudiante tuvo una asistencia excelente, por lo que el total no excede los 20 por año.

La ley de Arizona requiere que un padre o tutor legal debe asegurarse de que su hijo menor entre las edades de seis y dieciséis años esté en la escuela durante todo el tiempo que la escuela esté en sesión, a menos que esté legalmente justificado de conformidad con A.R.S. 15-802 o 15-803.

Es responsabilidad del padre / tutor notificar a la oficina al (520)546-9296 cuando su hijo está ausente y dar la razón de la ausencia o la ausencia debe permanecer sin excusa.

Notifique a la oficina antes de las 9:45 a. M. en cualquier día que su hijo no esté presente y antes de las 9:00 a.m. si su hijo llegará tarde. Se puede dejar un mensaje en el correo de voz de la oficina en cualquier momento. (520-546-9296). Incluya el nombre de su hijo y el motivo específico de la ausencia. Si notifica a la oficina por teléfono, no se requiere una nota cuando el niño regrese.

Llegar tarde o salir temprano requiere que el padre / tutor registre la entrada / salida del estudiante en la oficina. (A.R.S.15-803 A) Solo aquellos que están en la lista aprobada para recoger a los estudiantes podrán firmar la salida de un estudiante de la escuela. El motivo de la llegada tardía o la salida anticipada se pueden informar al personal de la oficina.

Cuando la ausencia de un estudiante por enfermedad personal exceda los tres días consecutivos, se debe proporcionar una declaración de un médico o clínica de salud.

Consecuencias por ausencias crónicas o tardanzas / salida temprana de la siguiente manera:

Las regulaciones de Arizona definen 20 días por año como días máximos permitidos para ausencias. Las tardanzas o la salida anticipada también pueden contar para las ausencias.

1. Después de 5 ausencias o 7 tardanzas / salidas tempranas, se envía por correo una "Carta de advertencia de ausencia escolar o absentismo escolar" informando a los padres / tutores sobre las preocupaciones de asistencia de su hijo. Se programará una reunión para discutir cómo ayudar al niño con la asistencia regular.
2. Después de la séptima ausencia injustificada o 15 tardanzas injustificadas, se envía por correo una Carta de aviso de absentismo escolar que requiere que el padre / tutor se comunique con el director dentro de las 24 horas. De acuerdo con A.R.S. §15-802 (E), los padres que no se aseguran de que sus hijos entre las edades de 6 a 16 años asistan regularmente a la escuela, pueden ser considerados responsables penalmente.

Requisito académico: El trabajo de clase perdido por cualquier ausencia o llegada tardía / salida anticipada debe recuperarse dentro de los 3-5 días posteriores a la ausencia. Las ausencias excesivas con falta de recuperación pueden resultar en la retención del estudiante.

Firma del padre / tutor _____ Fecha _____ Escriba y firme nombre del estudiante _____ Fecha _____

opening doors to your future

LAS PUERTAS
COMMUNITY SCHOOL

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.**
   Solid color collared shirt, or plain white, black, or gray T-shirt. (No "gang" colors)
   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. Hats and other head coverings including hooded sweatshirt are not allowed during class time.

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:

Parent/Guardian _____ Date _____

Student _____ Date _____

opening doors to your future

LAS PUERTAS
COMMUNITY SCHOOL

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 con cuello de color liso o una camiseta blanca, negra o gris. (Sin colores de "pandillas")
   Los pantalones vaqueros (sin agujeros, por favor), pantalones cortos y faldas pueden ser del mismo color que las camisas de arriba, pantalones cortos a la mitad del muslo o faldas a la mitad del muslo o más largas.
   Zapatos de su elección, pero no chanclas ni tangas. Cordones negros o blancos. No se permiten sombreros y otras cubiertas para la cabeza, incluida la sudadera con capucha, durante el tiempo de clase.

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:

Padre/Tutor _____ Fecha _____

Alumno _____ Fecha _____

LAS PUERTAS COMMUNITY SCHOOL

STUDENT INFORMATION OPT-OUT FORM
SCHOOL YEAR _____

This request must be signed every school year

STUDENTS NAME: _____

Las Puertas CS does not sell, rent or lease its customer lists to third parties. Las Puertas CS may, from time to time, contact you on behalf of external business partners about a particular offering that may be of interest to you. In those cases, your unique personally identifiable information (e-mail, name, address, telephone number) is not transferred to the third party. In addition, Las Puertas CS may share data with trusted partners to help us perform statistical analysis, send you email or postal mail, provide customer support, or arrange for deliveries. All such third parties are prohibited from using your personal information except to provide these services to Las Puertas CS and they are required to maintain the confidentiality of your information.

DIRECTORY INFORMATION

The District/School may disclose information that is generally not considered harmful or an invasion of privacy if the primary purpose is to allow the District/School to include this type of information in certain school publications, such as yearbooks, newsletters, playbills, team rosters, or honor rolls. Directory information includes the following:

- name
- address
- telephone listing
- email address
- grade level
- date & place of birth
- major field of study
- enrollment status
- dates of attendance
- participation in officially recognized activities & sports
- weight & height if a member of an athletic team
- most recently attended educational institution

The District will not disclose directory information unless the District/School will use the information in a publication, or a third party has requested the information for a reason that, in the judgment of the District/School, serves the student's best interests. For example, the District/School will comply with directory information requests from another school in which a student seeks to enroll, universities and colleges, law enforcement and Child Protective Services. The District/School will provide directory information for commercial purposes only if beneficial to students, such as yearbook or class ring sales. *Your child's directory information will be released as described above, unless you direct otherwise by checking the box below:*

☐ DO NOT RELEASE MY CHILD'S DIRECTORY INFORMATION. By selecting this option, I understand that my child's name and/or image will not be included in the yearbook, newsletters, programs, and other school/district publications not to the press or the general public, third parties such as universities and colleges, employers and military recruiters.

DISTRICT/SCHOOL AND NEWS MEDIA

Your child may be interviewed, photographed, or audio- or video-recorded by the news media or district staff for print, radio, television, Internet content or any other media, *unless you direct otherwise.*

☐ NO, **I DO NOT 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.**

_____ _____

Parent/Guardian Print & Sign (Date)

STUDENT RESIDENCY QUESTIONNAIRE

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq. Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____ Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement? Yes ☐ No ☐
(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

STUDENT RESIDENCY QUESTIONNAIRE

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded

☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
Provide the main cross streets of this unsheltered location: _____

☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

☐ With an adult that is not a parent or court appointed legal guardian

☐ Alone, not in the care of a parent or court appointed legal guardian

☐ None of the above (Please explain): _____

_____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

_____ _____

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Date received by Homeless Liaison

_____

RIGHTS OF HOMELESS STUDENTS

StrengthBuilding Partners 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, applies to all services, programs, and activities provided or made available.

McKinney-Vento Definition of Homeless **The term "homeless children and youth"—**
A. means individuals who lack a fixed, regular, and adequate nighttime residence [42 U.S.C. § 11434a(2)]

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 one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above?

RIGHTS OF HOMELESS STUDENTS

To remove educational barriers for children and youths experiencing homelessness, the McKinney Vento Act mandates the following: **Immediate Enrollment**: Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. § 11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed [42 U.S.C. § 11432(g)(3)(A), 42 U.S.C. § 11432(g)(3)(B) and 42 U.S.C. § 11432(g)(3)(I) (i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. § 11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. § 11432(g) (4)] & (6)(iii)].

Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. § 11432(g)(1)(H) (iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. § 11432(g)(1)(F)(iii)].

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 [42 U.S.C. § 11432(g) (3)(E)].

Appointment of a Local Homeless Liaison: The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. § 11432(g)(1)(J)(ii) and2 U.S.C. § 11432(g)(6) (A)].

For more information, refer to Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, or contact:

LEA Homeless Liaison LEA Name LEA Homeless Liaison Office Address LEA Homeless Liaison Phone Number LEA Homeless Liaison Email address	**State Homeless Education Program Coordinator** Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 homeless@azed.gov