

ACADEMY OF BUILDING INDUSTRIES VOCATIONAL  
PUBLIC CHARTER HIGH SCHOOL

1547 E. Lipan Blvd. \* Ft. Mohave, AZ 86426  
(928) 788-2601 \* Fax 788-2610

Email: [aobihs@aobihs.com](mailto:aobihs@aobihs.com) Website: [www.aobihs.com](http://www.aobihs.com)

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

\_\_\_\_\_  
*Name of Student*

\_\_\_\_\_  
*Date of Birth*

The above named student is now enrolled in the Academy of Building Industries. Please forward the original cumulative record(s), transcript(s), or work done at your school; including confidential records and all pertinent records, to the school address below.

- *Please note, ED code prohibits a school from holding student records requested by another school.*
- *State Law 815-828 Paragraph F states that NO SCHOOL SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS*
- *The Federal Family Educational Rights and Privacy Act of 1974, and the new federal law 99.31, allows the transfer of educational records to another educational agency without obtaining the parent's signature.*

We request that you please fax, as soon as possible, the following information:

- An unofficial transcript
- All Discipline Records
- A copy of the birth certificate
- A copy of immunizations records

Please mail official records including:

- Official transcript
- Current grades of courses enrolled in at the time of withdrawal
- Pertinent medical and psychological information
- Birth Certificate
- Immunization records
- Special Education Records

*Comments:*

Information to be released from last school attended:

Information to be released to:

\_\_\_\_\_  
Last school attended

Registrar  
Academy of Building Industries  
1547 E. Lipan Blvd.  
Ft. Mohave, AZ 86426  
(928) 788-2601 FAX 788-2610

\_\_\_\_\_  
Last School's Address

\_\_\_\_\_  
Last School's Phone/ Fax #

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

Registrar \_\_\_\_\_

*Office Use Only*


# NEW STUDENT ENROLLMENT PACKET 2016-2017

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Gender M/F  
*First Middle Last*

Date of Birth \_\_\_\_\_ Student started **high school** in August of what year? \_\_\_\_\_

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_ Ethnicity \_\_\_\_\_

Home Address \_\_\_\_\_  
City State Zip

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

Home # \_\_\_\_\_ Mom's Cell # \_\_\_\_\_ Dad's Cell# \_\_\_\_\_

Student's Cell# \_\_\_\_\_ Guardian Cell# \_\_\_\_\_ MSG Phone \_\_\_\_\_

Parent/ Guardian(s) E-mail \_\_\_\_\_

Parent/ Guardian(s) Name(s) \_\_\_\_\_  
*(Circle One)*

Mother's Workplace \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Workplace \_\_\_\_\_ Phone # \_\_\_\_\_

Child's **STATE** of Birth \_\_\_\_\_ Birth Mother's First and Last Name \_\_\_\_\_

Reason for Leaving Last School \_\_\_\_\_

Has student been expelled from any school before? Yes/ No

If yes please explain \_\_\_\_\_

Circle any/ all programs your student has been involved in:

Title I Gifted Speech Bilingual ESL ELL 504

Special Education and/ or Resource? Yes/ No If yes, date of last IEP \_\_\_\_\_

Name of legal guardian of child \_\_\_\_\_

Are there custody restrictions involved? \_\_\_\_\_

*(In the event of an emergency we will always contact a parent first. Please list 2 other contacts in case you are unavailable.)*

1. Emergency Contact \_\_\_\_\_

Phone #1	Phone #2	Relationship
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2. Emergency Contact \_\_\_\_\_

Phone #1	Phone #2	Relationship
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In case of serious illness or an accident, the school will attempt to reach you at the above phone numbers. If we are unable to contact you, you give the school authorization to call the physician indicated below and to follow his/ her instructions. The school has your permission to call paramedics or ambulance if necessary. You are responsible for all charges incurred in these cases. Health or accident insurance is the responsibility of the parent or guardian.

Parent/ Guardian Signature	Date
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List all family members living in the home below, do not include the student:

Name	Age	Relationship
------	-----	--------------

Name	Age	Relationship
------	-----	--------------

Name	Age	Relationship
------	-----	--------------

Name	Age	Relationship
------	-----	--------------

Name	Age	Relationship
------	-----	--------------

Name	Age	Relationship
------	-----	--------------

With my signature, I certify that all of the above information is correct. With my signature, I authorize that both academic and special education records may be requested from my child's previous school, as listed above.

Parent/ Guardian Signature	Date
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**CONSENT FOR OVER THE COUNTER MEDICATION ADMINISTRATION**

Student Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

**It is against school policy for students to keep medications on their persons, or in their purses, backpacks, etc... Prescription medication taken at school must be brought in the original container and inhalers may be carried by the student on campus ONLY if there is a doctor's note on file for the current year, in the school's administrative office.**

Does your student have medical allergies? Yes/ No \_\_\_\_\_

Circle any medication below that your student may receive during the school day.

Tylenol

Benadryl

Pepto Bismal

Antacids

Throat Lozenges

Hydrogen Peroxide

Caladryl (anti- itch)

Saline Contact Solution

Ibuprofen

**ANNUAL HEALTH UPDATE**

Please provide health information which may be shared with teaching staff.

1. Does your child have asthma as diagnosed by a physician? \_\_\_\_\_

If yes, does he/ she carry inhalers at school? \_\_\_\_\_

2. Has your child had any allergic reactions to medications, foods or insects? \_\_\_\_\_

If yes, please specify to what and indicate care required \_\_\_\_\_

3. Has your child been diagnosed with ADD /ADHD or ODD by your physician? \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_ Please list medication, amount, and times to be taken

4. Does your child have a seizure disorder as diagnosed by a physician? \_\_\_\_\_

If yes, when was his/ her last seizure? \_\_\_\_\_ Please list medication, amount, and times to be taken

5. Has your child been identified by a physician as having a bleeding disorder? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

6. Does your child have diabetes? \_\_\_\_\_ If yes, please list insulin type, amount and times to be given

7. Has your child been identified as having a known hearing loss or difficulty? \_\_\_\_\_

If yes, please indicate approximate date of last hearing evaluation \_\_\_\_\_

8. Has your child been diagnosed with Bi- Polar Disorder? Yes/No If yes, please list any medications, amount, and times to be

Taken \_\_\_\_\_

9. Please list any other health concerns you have for your child that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(THIS FORM IS FOR OFFICE USE ONLY. PLEASE DO NOT WRITE ON IT.)*

**MEDICAL SUPPLIES DISPENSING FORM**

Student Name \_\_\_\_\_

Allergies \_\_\_\_\_

<b>DATE</b>	<b>SUPPLIES GIVEN</b>	<b>DETAILS</b>	<b>STAFF</b>

### **Field Trip Permission Slip**

During the course of the school year, we will be leaving campus occasionally to participate in various Field Trips. Please sign below and return this slip with the enrollment packet to permit your student to participate in these activities.

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I understand that all students participating in these trips will be responsible for their conduct to the driver and to the teachers or adult sponsors at all times. It is further understood that students are required to travel to, and return from, the events on the transportation provided by the school, unless prior arrangements have been made.

### **Authorization to Treat a Minor**

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment of my child.

I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the Academy of Building Industries High School for injury, accident, illness, or death occurring during, or by reason of, the participation in said activity.

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\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Parent/Guardian Printed Name and Signature*

\_\_\_\_\_  
*Date*

I hereby authorize the administration of the approved medications above for my child. I understand that any medications brought from home must be in the original containers and checked into the administrative office where they will be stored.

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

Date \_\_\_\_\_

**FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)**

FERPA affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records.

They are:

- The right to inspect and review the student's education records within 45 days of the day the District receives a request for access.

Parents or eligible students should submit to the school administrator a written request that identifies the record(s) they wish to inspect. The administrator will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

- The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate or misleading.

Parent or eligible students may ask the Academy of Building Industries to amend a record that they believe is accurate or misleading. They should write the school administrator, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

If AOBi decides not to amend the record as requested by the parent or eligible student, the Academy will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for an amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

- The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception which permits disclosure without consent is disclosure to Academy officials with legitimate educational interest. A school official is a person employed by the Academy of Building Industries as an administrator, supervisor, instructor, or support member (including health or medical or medical staff and law enforcement unit personnel: a person serving on the School Board; a person or company with whom the academy has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist): or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

An Academy official has a legitimate educational interest if the official needs to review an education record in order to fulfill his/ her professional responsibility.

Upon request, the District discloses education records without the consent, to the official of another school or school district in which the student seeks or intends to enroll.

Your financial information assists us in applying for free or reduced price lunches and other Government programs.

Number of people in household \_\_\_\_\_ (count everyone)

Annual Salary:	Under	\$16,391	\$22,089	\$27,787	\$33,485
	Under	\$44,881	\$50,579	\$56,277	

Your financial information will be strictly confidential.

**PERMISSION FOR STUDENT PHOTOS IN MEDIA & FOR COMPUTER USAGE**

This is permission to allow name and photos of \_\_\_\_\_ to be used in \_\_\_\_\_

*Student name*

newspapers, magazines and on television. \_\_\_\_\_

*Parent/ guardian signature*

This is permission for my child to use:

<b>ONLY</b> school licensed educational software	<b>YES</b>	<b>NO</b>
<b>ONLY</b> the internet for research and educational games	<b>YES</b>	<b>NO</b>

**Note: students are not allowed to use email, FaceBook, MySpace, Instant Message, or any other form of personal message media**

Parent/ Guardian Signature \_\_\_\_\_

**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ Date \_\_\_\_\_

School Academy of Building Industries Public Charter High School

School District or Charter Holder Academy of Building Industries Inc.

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. *See secondary form*

\_\_\_\_\_  
*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 purpose



## **Academy of Building Industries High School Child Find Policies and Procedures**

1. In compliance with federal legislation, Academy of Building Industries has established the following Policies and Procedures for Child Find purposes:

Academy of Building Industries ***Policy assures that:***

- All children with disabilities, including those attending private schools that are in need of special education and related services are identified, located and evaluated.
- A practical method shall be developed and implemented to determine which children are currently receiving needed special education and related services.
- This policy applies to highly mobile children with disabilities and children that are suspected of being a child with a disability, and in need of special education, even though they are advancing from grade to grade.

**Procedures include, but are not limited to:**

1. Academy of Building Industries (AOBI) will maintain documentation of the public awareness efforts to inform the public and parents within the school district jurisdiction, including private and religious schools, of the availability of special education services.
2. Screening activities will be implemented for all enrolled students new to the district, and those students who transfer to AOBI without sufficient records.
3. The screening will be completed within 45 days of enrollment.
4. The screening will include consideration of academic, cognitive, vision, hearing, communication, emotional, and psychomotor domains.
5. If the screening form shows no areas of concern, then the forms are given to the Special Education Department to file. If concerns are noted, then the form is sent to the Child Study Team (CST). The CST will review records and consult with the student's parents, teachers, and school administrators and other appropriate personnel to determine a course of action to enable the student to succeed in the general education program at AOBI. This may include, but is not limited to, a referral for evaluation by the Special Education Department.
6. Academy of Building Industries will maintain documentation and annually report the number of children with disabilities within each disability category that have been identified, located and evaluated.
7. Academy of Building Industries will supply contact information for the local district to notify AzeIP, within two working days of receipt of a concern regarding a child aged birth through two years, using The Arizona's Child Find Tracking Form and maintaining a copy of the tracking form for monitoring purposes.
8. For children ages 3 to 5 years old, AOBI will supply contact information for the local district.

*For more information: Special Education Department, AOBI (928) 788-2601.*

### *STUDENTS WITH DISABILITIES*

A continuum of service options is available at the academy of Building Industries for all students with disabilities. Upon application for enrollment we share the philosophy of the school with all students. The Academy of Building Industries is a unique charter school designed specifically to serve the purpose of providing a high school education with training in the building industries. Our mission at the Academy of Building Industries (AOBI) is to provide the opportunity for a high school education focused on the academic and technical skills necessary for graduates to excel in a lifetime career in the construction industry. We do not offer the variety of kinds of electives available in a public school, and a shop environment may not be a safe environment for some students with certain disabilities. Because of this, AOBI may not provide the least restrictive or best meet she needs of some students with disabilities.

After sharing the philosophy of our school, discussing the programs available, and taking the student and parent on a tour of the school, if the parent of a student with disabilities wants to enroll their child at AOBI, we would not refuse to enroll them simply because of their disability. Rather, we would follow the same enrollment policies as we do with non-disabled students. We do have a cap on the number of students we can enroll, a cap on the number of students we can accept in a certain grade level, and the number of students we can enroll in certain vocational programs. Because of this, we often have a waiting list for enrollment.

Also, it is our policy to not accept some students that have been expelled from another school or have a history of nonattendance. This is decided on a case by case basis.

In a case in which a severely disable student enrolls at AOBI, and we don't currently have the resources to meet the child's needs, we would seek consultation/ support from other agencies, such as, the County Health Department, Mohave County Mental Health, local school district personal, etc. We would also seek emergency funding from the Arizona Department of Education, if necessary.

# ESEA Eligibility Guidelines Schedule

July 1, 2015 to June 30, 2016

House- Hold Size	Indicator 1					Indicator 2				
	Yearly	Monthly	Twice Per Month	Every 2 Weeks	Weekly	Yearly	Monthly	Twice Per Month	Every 2 Weeks	Weekly
1	\$15,301	1,276	638	589	295	21,775	1,815	908	838	419
2	\$20,709	1,726	863	797	399	29,471	2,456	1,228	1,134	567
3	\$26,117	2,177	1,089	1,005	503	37,167	3,098	1,549	1,430	715
4	\$31,525	2,628	1,314	1,213	607	44,863	3,739	1,870	1,726	863
5	\$36,933	3,078	1,539	1,421	711	52,559	4,380	2,190	2,022	1,011
6	\$42,341	3,529	1,765	1,629	815	60,255	5,022	2,511	2,318	1,159
7	\$47,749	3,980	1,990	1,837	919	67,951	5,663	2,832	2,614	1,307
8	\$53,157	4,430	2,215	2,045	1,023	75,647	6,304	3,152	2,910	1,455
For Each Add'l Household Member Add	\$5,408	451	226	208	104	7,696	642	321	296	148

Arizona Department of Education  
ESEA Eligibility Indicator

# Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2016 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act, ESEA.

Is your family at or below the current income guidelines based on the attached **ESEA Eligibility Guidelines** schedule?

**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 (only children ages 5-17 inclusive)**

**Name of School**

**Grade**


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

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

Date \_\_\_\_\_

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

ADE Revised April 1, 2015

## **The McKinney Vento Act: Parent/Student Rights for Those in Transition**

Arizona public schools shall provide an educational environment that treats all students with dignity and respect. Every student experiencing homelessness or transition 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, applied to all services, programs, and activities provided or made available.

A student may be considered eligible for services under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In temporary shared housing, a shelter, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building
- In temporary or transitional foster care placement

According to the McKinney-Vento Act, eligible students have rights to:

**Immediate enrollment:** *Documentation and immunization records cannot serve as a barrier to the enrollment in school.*

**School Selection:** *Eligible students have a right to select from the following schools:*

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

**Remain enrolled** in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.

**Participate in programs** for which they are eligible, including Title I tutoring programs, Free Lunch in schools with the, National School Lunch Program, Head Start & Even Start Preschool Programs.

**Transportation Services:** *A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.*

**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. The school district must respond and attempt to resolve it quickly. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The McKinney Vento Liaison will assist you in making decision, providing notice of any appeal process, and filling out dispute forms.

For more information, refer to:

<http://www.ade.az.gov/schooleffectiveness/specialpops/homeless> or contact:

Frank Migali  
Homeless Education Coordinator  
Arizona Department of Education  
1535 W. Jefferson Street  
Phoenix, AZ 85007  
(602) 542-4963  
[frank.migali@azed.gov](mailto:frank.migali@azed.gov)