



Home of the "Silverbacks!"

Liberty High School

A Community Learning Center
"Where every student counts!"

1300 Cedar St
Globe, AZ 85501

Phone: (928) 402-8024

Fax: (928) 402-8358

www.liberty-high.net

RE---REGISTRATION PACKET

Below is listed the information we distribute during student re—registration. These forms can easily be completed at our office. Be sure all required forms are signed.

It will be necessary for you to have a meeting with the director prior to the student's FIRST DAY RETURNING TO SCHOOL.

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

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
- ____ Immunization Records – copy
- ____ Registration Form – completed and returned
- ____ Parent Permissions (movies & medication) – completed and returned
- ____ LEA/Charter School Lunch Eligibility
- ____ Income guidelines for current year
- ____ Guideline Agreements – 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.

ENROLLMENT DATE:

/ /

Liberty High School District - 1300 Cedar St, Globe, AZ 85501

GRADE:

REGISTRATION FORM

STUDENT INFORMATION:

(Last Name) (First) (Middle)

ETHNICITY: _____

AGE AS OF Sept 1st _____ M _____ F _____

(Other Names)

/ /

Social Security #: _____

Birth Date: _____ Email _____

RESIDENCE: (Street) (City) (Home Phone No.) **MAILING ADDRESS:** (City) (Zip)

Tribal Affiliation (where applicable): _____

If Student is 18 or older:

(Student Phone #)

(Student Email)

STUDENT'S MARITAL STATUS:

SPOUSE'S OCCUPATION:

SPOUSE'S NAME:

SPOUSE'S WORK NUMBER:

FAMILY DATA:

FATHER BIRTH DATE BIRTH PLACE: (City) (Zip)

FATHER'S Email: _____

FATHER'S OCCUPATION EMPLOYER PHONE NO.

MOTHER BIRTH DATE BIRTH PLACE: (City) (Zip)

MOTHER'S Email: _____

MOTHER'S OCCUPATION EMPLOYER PHONE NO.

STUDENT LIVES WITH: _____

PLEASE LIST BROTHERS AND SISTERS (School Age Only):
(Last Name) (First) (Birth Date) (Grade)

Parents Married? Yes No Active Military Mom Dad Both Explain
Living together? Federal Lands Explain

EMERGENCY INFORMATION: FAMILY DOCTOR PHONE NO.

SPECIAL HEALTH PROBLEMS: _____

PERSONS TO CALL WHEN YOU ARE NOT AVAILABLE:

1. _____ RELATIONSHIP PHONE NO.
2. _____ RELATIONSHIP PHONE NO.

SCHOOL HISTORY:

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

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

Was Student Given a Long Term Suspension or Expelled from the last school? Yes No

SIGNATURE OF PARENT/GUARDIAN

DATE



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AUTHORIZATION FOR RELEASE/REQUEST FOR EDUCATION RECORDS

Name of Student: _____

Date of Request: _____ Birthdate: _____

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

To release to **LIBERTY HIGH SCHOOL**

Any and all confidential education related information concerning:

- | | |
|---|--|
| _____ Education
(Faxed Unofficial Transcript) | _____ Medical/Health Records |
| _____ OFFICIAL TRANSCRIPT
(Sealed and sent Mail) | _____ Speech/Language |
| _____ Test Results
(both Front & Back) | _____ Birth Certificate (Copy) |
| _____ Comprehensive Education | _____ Individual Education Program
(IEP, MET, Eval, Eligibility, with Signatures) |
| _____ Social/Behavior | _____ Progress Grades |

Thank you for your response to this request.

Requesting Party's Signature

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

ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2022 Income Guidelines for determining eligibility information for federal funding associated with programs funded under Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached ESEA (Title I) Income Eligibility Guidelines schedule? If so, please check the appropriate box. Otherwise check NOT ELIGIBLE.

INDICATOR 1
 INDICATOR 2
 NOT ELIGIBLE

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>

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

Parent Signature

Date

NOTE: These survey form should be retained by the school or district and kept on file for a period of 5 years. ADE REVISED: May 2021

ESEA (Title I) INCOME Eligibility GUIDELINES July 1, 2022- June 30, 2023

Income Eligibility 1						Income Eligibility 2					
HOW OFTEN INCOME WAS RECEIVED						HOW OFTEN INCOME WAS RECEIVED					
Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly	Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	17,667	1,473	737	680	340	1	25,142	2,096	1,048	967	484
2	23,803	1,984	992	916	458	2	33,874	2,823	1,412	1,303	652
3	29,939	2,495	1,248	1,152	576	3	42,606	3,551	1,776	1,639	820
4	36,075	3,007	1,504	1,388	694	4	51,338	4,279	2,140	1,975	988
5	42,211	3,518	1,759	1,624	812	5	60,070	5,006	2,503	2,311	1,156
6	48,347	4,029	2,015	1,860	930	6	68,802	5,734	2,867	2,647	1,324
7	54,483	4,541	2,271	2,096	1,048	7	77,534	6,462	3,231	2,983	1,492
8	60,619	5,052	2,526	2,332	1,166	8	86,266	7,189	3,595	3,318	1,659
Each Additional Member Add:	+6,136	+512	+256	+236	+118	Each Additional Member Add:	+8,732	+728	+364	+336	+168

Note:

If all income is received on the same schedule
Example: alimony = \$100 / month & pension = \$300 / month
DO NOT use conversion factors

If family reports income sources from more than one schedule
Example: alimony = \$100 / month & pension = \$300 / week
Income MUST be converted to yearly.

Yearly Income = Monthly	x 12
Yearly Income = Twice Per Month (Bi-Monthly)	x 24
Yearly Income = Every Two Weeks (Bi-Weekly)	x 26
Yearly Income = Week	x 52

DO NOT round the values resulting from each conversion



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

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

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

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

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

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

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

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

REQUEST FOR BUSING

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

Do you need busing? _____ NO _____ Yes

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

STREET ADDRESS _____

CITY _____ ZIP _____

NEAREST CROSSROADS _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

ATTENDANCE POLICY AGREEMENT

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

Signature of Parent/Guardian

Date

Name of Student

Signature of Student

Date

DRESS CODE

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

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

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

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

Signature of Parent/Guardian

Date

Name of Student

Signature of Student

Date

Parent/Guardian **Pick-up** Permission

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

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

Name

Relation

Name

Relation

Signature of Parent/Guardian

Date

Parent/Guardian Movie Permission

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

Parent Signature

Date

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

Parent Signature

Date

Vandalism of School Property

Dear Parent or Guardian:

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

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

I have read the above and understand its implication.

Signature of Parent/Guardian

Date

Name of Student

Signature of Student

Date

Medication Permission Form

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

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

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

____ Advil, 200mg

____ Tylenol 500mg

____ Aspirin 325mg

____ Hall's Cough Drops

____ Tum's Antacid

____ Hydrocortisone Cream

____ Benadryl Gel

____ Caladryl Lotion

____ Other: Specify _____

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

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

Signature of Parent/Guardian

Date

Name of Student

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

