



# Liberty High School

A Community Learning Center  
"Where every student counts!"

1300 Cedar St  
Globe, AZ 85502

Phone: (928) 402-8024

Fax: (928) 402-8358

[www.liberty-high.net](http://www.liberty-high.net)

Home of the  
"Silverbacks!"

## Adult Diploma Registration and Information Packet

Below is listed the information we distribute during student registration. SOME of the forms must be completed and returned to our office. Be sure all required forms are signed. Please return all paperwork to our office.

It will be necessary for you to have a meeting with the Adult Program Coordinator prior to the student's FIRST DAY OF SCHOOL.

Liberty High School accepts students without regard to ethnicity, gender, religion, economic background, disability, or age.

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

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

- \_\_\_\_\_ Transcripts – certified copy
- \_\_\_\_\_ Birth Certificate – certified copy
- \_\_\_\_\_ Immunization Records – copy
- \_\_\_\_\_ Social Security Card – copy
- \_\_\_\_\_ Registration Form – completed and returned

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

# Liberty High School Adult Education

Liberty High School is a State Certified Adult Education-Training provider. The Adult Education Program provides adults, who have not earned a high school diploma, the opportunity to graduate from high school through a blended learning approach.

- Coursework is determined from students' original high school transcripts and assigned in accordance with Liberty High School current graduation requirements of 22 high school credits as follows: 4 English (I-IV); 4 Math; 3 Science; 3 Social studies; 2 career/technology; 6 electives. One credit equals one full course: e.g. English I or Biology.....
  - CTA/Work/Parenting electives are given for 143 hours of verified activity for one credit.
  - American Civics Act requires all seniors to pass state civics test to graduate.
  - Procedures for enrolling and completing coursework:
1. Complete adult registration form and pay registration fee (\$30.00) To register and pay fees, students must arrive Mon. thru Thurs. from 9:00-11:00 or 1:00-2:00
  2. When transcripts have been received, the Adult Program Coordinator will meet with student to go over needed courses.
  3. Student must meet with Program Coordinator to receive coursework in their subject area; up to two courses at a time may be assigned for which a book deposit is required.
  4. Deposit of \$20.00 per book (paid to Adult Program Coordinator) is required and is refunded when courses are complete or applied to course fees.
  5. Fees are \$40.00 per full unit credit and are payable upon completion of each credit or at completion of half credits at rate of \$20.00 per half credit.
  6. Access to teachers is Monday through Thursday from 2:30 until 5:00. Please be aware teachers are not available during high school breaks.
  7. Students must pick up and return work to the Program Coordinator to be properly credited.
  8. A student's program starts the day he/she registers and will last for one year. Students should complete courses in a timely fashion (each course within 3-6 months from start).
  9. Registration fees must be paid annually if students take more than one year to complete coursework.
  10. When a course is complete, student must make arrangements to take a short on-site assessment, included as part for the coursework, earning a passing grade for the course credit.
  11. When coursework is complete for graduation, students may participate in the LHS graduation ceremony held in May, or may opt to receive diploma without ceremony. Cap and gown fees apply. All coursework and assessments must be completed and turned in no later than May 5<sup>th</sup>.



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## Notice to Adult Program Students

In 2015, the Arizona legislature passed the American Civics Act (House Bill 2064). This bill will require students, beginning with the graduation class of 2017, to pass a civics test based on the United States Immigration and Naturalization civics questions. Students will be required to score 60% or higher in order to graduate from high school or obtain a high school diploma from the Maricopa County Education Service Agency and Arizona educators, has developed a mostly multiple choice version of the required test.

All students receiving a diploma after December 31, 2016, must pass this test including students enrolled in Liberty's Adult Program. The test must be taken on the Liberty High School campus under the supervision of LHS staff. Students may take the test at any time and may take it as many times as needed in order to obtain a passing grade. Arrangements for testing may be made with the Adult Program Coordinator.

**Our Mission:** Liberty High School is an educational community committed to academic rigor in the core secondary subjects which provides students with small class sizes, individualized attention, credit recovery options and decision making skills needed to freely participate and succeed in a rapidly changing world.

**Our Vision:** To meet the educational needs of an ever changing and complex student body; to develop, to the greatest extent possible, the innate human potential of all students; to meet the unique needs of a select student body; to act as a liaison between the student and community at large; and to function as a positive change agent in the lives of the children we serve.

# ADULT REGISTRATION FORM

DATE ENROLLED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STUDENT INFORMATION:

Last GRADE Level Completed: \_\_\_\_\_

(Last Name) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

Other Names  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

AGE AS OF 09/01: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place: (City) (State) \_\_\_\_\_

Social Security #: \_\_\_\_\_

RESIDENCE: (Street) (City) (Home Phone No.) \_\_\_\_\_ / \_\_\_\_\_

MAILING ADDRESS: (City) (Zip) \_\_\_\_\_

**IN ACCORDANCE WITH (ARS 15-754 R7-2-306):**

What is the language most often spoken in your home? \_\_\_\_\_  
What was the first language your child learned to speak? \_\_\_\_\_  
What is the language most often spoken by your child? \_\_\_\_\_

**FAMILY DATA: PLEASE LIST Any Local Family Contact**

\_\_\_\_\_  
(Last Name) (First) (MI) (Phone Number including Area Code)

Resident Address

**FAMILY DATA: PLEASE LIST Any Local Family Contact:**

\_\_\_\_\_  
(Last Name) (First) (MI) (Phone Number including Area Code)

Resident Address

NAME: \_\_\_\_\_ STUDENT'S MARITAL STATUS: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

Cell Number: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

SPECIAL HEALTH PROBLEMS: \_\_\_\_\_

**EMERGENCY INFORMATION:**

FAMILY DOCTOR: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

**RELATIONS:**

1. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

3. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**PERSON TO CALL WHEN YOU ARE NOT AVAILABLE:** \_\_\_\_\_ RESIDENCE: (Street & City) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**SCHOOL HISTORY: /**

\_\_\_\_\_  
SCHOOL LAST ATTENDED PHONE MAILING ADDRESS: (City) (State) (Zip)

GRADE: \_\_\_\_\_ FROM/TO: (Dates) \_\_\_\_\_ SPECIAL PROGRAMS ATTENDED: \_\_\_\_\_  
(i.e. Gifted, Special Education, Chapter 1, 504, Other)

\_\_\_\_\_  
SIGNATURE OF Adult Student

\_\_\_\_\_  
DATE



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## AUTHORIZATION FOR RELEASE/REQUEST FOR EDUCATION RECORDS

Name of Student: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

To release to **LIBERTY HIGH SCHOOL**

Any and all confidential education related information concerning:

_____ Education	_____ Medical/Health Records
_____ Comprehensive Education	_____ Speech/Language
_____ Social/Behavior	_____ Individual Education Program (IEP)

Thank you for your response to this request.

\_\_\_\_\_  
**Signature of Adult Student**

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