



# Returning Student Enrollment Packet

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This packet is for students already enrolled in Salt River Schools and plan to return for the next school year. The following forms are required for re-enrollment in our schools. Each site may require additional forms and documentation. The re-enrollment checklist on page two (2) will assist you in gathering and completing the necessary documents.

Thank you for your continued interest and involvement with Salt River Schools! We hope you and your student have a successful and enjoyable educational experience.

## **FOCUS, ACCOMPLISH, ACHIEVE!**

**Early Childhood Education Center**

**Phone: (480)362-2200**

**Fax: (480)362-2201**

**Salt River Elementary School**

**Phone: (480)362-2400**

**Fax: (480)362-2401**

**Salt River High School**

**Phone: (480)362-2000**

**Fax: (480)362-2090**

**Accelerated Learning Academy**

**Phone: (480)362-2130**

**Fax: (480)362-2159**

# RETURNING STUDENT ENROLLMENT CHECKLIST

Please return to your child's school no later than \_\_\_\_\_ to indicate your child will return in the fall.

## Early Childhood Education Center

- Completed Returning Student Enrollment Packet
- Guardianship/Custodial Parent/Court Order Notices (If applicable)

## Salt River Elementary School

- Completed Returning Student Enrollment Packet
- National School Lunch & School Breakfast Application\*
- Guardianship/Custodial Parent/Court Order Notices (If applicable)

## Salt River High School

- Completed Returning Student Enrollment Packet
- Charter Enrollment Form
- National School Lunch & School Breakfast Application\*
- Guardianship/Custodial Parent/Court Order Notices (If applicable)

**Accelerated Learning Academy** *(Please note students 18 and over may sign in the designated parent/guardian signature fields)*

- Completed Returning Student Enrollment Packet
- Charter Enrollment Form
- National School Lunch & School Breakfast Application\*
- Guardianship/Custodial Parent/Court Order Notices (If applicable)

\* These items will be available July 2017.

# I. STUDENT RE-ENROLLMENT INFORMATION

School Year: \_\_\_\_\_ - \_\_\_\_\_

PLEASE PRINT CLEARLY

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Student's Preferred Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: Female  Male   
City State

Street Address (must match AZ proof of residency): \_\_\_\_\_

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

Mailing Address (if different than street address): \_\_\_\_\_

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

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

## II. STUDENT LEGAL CONSIDERATIONS

Please mark any items below that apply to this student and provide the school with copies of the related documents.

- No legal considerations exist for this student (please go to section III.)
- Court Appointed Custody
- Power of Attorney
- Student Not Living with Biological Parents
- Student has an injunction Against Harassment (Please list unauthorized persons in Section V.)
- Student has an Order of Protection (Please list unauthorized persons in Section V.)
- Student is covered by a Court Order Regarding School

\*NOTE TO ALA STUDENTS: Consent for Release of Information will be collected.

### III. PARENT/GUARDIAN INFORMATION

The information provided will be used for emergency and communication purposes.

Student's Name: \_\_\_\_\_ Student's Preferred Name: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Sex:  Female  Male

Relationship to Student: \_\_\_\_\_

Student lives with Parent/Guardian #1:  Yes  No      Parent/Guardian #1 has custody of Student:  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Sex:  Female  Male

Relationship to Student: \_\_\_\_\_

Student lives with Parent/Guardian #2:  Yes  No      Parent/Guardian #2 has custody of Student:  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

### IV. ADDITIONAL AUTHORIZED PERSONS

The persons listed below may assume responsibility for your child if the parent/guardian cannot be reached, they will be allowed to check your child out of school. A minimum of two (2) authorized contacts must be listed. **Authorized persons listed must be at least 18 years of age.**

	AUTHORIZED PERSON #1	AUTHORIZED PERSON #2	AUTHORIZED PERSON #3	AUTHORIZED PERSON #4	AUTHORIZED PERSON #5
Name					
Relationship to Child					
Primary Phone					
Secondary Phone					

**ECEC FAMILIES ONLY** - Please choose a code word in case you need to ask someone to pick up your child who is not listed on this form: \_\_\_\_\_

### V. UNAUTHORIZED PERSONS

I have court papers on file at the school preventing the following person(s) from picking up and/or having contact with my child.

	Name	Relationship to Child	Staff Initials	Effective Date	Limitations May not:
1.	_____	_____			<input type="checkbox"/> Pick up <input type="checkbox"/> Contact
2.	_____	_____			<input type="checkbox"/> Pick up <input type="checkbox"/> Contact

I affirm all re-enrollment and information on this form is accurate and that I have read and understand the information provided to me regarding child health conditions, opt-out options and attendance procedures. I further affirm, by signing below, that I am a legal Arizona resident. I acknowledge I am responsible for ensuring my child's information is current and accurate.

Parent/Guardian or Adult Student Signature \_\_\_\_\_ Date \_\_\_\_\_ School Official \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT HEALTH HISTORY

(Must be completed and signed by a parent/legal guardian.)

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Provider/AHCCCS Plan: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Operations: \_\_\_\_\_ Year: \_\_\_\_\_

Fractures: \_\_\_\_\_ Sprains: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_ Chest X-Ray: \_\_\_\_\_

Does student have prolonged health/medical absences from school (please explain): \_\_\_\_\_

Medications student is allergic to: \_\_\_\_\_

Other allergies/health related issues: \_\_\_\_\_

Is student currently under medical treatment?  No  Yes

If yes, please list the doctor's name, contact information, diagnosis and treatment plan: \_\_\_\_\_

List all medications student is currently taking: \_\_\_\_\_

After-school SRS sports student will participate in (SRES, SRHS & ALA Students): \_\_\_\_\_

Sports from which student is to be *excluded*: \_\_\_\_\_

## PLEASE INITIAL YOUR SELECTION(S):

\_\_\_\_\_ I give my permission for Salt River Community Schools to share general health related data collected at school, for example height/weight, dental/vision data, with respect for privacy, with Salt River Community Health/Education approved programs. Sharing of this data will support the programs that benefit the health and well-being of all children of the SRPMIC Community.

\_\_\_\_\_ I give my permission to have my child receive a hearing and vision screening.

\_\_\_\_\_ If emergency service involving medical action or treatment is required and neither the parents nor guardian can be contacted. I hereby consent for the child named above to be given medical care by the emergency response unit.

Parent/Legal Guardian or Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ADMINISTERING OVER-THE-COUNTER MEDICATIONS TO STUDENTS PERMISSION FORM (SRES, SRHS, ALA STUDENTS ONLY)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

LIST ANY KNOWN DRUG OR FOOD ALLERGY: \_\_\_\_\_

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

**\*\*\* Be sure to update the school on any new allergies developed through the school year. \*\*\***

The School Nurse or the designated employee with signed Parental/Guardian permission that has been updated yearly, and has an updated health history, may administer the following over the counter medications to students during school. The following medications will not be administered at school without this form on file in the Nurse's office. Frequent student use of these medications at school will require a doctor's order, to ensure the safety and wellbeing of the student. Doctor's orders are required for all prescription medications given at school; as well as over the counter medications that are not on this list.

Medication will not be given more than two times during the school day. The nurse or designated employee reserves the right to refuse to administer medication at any time based on the assessment of the situation and every effort will be made to notify parents/guardian of this situation (i.e. repeated requests or overuse). To ensure that the use of this medication is not masking symptoms or any serious condition, a physician's statement must be submitted and filed for administration of non-prescription medications beyond the recommended product label instructions.

**I give my permission for my child to receive the following** (please initial your selection{s}):

\_\_\_\_\_ A standard dose of Ibuprofen (e.g. Motrin) or Acetaminophen (e.g. Tylenol) may be given every 4-6 hours for the temporary relief of minor aches and pains

\_\_\_\_\_ Throat Lozenges/Cough Drops for cough or minor throat irritation

\_\_\_\_\_ Tums, chewable tablets for upset stomach without fever or indigestion after eating, with no fever.

\_\_\_\_\_ The following items may be used as needed for first aid: triple antibiotic ointment, hydrocortisone cream (anti-itch), sting swabs applied to insect bites/stings, burn spray or gel to minor burns, external analgesic balm (like Bengay) for muscle pain of known origin.

\_\_\_\_\_ I **do not** permit my child to receive over-the-counter or non-prescription medication.

Print Name of Parent/Guardian or Adult Student: \_\_\_\_\_

Parent/Legal Guardian or Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# DENTAL SCREENING, SEALANTS AND FLUORIDE VARNISH PERMISSION FORM

We are pleased to be able to offer **FREE** Dental Screen, Sealant and Fluoride Varnish program to our students. Salt River Dental Clinic will conduct a dental screening of your child's teeth, if dental work is needed, a note will be sent home. The Salt River Dental Clinic will complete the sealant program. A dentist will examine your child's teeth before the sealants are applied. A provider will apply the sealants at the school.

**Fluoride Varnish** has been used to strengthen teeth and prevent tooth decay for over 40 years. The American Dental Association recommends using fluoride products to prevent tooth decay. Fluoride varnish is a quick way to prevent tooth decay as well as stop small cavities from becoming big cavities. It takes less than a minute to apply fluoride varnish. The varnish dries immediately, so the child does not swallow fluoride. Varnish may stain the teeth yellow for a day or two, but the protection lasts for 3 to 4 months. **All products are latex free.**

**Dental Sealants** are a plastic coating that is painted on the crown (top) of molars to prevent tooth decay. The American Dental Association recommends dental sealant for children and young adults. Sealants can be applied as soon as the molars come in. Application of the sealant is painless and the teeth that are to be sealed will be cleaned and dried. A special light is used to harden the plastic. Food and drink can immediately be consumed after receiving the sealant.

If you have any questions, please call your school nurse.

## I give my permission for my child to receive:

**Fluoride Varnish** - I have read the information above, and understand that I am giving permission for dental procedures that have been shown to prevent tooth decay.

**Sealants** - I have read the information above, and understand that I am giving permission for dental procedures that have been shown to prevent tooth decay.

**No services needed at this time**

Print Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the student allergic to anything?  No  Yes, to the following: \_\_\_\_\_

Is the student being treated by a doctor for anything?  No  Yes, for the following: \_\_\_\_\_

Is the student on any medication?  No  Yes (please list): \_\_\_\_\_

Does the student see a dentist?  No  Yes. If yes, who or where: \_\_\_\_\_

Parent/Guardian or Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian or Adult Student Daytime Phone Number: \_\_\_\_\_

Parent/Guardian or Adult Student Email: \_\_\_\_\_



# CONSENT FOR INFLUENZA VACCINE (SRES, SRHS, ALA STUDENTS ONLY)

This form will be provided to the Salt River Pima-Maricopa Indian Community Department of Health and Human Services. Please complete if you would like your child to receive the influenza vaccine. If you do not want your child receive the vaccine, please move to the next section.

IHS BENEFICIARY	
<input type="checkbox"/> IHS Eligible	<input type="checkbox"/> Non-IHS

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_ **Student's Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has the student had an influenza vaccine this season?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is this the student's first influenza vaccine ever?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the student have allergies to eggs, other vaccine components, or latex? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has the student had a serious reaction to the influenza vaccine in the past? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Has the child ever had progressive paralysis or Guillain-Barre Syndrome?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## CONSENT FOR VACCINATION

I am the person or parent/guardian of the person identified above. I have received and read the **vaccination information sheet (VIS Statement CDC Current)** regarding the influenza vaccine. I understand the risks and benefits, and give consent to the Salt River Pima-Maricopa Indian Community (SRPMIC) and its authorized staff to administer the vaccine to me. I hereby release and forever discharge myself, my heirs, executors, administrators and assignees, SRPMIC and their representatives employees and governing bodies from any and all claims, demands, actions and causes of action, which may result from participation in this program. In addition. I consent to have information regarding my vaccination to be shared with my primary care provider if the provider practices within an Indian Health Service Clinic, otherwise I will communicate the information provided to me about my vaccination to my primary care provider.

Printed Name of Student (if over age 18) or Parent/Guardian	Relationship
Signature of Patient (if over age 18) or Parent/Guardian	Date

FOR ADMINISTRATIVE USE ONLY	
<b>INFLUENZA TIV or QV SEASONAL VACCINE</b>	Ill with a fever today: Yes <input type="checkbox"/> No <input type="checkbox"/> Temp: _____ Manufacturer: _____ Expiration Date: _____ Lot #: _____ <input type="checkbox"/> R Deltoid <input type="checkbox"/> L Deltoid <input type="checkbox"/> R Thigh <input type="checkbox"/> L Thigh <input type="checkbox"/> 0.5 ml IM <input type="checkbox"/> 0.25 ml IM Administered by: _____ Date: _____

**PLEASE CHECK ALL THAT APPLY:**

- SRPMIC Enrolled Member  SRPMIC Community Resident
- If you did not answer yes to either of the previous questions, are you family of an SRPMIC Enrolled Member or Community Resident
- SRPMIC or Enterprise Employee  If you did not answer yes, are you family of an Employee
- For employees and their family members only:** So that we may serve you better in the future please tell us the department or enterprise in which you or your family member works:
- Department \_\_\_\_\_

FOR ADMINISTRATIVE USE ONLY	
<input type="checkbox"/>	<b>Recorded</b>
<input type="checkbox"/>	<b>Tallied</b>

# MCKINNEY – VENTO HOMELESS ELIGIBILITY QUESTIONNAIRE

## NAME OF SCHOOL:

- Early Childhood Education Center     Salt River Elementary School     Salt River High School     Accelerated Learning Academy

Student Legal Last Name \_\_\_\_\_

Student Legal First Name \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Homeless Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.**

1. Presently, where is the student living? (check one box in Section A or Section B)

### SECTION A

The student lacks a fixed, regular and adequate nighttime residence and:

- Shares housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as *doubled-up*).
- Lives in a motel, hotel, trailer park, camping grounds or similar setting due to lack of alternative adequate accommodations.
- Lives in an emergency or transitional shelter; or was abandoned in a hospital.
- Primary nighttime residence is in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (e.g. park benches, etc.).
- Lives in cars, parks, public spaces, abandoned buildings, substandard housing, bus stations, or similar setting.
- Is a migratory child living in the circumstances described above.

**CONTINUE:** If you checked a box in SECTION A complete #2 and the remainder of this form.

### SECTION B

The student **does not lack** a fixed, and regular adequate nighttime residence and:

- Choices in Section A do not apply.

**STOP:** If you checked this section, you do not need to complete the remainder of this form.

2. The student lives with:

- |  |  |
|--|--|
| <input type="checkbox"/> 1 parent                                | <input type="checkbox"/> Alone with no adults                                  |
| <input type="checkbox"/> 2 parents                               | <input type="checkbox"/> An adult that is not the parent or the legal guardian |
| <input type="checkbox"/> 1 parent & another adult                |  |
| <input type="checkbox"/> A relative, friend(s) or other adult(s) |  |

Student Date of Birth: \_\_\_\_\_ Students Age: \_\_\_\_\_  Male  Female

Parent(s)/Legal Guardian(s)

or Adult Student Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Parent/Legal Guardian or Adult Student Signature: \_\_\_\_\_

If the parent /guardian checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and faxed to the school liaison immediately after completion. All campuses must keep original forms separately from the Student Permanent Record for audit purposes during the year.

School Official Use Only – Campus Administrator’s determination of Section A circumstances:



## Digital/Non-Digital Student Image (likeness) & Voice Release Form

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I \_\_\_\_\_ (Print student first & last name) give my consent for the reproduction of my voice and / or likeness, without regard to said reproduction being digital or non-digital, for purposes related to business conducted by the SRPMIC Education Division. Uses will include but may not be limited to the following: images and / or video content used for the Education Division Community School(s) web site(s) or approved social media sites, yearbook photography, posters and content related to school promotion or broadcast(s) both internal and external including news outlets; as approved, where necessary, by Education Division Leadership.

Reproduction of my voice and / or likeness shall not be used with or without my name for any other purpose whatsoever without my express written consent.

I acknowledge that the Salt River Pima-Maricopa Indian Community is the owner of all rights and copyrights in and related to the reproduction thereof. All digital and non-digital copies or originals shall constitute the property of the owner solely and completely.

The EDUCATION DIVISION shall have the right to retain and maintain the property (as identified herein) subject to the direction of the Community or an authorized representative thereof, in order to protect or safeguard such property on behalf of the Salt River Pima-Maricopa Indian Community.

I understand that I shall receive no compensation for my appearance and participation.

I represent that I am (Check one):

18 years of age, or older, and have the right to enter into this agreement.

Under 18 years of age and my parent or guardian has consented to my execution of this release by signing below.

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Student Signature

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Date

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Parent/Guardian Signature (*if under 18 years old*)

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Date



## Technology Acceptable Use Agreement for Student(s) and Parent(s)

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### **1. Introduction:**

Electronic information resources are available to students and parents, who are assigned a resource access account. These resources included, but are not limited to the following items, access to electronic devices, Internet access and access to various Education Division related resources. Our goal in providing resource access to students and parents is to promote educational excellence by facilitating resource use, innovation, communication and acceptable use.

### **2. Terms and Conditions of this Acceptable Use Agreement:**

The student and/or parent signature at the end of this Acceptable Use Agreement is legally binding. The signature also indicates the student and/or parent has carefully read and understands the terms and conditions of appropriate use and thereby agrees to abide.

- a) **Acceptable Use:** Acceptable use means that student and/or parent uses the Education Division provided resources and connectivity to third party resources, such as the internet, in an appropriate manner, abiding by the rules and regulations as described in this agreement.
- b) **Privileges:** The use of electronic information resources is a privilege, not a right. Inappropriate use of resources provided by the Education Division may result in disciplinary action (including but not limited to suspension of account privileges or possible expulsion), and/or referral to legal authorities. Education Division Administration, Site Leaders, and/or the Education Division Information Technology Department, may limit, suspend or revoke access to electronic resource access at any time.
- c) **Resource Access Etiquette:** Each student and/or parent is expected to abide by the generally accepted rules of user etiquette. These rules include, but are not limited to the following:
  - **Be polite.** Never send or encourage others to send abusive messages. Use appropriate language. (Items that are written, sent, or received on an isolated terminal have the potential to be viewed globally.)
  - **Use electronic communications appropriately. There shall be** no sales, advertisements or solicitations, chain letters, etc. are allowed. Communication is not guaranteed to be private. Anyone making use of Education Division's technology resources has potential access to a variety of communications based systems. Activities relating to or in support of illegal or inappropriate activities are considered a violation of this agreement and therefore must be reported to the Education Division Administration, Appropriate Education Division Site Leader(s) and / or the Education Division Information Technology Department.
  - **Tolerance.** There is zero tolerance for the act(s) of bullying, sending or receiving explicit materials, sending or receiving explicit messages, copyright infringement, representing

another's work as one's own work or disruption of the Education Division Technology resources.

- d) **Unacceptable Network Use:** Transmission or intentional receipt of any inappropriate material or material in violation of law, Community or Education Division policy is strictly prohibited. This includes, but is not limited to: material protected by federal law; copyrighted material; threatening or obscene material; material protected by trade secrets; commercial activities by for-profit institutions; use of product advertisement or political lobbying, including lobbying for public office; the design or detailed information pertaining to explosive devices, criminal activities or terrorist acts; sexism or sexual harassment; pornography; gambling; illegal solicitation; racism; and inappropriate language or images of any type. Illegal or inappropriate activities, including games, use of the technology resources in any way that would disrupt use by others, or activities of any kind that do not conform to the rules, regulations and policies of the SRPMIC Education Division, are forbidden. It is unacceptable to participate in any activity such as the exchange of information or graphics sent or received that include/suggest sexting, pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and/or other listings previously described in this user agreement.
- e) **Transportation of Community Information:** No student and/or parent may duplicate any portion of Community owned, stored or held electronic information for the purpose of transportation beyond SRPMIC Community property without proper permission from the Education Division Administration and permission from SRPMIC and /or Office of General Counsel via written/electronic communication or contract. Exemptions do apply to student and/or parent work that falls under activities or assignments related to completion of school work, commonly referred to as "homework assignments".
- f) **Vandalism:** Vandalism is defined as any malicious attempt to harm or destroy any electronic data, property of the Education Division or of any other Community owner assets. Vandalism also includes, but is not limited to abusive overloading of data on the server, intentional uploading, downloading or creation of computer viruses, spyware, malware or other malicious software. Any engagement in vandalism constitutes unacceptable use and will subject the student and/or parent to appropriate disciplinary action.
- g) **Security:** Securing SRPMIC Education Resources is a high priority. You understand and agree that you shall attempt to use any other resource access account, beyond your assigned account, local or remote to access any system(s), device(s) or resource(s) while accessing the SRPMIC Education network(s). Any security concern shall be reported to Education Division Administration, Appropriate Education Division Site Leader, and / or the Education Division Information Technology Department, no later than 24 after the observed occurrence. SRPMIC Education Division makes reasonable effort to comply with CIPA and other regulations for filtering internet based content which may be available to students or parents. However, in the event students and/or parent are able to access dangerous or inappropriate material, students and/or parents must take responsibility for their own safety by exercising safe browsing and by reporting any inappropriate content he/she finds to the Education Division Administration, Appropriate Education Division Site Leader, and / or the Education Division Information Technology Department no later than 24 after the observed occurrence.
- h) **Privacy:** It is required that students and/or parents not reveal personal information which may not be

limited to; however, does include the following: home address, phone numbers, password, credit card numbers or social security number, etc.; this also applies to information of organizations including but not limited to the SRPMIC Community and the SRPMIC Education Division. It is understood that all communications, internet browsing and data accessed or created are subject to review, monitoring and auditing. Also, should I choose to "publish" on the Internet, I will make certain I have obtained at a minimum proper permission from the Education Division Administration and possibly may also be required to acquire permission from the SRPMIC Community, SRPMIC Education Board and / or Office of General Counsel, where applicable.

**3. Student and/or Parent Signature of Agreement:**

Rules of conduct are described in this "*Salt River Pima-Maricopa Indian Community Schools Technology Acceptable Use Agreement for Student(s) and Parent(s)*" apply when making use of SRPMIC Education Technology resources. This applies to but is not limited to usage while located at Community facilities or Education Division Community schools or while remotely accessing the Community School Resources. I understand any violations of the above provisions will result in the loss of my user resource access account and may result in further disciplinary and/or legal action, including but not limited to suspension or expulsion, or referral to legal authorities. I therefore agree to maintain acceptable standards and to report any misuse of technology resources to the appropriate persons mentioned in this document.

**I have read this Acceptable Use Agreement and understand that all electronic communications, internet browsing and data accessed or created while using Education Division issued electronic devices or while using Education Division Networks are subject to review, monitoring, logging and auditing. I hereby agree to comply with the above described conditions of this entire document.**

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Student Signature

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Date

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Parent/Guardian Signature (if under 18 years old)

---

Date

Rev 7.8.2014



**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 vehicle registration
- \_\_\_ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  
- \_\_\_ 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



**State of Arizona**  
**Affidavit of Shared Residence**

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me 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 or motor vehicle registration
- \_\_\_ 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 or other identification issued by a recognized Indian tribe.
- \_\_\_ 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:  
\_\_\_\_\_