



*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](http://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.

# REGISTRATION FORM

ENROLLMENT DATE: / /  
Data Entry DATE: / /

GRADE LEVEL: \_\_\_\_\_  
Student Email: \_\_\_\_\_

**STUDENT INFORMATION:**

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

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

Other Names: / /

AGE AS OF Sept 1st M F  
Hospital Copy \_\_\_\_\_ Baptismal \_\_\_\_\_

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

Birth Certificate No. (ARS 15-828)  
Social Security #: \_\_\_\_\_

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

**Tribal Affiliation (where applicable):** \_\_\_\_\_

**IN ACCORDANCE WITH (ARS 15-754 R7-2-306):**  
What was the first language your child learned to speak? \_\_\_\_\_  
What is the language most often spoken in your home? \_\_\_\_\_  
What is the language most often spoken by your child? \_\_\_\_\_

**FAMILY DATA:**

	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
Parents Married?	_____	_____	Separated	_____	_____	Father Living	_____	_____
Living together?	_____	_____	Divorced	_____	_____	Mother Living	_____	_____

FATHER BIRTH DATE BIRTH PLACE: (City) (Zip)  
FATHER'S Email: \_\_\_\_\_

FATHER'S OCCUPATION EMPLOYER PHONE NO.

MOTHER BIRTH DATE BIRTH PLACE: (City) (Zip)  
MOTHER'S Email: \_\_\_\_\_

MOTHER'S OCCUPATION EMPLOYER PHONE NO.

STUDENT LIVES WITH: \_\_\_\_\_

**PLEASE LIST BROTHERS AND SISTERS (School Age Only):**  
(Last Name) (First) (Birth Date) (Grade) **STUDENT'S MARITAL STATUS:** \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
WORK NUMBER: \_\_\_\_\_

**EMERGENCY INFORMATION:** FAMILY DOCTOR \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
SPECIAL HEALTH PROBLEMS: \_\_\_\_\_

**PERSONS TO CALL WHEN YOU ARE NOT AVAILABLE:**

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_
2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**SCHOOL HISTORY:** \_\_\_\_\_  
SCHOOL LAST ATTENDED PHONE MAILING ADDRESS: (City) (State) (Zip)  
GRADE: \_\_\_\_\_ FROM/TO: (Dates) \_\_\_\_\_ SPECIAL PROGRAMS ATTENDED \_\_\_\_\_  
(i.e. Gifted, Special Education, Chapter 1, 504, Other)

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



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## AUTHORIZATION FOR RELEASE/REQUEST FOR EDUCATION RECORDS

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

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

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

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

To release to **LIBERTY HIGH SCHOOL**

Any and all confidential education related information concerning:

\_\_\_\_ Education  
(Faxed and including Transcript & Progress Grades)

\_\_\_\_ Medical/Health Records

\_\_\_\_ OFFICIAL TRANSCRIPT  
(by Sealed and sent Mail)

\_\_\_\_ Speech/Language

\_\_\_\_ Test Results  
(both Front & Back)

\_\_\_\_ Birth Certificate (Copy)

\_\_\_\_ Comprehensive Education

\_\_\_\_ Individual Education  
Program (IEP, MET, Eval, & Eligibility)

\_\_\_\_ 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.



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Dear Parent/Guardian/Student,

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

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

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

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

Thanks for your help and support.

Sincerely,

L Reves,  
Director

# Multi-Child Free and Reduced-Price School Meals Application

## Leander Independent School District District/Charter School

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

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

### Part 2. Foster Child

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

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

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

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

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

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

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D I do not have a Social Security Number \_\_\_\_\_

Printed Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Varying individual income frequencies must be converted to annual or monthly amounts and combined to determine household income. Use annual or monthly, not both, when converting multiple frequencies.  
Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Household Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ FS/TANF: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Eligibility: Free: \_\_\_\_\_ Reduced: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free: \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Reviewing Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Guidelines to Determine NCLB Eligible Students

The Arizona Department of Education provides the following FY 2008 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the No Child Left Behind Act of 2001.

If your family is at or below the current income guidelines based on the attached NCLB Eligibility Guidelines schedule please check the appropriate box. Otherwise check NOT ELIGIBLE.

**INDICATOR 1**      
 **INDICATOR 2**      
 **NOT ELIGIBLE**

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

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

Child's Name	Name of School	Grade

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

INCOME ELIGIBILITY GUIDELINES												
Effective from July 1, 2020 to June 30, 2021												
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %					
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>												
1 .....	12,760	23,606	1,968	984	908	454	16,568	1,383	692	638	319	
2 .....	17,240	31,894	2,658	1,329	1,227	614	22,412	1,868	934	862	431	
3 .....	21,720	40,182	3,349	1,675	1,546	773	28,236	2,353	1,177	1,066	543	
4 .....	26,200	48,470	4,040	2,020	1,865	933	34,060	2,839	1,420	1,310	655	
5 .....	30,680	56,758	4,730	2,365	2,183	1,092	39,984	3,324	1,662	1,534	767	
6 .....	35,160	65,046	5,421	2,711	2,502	1,251	45,708	3,809	1,905	1,758	879	
7 .....	39,640	73,334	6,112	3,056	2,821	1,411	51,532	4,295	2,148	1,982	991	
8 .....	44,120	81,622	6,802	3,401	3,140	1,570	57,356	4,780	2,390	2,206	1,103	
<b>For each add'l family member, add</b>	<b>4,480</b>	<b>8,288</b>	<b>691</b>	<b>346</b>	<b>319</b>	<b>160</b>	<b>5,824</b>	<b>486</b>	<b>243</b>	<b>224</b>	<b>112</b>	
<b>ALASKA</b>												
1 .....	15,950	29,508	2,459	1,230	1,135	568	20,735	1,728	864	798	399	
2 .....	21,550	39,868	3,323	1,662	1,534	767	28,015	2,335	1,168	1,078	539	
3 .....	27,150	50,228	4,186	2,093	1,932	966	35,295	2,942	1,471	1,358	679	
4 .....	32,750	60,588	5,049	2,525	2,331	1,166	42,575	3,548	1,774	1,638	819	
5 .....	38,350	70,948	5,913	2,957	2,729	1,365	49,855	4,155	2,078	1,918	959	
6 .....	43,950	81,308	6,776	3,388	3,128	1,564	57,135	4,762	2,381	2,198	1,099	
7 .....	49,550	91,668	7,639	3,820	3,526	1,763	64,415	5,368	2,684	2,478	1,239	
8 .....	55,150	102,028	8,503	4,252	3,925	1,963	71,695	5,975	2,988	2,758	1,379	
<b>For each add'l family member, add</b>	<b>5,600</b>	<b>10,360</b>	<b>864</b>	<b>432</b>	<b>399</b>	<b>200</b>	<b>7,280</b>	<b>607</b>	<b>304</b>	<b>280</b>	<b>140</b>	
<b>HAWAII</b>												
1 .....	14,580	27,158	2,264	1,132	1,045	523	19,084	1,591	796	734	367	
2 .....	19,930	36,686	3,058	1,529	1,411	706	25,779	2,149	1,075	992	496	
3 .....	24,980	46,213	3,852	1,926	1,778	889	32,474	2,707	1,354	1,249	625	
4 .....	30,130	55,741	4,646	2,323	2,144	1,072	39,169	3,265	1,633	1,507	754	
5 .....	35,280	65,268	5,439	2,720	2,511	1,256	45,864	3,822	1,911	1,764	882	
6 .....	40,430	74,796	6,233	3,117	2,877	1,439	52,559	4,380	2,190	2,022	1,011	
7 .....	45,580	84,323	7,027	3,514	3,244	1,622	59,254	4,938	2,469	2,279	1,140	
8 .....	50,730	93,851	7,821	3,911	3,610	1,805	65,949	5,496	2,748	2,537	1,269	
<b>For each add'l family member, add</b>	<b>5,150</b>	<b>9,528</b>	<b>794</b>	<b>397</b>	<b>367</b>	<b>184</b>	<b>6,695</b>	<b>558</b>	<b>279</b>	<b>258</b>	<b>129</b>	



## 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.

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