



**WELCOME TO THE  
EDGE HIGH SCHOOL  
2018 – 2019 SCHOOL YEAR  
NEW-STUDENT  
ENROLLMENT PACKET  
HIMMEL PARK SITE**

**Please: \*Read all of the information contained in this packet.**

**Pre Enrollment:**

**\*Submit this enrollment packet to register/enroll at Edge High School  
(Please be sure all pages are complete, including signatures and dates)**

**Post Enrollment:**

- \*Writing Essay (to be reviewed by Principal)**
- \*Proof of residency documentation (If not already submitted or if residence has changed. Student and families are welcome at Edge regardless of citizenship status.)**
- \*Supplies listed on the 2018-2019 Resource/School Supply List**
- \*School Fees related to Student ID processing (all students) and Graduation processing (12<sup>th</sup> graders or early grads) Fees are voluntary donations.**
- \*All documents the school has requested that you furnish (Such as birth certificate, updated immunization record, prior school transcripts, testing scores, any disciplinary records related to expulsion.)**

**WE LOOK FORWARD TO A GREAT YEAR FILLED WITH:**

***RESPECT \* CHOICE \* RESPONSIBILITY \* SERVICE \* HIGH EXPECTATIONS \* JOY***

**2018 – 2019**  
**RESOURCE/SCHOOL SUPPLY LIST**

ARE YOU READY FOR THE NEW SCHOOL YEAR?

**During the first 5 days of school,** please turn in this completed check-list and:

***Requested Processing Fee:***

[ ] **\$10.00 I.D. PROCESSING FEE – ALL STUDENTS**

[ ] **\$10.00 PROCESSING FEE - 12<sup>th</sup> GRADERS OR EXPECTED EARLY GRADS ONLY**, related to graduation preparation, which is to be paid prior to or at the time the students diploma is picked up.

The foregoing fees area are voluntary donations. No student will be turned away based on inability or failure to pay requested fees.

Edge High School is a non-profit school. We rely heavily on funding from the state of Arizona and in a down economy have asked for your support. ***We respectfully request donations of the following items, but do not require them.***

***SUPPLIES: ALL STUDENTS***

[ ] **4 – BOX** KLEENEX (200 Count)

[ ] **2 – PKG** LINED NOTEBOOK FILLER PAPER (150-200 sheets each)

[ ] **2 – PKG** BLACK BIC PENS

[ ] **2 – PKG** #2 PENCILS

- ***PLEASE TURN IN ALL SUPPLIES TO THE OFFICE***
- ***BRING SUPPLIES DURING THE FIRST 5 DAYS OF SCHOOL***
- ***SUPPLIES ARE FOR GENERAL CLASS USE***

*For monetary tax-credit donations, please contact the school at 881-1389.*  
***We graciously thank you for your support.***

**Print Student Name** \_\_\_\_\_  
(Please turn this form in with your supplies/fee donation)

**WHAT IS EDGE?** Edge is an NCA and AdvancED accredited high school. It operates on a semester basis with breaks in October, December, March and summer. Because it is a public school, there is no fee for attending. Edge uses a self-paced curriculum and has an open-entry/open-exit policy. Students may attend Edge temporarily and transfer credits earned to another school or they may complete high school at Edge. As at all Arizona high schools, a student must take the AZ MERIT test as an end of course assessment for English and Math courses and complete required course credits, to receive a diploma from Edge. Edge School, Inc. does not discriminate based on race, color, religion, national origin, marital status, sex, sexual orientation, gender identity, or disability.

**WHO IS ELIGIBLE TO ATTEND EDGE?** Students are eligible to attend Edge High School if they meet the following criteria:

- Are at least 16 years old (or at least 14 years old and have graduated from the 8th grade)
- Are under 22 years old

Required documentation:

- Transcript(s) from all other high school(s) attended (transcript information shall only be used to determine an appropriate program for Student and shall not be used as a basis to refuse enrollment).
- Records of having received services in any of the following categories: Special Education, 504, ELL, Gifted (these records will be used solely to determine an appropriate program for each student and will not be used as a basis to refuse enrollment).
- Copy of Birth Certificate or other reliable proof of Student's identity and age (such as a baptismal certificate, application for a social security number, original school registration records) and an affidavit explaining the inability to provide a copy of the birth certificate.
- Immunization records from birth (immunizations must be up to date)
- Completed registration packet forms with proof of Arizona residency attached (see form in packet). Student and families are welcome at Edge regardless of citizenship status.
- Most recent State Assessment scores (these scores will be used solely to determine an appropriate program for each student and will not be used as a basis to refuse enrollment).
- Copies of any discipline records indicating Student has been expelled by any other school or educational institution or is in the process of being expelled. (*Student admission is conditional upon review of discipline records. If receipt of those records is delayed, Edge reserves the right to reconsider the enrollment status of the student should such records reveal Student has been expelled or is in the process of being expelled.*)

**IS THERE A WAITING LIST?** Edge may have a waiting list for sites/sessions. Students are placed on the waiting list(s) on a first-registered, first-served basis; therefore it is important to complete the registration steps to secure a spot on the waiting list(s). Students will be contacted, depending on classes needed, as space becomes available.

### **HOW DO I REGISTER?**

1. Contact a school official to tour the facility, answer questions about the school, go over the Registration process and waiting list procedure.
2. Pick up a registration packet at any of these locations: the main office located at 2555 East 1st Street, (1 block south of Speedway and 1 block east of Tucson Blvd.), or Edge Northwest, 231 W. Giaconda Way, #113, (South of Ina/Oracle Intersection just south of Safeway Plaza). Complete all forms, being careful to include parent or guardian signatures where required if student is under 18. (Also on our website at [www.edgehighschool.org](http://www.edgehighschool.org).)
3. Return the registration packet to the main office. See student handbook for information on Student I.D.'s. (If 12<sup>th</sup> grade or early grad, a \$10 *requested processing fee, related to graduation preparation, which is to be paid prior to or at the time the students diploma is picked up.*) Fees are voluntary and support the non-profit mission of Edge.

4. If there are no current openings, the student's name will be placed on the requested waiting list, once all documentation and forms are complete. When space becomes available, the school will contact the applicant. It is important for the student to report changes in phone number or address while on the waiting list. Also, if circumstances require that the student change the waiting list(s) that he/she is on, please notify the office immediately.

## **EDUCATIONAL RIGHTS OF CHILDREN AND YOUTH EXPERIENCING HOMELESSNESS**

### **Children and youth experiencing homelessness have the following rights:**

- Go to school, no matter where they live or how long they have lived there.
- Continue in the school they last attended before becoming homeless or the school they last attended, if that is the parent's or guardian's choice and is feasible.
- Receive transportation to the school they last attended before their family became homeless or the school they last attended, if a parent or guardian requests such transportation.
- Attend school and participate in school programs with children who are not homeless.
- Enroll in school without giving a permanent address.
- Enroll and attend classes while the school arranges for the transfer of school and immunization records or any other documents required for enrollment.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school and to school programs comparable to that provided to children who are not homeless.

These rights are established under the McKinney-Vento Homeless Assistance Act. This act is the primary piece of federal legislation dealing with the education of children and youth experiencing homelessness in U.S. public schools. It was reauthorized as Title X, part C, of the No Child Left Behind Act in January 2002. To qualify for these rights, children and youth must be considered homeless according to the McKinney-Vento definition of homelessness.

### **HP and NW CLASSROOM TIMES AND BELL SCHEDULE**

**HP Edge (Himmel Park) - Phone (520) 881-1389 Fax (520) 881-0852**  
**2555 East First Street, Tucson, AZ 85716**

Morning Session: 8:05a.m. to 12:30p.m., Mon. thru Thurs., and 9:00a.m. to 12:04p.m., Friday  
 Afternoon Session: 10:19a.m. to 3:04p.m., Mon. thru Thurs., and 9:00a.m. to 12:04p.m., Friday

#### **BELL SCHEDULE**

<b>HP-AM SESSION Monday-Thursday</b>		<b>HP-PM SESSION Monday-Thursday</b>	
PERIOD 1	<b>8:05a.m.-9:10a.m.</b>	PERIOD 3	<b>10:19a.m.-11:24a.m.</b>
PERIOD 2	9:12a.m.-10:17a.m.	PERIOD 4	11:30a.m.-12:30p.m.
PERIOD 3	10:19a.m.-11:24a.m.	PERIOD 5	12:52p.m.-1:57p.m.
PERIOD 4	11:30a.m.- <b>12:30p.m.</b>	PERIOD 6	1:59p.m.- <b>3:04p.m.</b>
<b>HP-AM/PM SESSION-Friday (ALL STUDENTS ATTEND) 9:00a.m.-12:04p.m.</b>			

**NW Edge (NorthWest) - Phone (520) 877-9179 Fax (520) 877-9225**  
**231 W. Giaconda Way, Suite113, Tucson, AZ 85704**

Morning Session: 7:50a.m.-12:00p.m., Monday thru Friday  
 Afternoon Session: 11:00a.m.-3:10p.m., Monday thru Friday

#### **BELL SCHEDULE**

<b>NW-AM SESSION</b>		<b>NW-PM SESSION</b>	
PERIOD 1	<b>7:50a.m.-8:55a.m.</b>	PERIOD 4	<b>11:00a.m.-12:00p.m.</b>
PERIOD 2	8:56a.m.-9:56a.m.	PERIOD 5	12:01a.m.-1:06p.m.
PERIOD 3	9:57a.m.-10:57a.m.	PERIOD 6	1:07a.m.-2:07p.m.
PERIOD 4	11:00a.m.- <b>12:00p.m.</b>	PERIOD 7	2:08a.m.- <b>3:10p.m.</b>

[illegible]

Has student ever received Special Educational Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is **yes**, **please circle** the service(s) received: *Special Education, 504, ELL, Gifted*

Please **list dates and schools** where service was received: \_\_\_\_\_

(Only **ONE (1) language per question**)

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_ (**only one language**)
2. What is the language most often spoken by the student? \_\_\_\_\_ (**only one language**)
3. What is the language that the student first acquired? \_\_\_\_\_ (**only one language**)

#### MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

1. Is your current address a temporary living arrangement? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes \_\_\_\_\_ No \_\_\_\_\_

SECTION A Presently, where is the student living? (Check one)	SECTION B The student lives with: (Check one)
<input type="checkbox"/> In a Shelter	<input type="checkbox"/> 1 Parent
<input type="checkbox"/> With more than one family in a house or apartment ( <i>Other</i> family rents or owns the house or apartment)	<input type="checkbox"/> 2 Parents
<input type="checkbox"/> With more than one family in a house or apartment	<input type="checkbox"/> 1 Parent & another adult
<input type="checkbox"/> In a motel, car or campsite	<input type="checkbox"/> A relative, friend(s) or other adult(s)
<input type="checkbox"/> With friends or family members ( <i>Other</i> than parent/guardian)	<input type="checkbox"/> Alone with no adult
<input type="checkbox"/> Choices in SECTION A do not apply (See Section B)	<input type="checkbox"/> An adult that is not the parent or the legal guardian

A.R.S. 18-824 (c) defines "homeless pupil" as one whose primary residence is a public or private shelter or institution providing temporary living accommodations or a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. Federal law further defines "homeless pupils" as those whose primary nighttime residence is in a shelter, group home, transitional living project, or awaiting foster care placement; runaway or unaccompanied youth; those living with relatives or friends temporarily and due to hardship or a similar reason; those who live in abandoned buildings, campgrounds, vehicles, trailer parks, bus and train stations or are abandoned in the hospital; those who live in substandard (inadequate) housing; those who live in hotels or motels.

Edge offers assistance to homeless pupils to obtain documentation required for enrollment.

► Please check this box ☐ if the student is homeless by definition and requires assistance with any aspect of enrollment.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student may sign if 18+)



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

**Student Name** \_\_\_\_\_ **School:** EDGE HIGH SCHOOL-HIMMEL PARK

**School District or Charter Holder** \_THE EDGE SCHOOL, 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:

(Only one document needed)

- \_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_ Temporary on-base billeting facility (for military families)
  
- \_\_\_ 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**

\*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 purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

\*\*Citizenship status: Student and families are welcome at Edge regardless of citizenship status.



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

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

Parent/Legal Guardian Name: \_\_\_\_\_

School Name: EDGE HIGH SCHOOL-HIMMEL PARK

School District or Charter Holder: THE EDGE SCHOOL, INC.

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ 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 (complete address):**

\_\_\_\_\_

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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona.
- \_\_\_ 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:** \_\_\_\_\_

**(To be signed in presence of Notary)**

**Acknowledgement**

State of Arizona

County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

**2018-2019**

**Student's Name** \_\_\_\_\_ **Legal Last Name** \_\_\_\_\_ **Legal First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

<u>Home</u> Address	Street	Apt./Space #
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**Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Age** \_\_\_\_\_

**Gender** Male \_\_\_\_\_ or Female \_\_\_\_\_ **Student E-mail address** \_\_\_\_\_

**State of Birth** \_\_\_\_\_ **Country of Birth** \_\_\_\_\_ **Tribal Name** (if applicable) \_\_\_\_\_

Mother's Name	Ok to contact:	Yes	No	May pick up student:	Yes	No

**E-mail** \_\_\_\_\_ **@** \_\_\_\_\_ **Mother's Employer** \_\_\_\_\_

**Mother's Home Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name	Ok to contact:	Yes	No	May pick up student:	Yes	No

**E-mail** \_\_\_\_\_ **@** \_\_\_\_\_ **Father's Employer** \_\_\_\_\_

**Father's Home Phone** (       )       -       **Cell** (       )       -       **Work** (       )       -      

<b>Guardian's Name*</b>	<b>Ok to contact:</b> Yes No	<b>May pick up student:</b> Yes No
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<b>E-mail</b>	<b>@</b>	<b>Guardian's Employer</b>
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**Guardian's Home Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*\*If student resides with a guardian, please provide Edge High School with Guardianship documents.*

**Which Person Above Is Your PRIMARY CONTACT? \_\_\_\_\_ SECONDARY CONTACT? \_\_\_\_\_**

**REQUIRED INFO:** With whom does the student live? (Use student name/address if 18+ yrs. of age)

**Name (Required):** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

Student's **Mailing** Address \_\_\_\_\_ Apt./Space # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Street or P. O. Box \_\_\_\_\_

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

*If you have a secondary person/address you would also like a report card and other correspondence sent to, please provide:*

<i>Name</i>	<i>Relationship to student</i>
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<i>Address</i>	<i>City/State</i>	<i>Zip</i>
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## RACE and ETHNICITY DATA COLLECTION FORM

In accordance with Federal guidelines, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Student Name:

PRINT LEGAL NAME

Grade Level:

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

Student may sign if 18+

### **Race/Ethnicity Two-Part Question: Please answer **BOTH** questions.**

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

#### **Part 1: Ethnicity** Is this student (or is the respondent) Hispanic or Latino? (**Choose only one**)

- ☐ **No**, not Hispanic or Latino
- ☐ **Yes**, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, **regardless** of race.)

#### **Part 2: Race** What is the student's (or respondent's) race? (Regardless of how respondent answered the first question, **choose one or more**.)

- ☐ American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East Or North Africa.)

**EMERGENCY CONTACT/MEDICAL**

Student's Name (print) \_\_\_\_\_

For Emergency Contact, please list one person other than a parent, and they must be over 18. (*Print clearly*)**Emergency Contact #1** Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Emergency Contact #2** Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Special Medical Considerations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have visual or hearing problems? (i.e.; corrective lenses, hearing aids)

**PERMISSION TO DISPENSE MEDICATION**

Please list prescription medication(s) that the student is currently taking: \_\_\_\_\_

The following prescription medication must be dispensed during school hours (I will personally provide the school with medication and a copy of the doctor's orders.): \_\_\_\_\_

**In addition, Edge High School staff has my permission to provide non-prescription medication such as acetaminophen (Tylenol), ibuprofen (Motrin), bismuth subsalicylate (Pepto-Bismol) to my child as may be needed at school.**\_\_\_\_\_  
Parent/Guardian Signature (Student may sign if 18+)\_\_\_\_\_  
Date**FIELD TRIP PERMISSION (Required)**

Medical Release: In case of accident or serious illness, I request the trip sponsor to contact me. If I cannot be reached, I hereby authorize the trip sponsor to call the physician indicated and follow his/her instructions. If it is impossible to contact the physician, the trip sponsor may make whatever arrangements are necessary. The trip sponsor will follow special medical treatment, including any information regarding allergies or drug reactions as listed above, provided by Edge High School.

Dr. Name \_\_\_\_\_ Dr. Phone Number \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian (or Student if 18+)\_\_\_\_\_  
Emergency Phone # 1\_\_\_\_\_  
Emergency Phone # 2**NOTE: Please notify Edge of any changes in doctor or emergency contact information**

\*\*\*\*\* (FOR OFFICE USE ONLY) \*\*\*\*\*

[illegible]

## Date \_\_\_\_\_

**School year** in which student **attended 9<sup>th</sup> grade for the first time:** Year \_\_\_\_\_ to Year \_\_\_\_\_

Cohort year to graduate (if known): Year \_\_\_\_\_ to Year \_\_\_\_\_ Total previous High School Credits, prior to entering Edge: \_\_\_\_\_

Have you attended an on-line high school: ☐ Yes ☐ No **If yes**, please list school name(s) and date(s):

Online school name: \_\_\_\_\_ Date attended: \_\_\_\_\_ to \_\_\_\_\_

Online school name: \_\_\_\_\_ Date attended: \_\_\_\_\_ to \_\_\_\_\_

**STARTING WITH THE MOST RECENT** High School, please list **ALL HIGH SCHOOLS** the student has attended.

**COMPLETE ALL INFORMATION REQUESTED.**

1. \_\_\_\_\_ **From** \_\_\_\_\_ **to** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Name of MOST RECENT school attended** **Dates Attended** **# of H.S. credits earned**  
 \_\_\_\_\_  
**Street Address** **City** **State** **( ) - Phone #**

2. \_\_\_\_\_ **From** \_\_\_\_\_ **to** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Name of previous school attended** **Dates Attended** **# of H.S. credits earned**  
 \_\_\_\_\_  
**Street Address** **City** **State** **( ) - Phone #**

3. \_\_\_\_\_ **From** \_\_\_\_\_ **to** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Name of previous school attended** **Dates Attended** **# of H.S. credits earned**  
 \_\_\_\_\_  
**Street Address** **City** **State** **( ) - Phone #**

4. \_\_\_\_\_ **From** \_\_\_\_\_ **to** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Name of previous school attended** **Dates Attended** **# of H.S. credits earned**  
 \_\_\_\_\_  
**Street Address** **City** **State** **( ) - Phone #**

## REQUIRED INFO

PRINT STUDENT NAME: \_\_\_\_\_

Edge High School uses the AZCIS (Arizona Career Information System) to track progress towards meeting the Arizona Department of Education's Education and Career Action Plans (ECAP).

Have you created an AZCIS log-in and password at another school? \_\_\_\_Yes \_\_\_\_No

If yes, at which school was it **created**? \_\_\_\_\_

At which school did you **last use it**? \_\_\_\_\_

## **GIFTED TESTING**

2018-2019

One time per semester, Edge offers gifted testing to interested students. As a parent/guardian, **please indicate** if you **Give** or **Do Not** give permission to take the gifted tests.

**Print Student's Name (Required):** \_\_\_\_\_

Please check one choice below:

[ ☐ ] **GIVE**    [ ☐ ] **DO NOT GIVE** permission for my child to take the gifted tests.

\_\_\_\_\_  
**Parent/Guardian Signature    (Student may sign if 18+)**

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

## **PERMISSION FORM**

**(Permission to take part in Life Skills Workshops)**

Dear Parent or Guardian:

Edge provides students with a Life Skills component in addition to our academic skills programs. Our Life Skills component covers topics such as Goal Setting, Decision Making and Taking Responsibility. In addition to class activities, we also invite speakers from the community to come in and address issues facing our teens today. Some speakers discuss family planning, pregnancy prevention, and how to avoid sexually transmitted diseases. Speakers from organizations such as the Southern Arizona AIDS Foundation may bring in condoms and make them accessible to students. If workshops of this nature are NOT something you want your child to participate in, please CHECK THE APPROPRIATE BOX BELOW and we will make sure that s/he is not included in these activities.

Edge requires students to take responsibility for themselves, but also encourages parental involvement. If you ever have any questions or concerns, please feel free to contact the Student Services Coordinator at your child's site or myself, at 881-1389.

Sincerely,  
Rob Pecharich  
Edge High School Principal

**Check one box:**    [ ☐ ] My son/daughter **MAY** take part in all programs.  
                                 [ ☐ ] My son/daughter **MAY NOT** take part in the programs underlined above.

\_\_\_\_\_  
**Parent/Guardian Signature    (Student may sign if 18+)**

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

## **LIABILITY RELEASE**

"I understand that Physical Education (PE) and/or Student Service Learning (SSL) activities may take place at a variety of sites in the community as well as on the school campus. Students are responsible for their own transportation and liability in commuting to and from activities. The school will provide public bus passes as needed. I agree to indemnify and save Edge School, Inc., and its staff and volunteers should any accident happen to my child/me while involved in these activities. Should an accident occur, I give permission for my child/me to be transported to the nearest medical facility."

\_\_\_\_\_  
**Parent/Guardian Signature    (Student may sign if 18+)**

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

State of Arizona  
Department of Education



Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

4. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_ (only one language)
5. What is the language most often spoken by the student? \_\_\_\_\_ (only one language)
6. What is the language that the student first acquired? \_\_\_\_\_ (only one language)

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

Date of Birth \_\_\_\_\_ SAIS ID Number \_\_\_\_\_

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

District or Charter: The Edge School, Inc.

School: Edge High School-Himmel Park

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In SzEDS, please indicate the student's home or primary language.

**Diane M. Douglas, Superintendent of Public Instruction**  
1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)



**Estado de Arizona  
Departamento de Educación  
Servicios de Aprendizaje del Inglés**

**Idioma Principal en el Hogar excluyendo el Inglés (PHLOTE)  
Encuesta sobre el Idioma en el Hogar  
(Efectivo el 4 abril de 2011)**

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? \_\_\_\_\_
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? \_\_\_\_\_
3. ¿Cuál fue el primer idioma que aprendió el estudiante? \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Núm de SSID \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito o Charter: The Edge School, Inc.

Escuela: Edge High School-Himmel Park

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please indicate the student's home or primary language.

**Diane M. Douglas, Superintendent of Public Instruction**  
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## **FAMILY-SCHOOL PARTNERSHIPS**

**Edge HS seeks to form meaningful partnerships among school, family and community.**

**We are guided by the Parent-Teacher Association's National Standards listed here:  
PTA's National Standards for Family-School Partnerships**

**Standard 1:** Welcoming all families into the school community—Families are active participants in the life of the school, and feel welcomed, valued, and connected to each other, to school staff, and to what students are learning and doing in class.

**Standard 2:** Communicating effectively—Families and school staff engage in regular, two-way, meaningful communication about student learning.

**Standard 3:** Supporting student success—Families and school staff continuously collaborate to support students' learning and healthy development both at home and at school, and have regular opportunities to strengthen their knowledge and skills to do so effectively.

**Standard 4:** Speaking up for every child—Families are empowered to be advocates for their own and other children, to ensure that students are treated fairly and have access to learning opportunities that will support their success.

**Standard 5:** Sharing power—Families and school staff are equal partners in decisions that affect children and families and together inform, influence, and create policies, practices, and programs.

**Standard 6:** Collaborating with community—Families and school staff collaborate with community members to connect students, families, and staff to expanded learning opportunities, community services, and civic participation.

As part of this partnership we welcome family input into any and all of the many ways we are working together to help your young person reach their full potential. We encourage family to be aware of the attendance, credit-earning and behavioral guidelines that are employed to guide youth toward achievements they can be proud of.

Our regulations have been developed to help make school as much like the world of work as possible. This will provide our young people with an excellent preparation for the transition from school to work:

The main areas of concern include the requirement that students are in school on time every day if at all possible. Absences when absolutely necessary must be made up in the same week and lateness on the same day. Students will arrange contracts for make-up and we expect a signed contract to be fulfilled. Exceptions will require parental contact. There are times when we will ask students to contact employers, medical offices and other agencies to verify requests for excused absence or make-up.

In the area of academic success we are asking all students to strive for graduation in the fourth year from their true freshman year. At times this will require credit recovery agreements that involve work from home, outside of school activities like Physical Education, volunteering and part time jobs. Seniors will be expected to commit to a longer school day when it will make it possible for them to reach their goal of timely high school graduation.

We seek to educate the whole person at our school as we are sure you do in your home. We promise to treat all members of the school partnership politely and respectfully and ask for nothing less from our students and families. When a disagreement arises as happens often in life, it is our hope that maintaining the partnership for your young person's benefit will take precedence. We do not expect that we will have disagreements over attendance, make-up and academic expectations.

An effective learning community needs rules that make behavioral expectations clear. Support from all members of the partnership is a necessity if we are to work together. Our school is frequently recognized for the quiet, peaceful learning environment we have established. We believe that has been achieved mostly through the good cooperation we receive concerning our high expectations from our students, their families and our community partners. Our unwillingness to tolerate bullying, disrespect for staff and fellow students, fighting of any kind, and coming to school or the school vicinity in possession or under the influence of any behavior altering substance are conditions about which we will not make exceptions. The safety and well-being of all members of our community is just too important! This is an area where we will also expect agreement and compliance with these behavioral expectations and the firm consequences that will follow failure to live up to these high expectations.

We request that together we sign this agreement as a clear indication that we understand and are willing to work together as good partners with Edge HS.

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

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

Community Partner Signature\_\_\_\_\_ Date\_\_\_\_\_

Edge Staff Signature\_\_\_\_\_ Date\_\_\_\_\_

## **PARENT-STUDENT-SCHOOL COMPACT AND LEARNING CONTRACT 2018-2019**

### **School responsibilities**

- Edge High School provides high quality curriculum and instruction in a supportive and effective learning environment.
- Edge provides a free and appropriate education for all students.
- Subject to space and enrollment limitations, Edge enrolls students without discrimination based on race, color, religion, national origin, marital status, sex, sexual orientation, gender identity, or disability.
- Edge provides assistance with enrollment for homeless students.
- Edge offers opportunities for parent involvement.
- Edge provides quarterly report cards and assessment results as available.
- Edge provides for ongoing communication with parents/guardians and notifies parents/guardians of minor students of infractions of Edge High School policies.
- Edge offers clear guidelines to students regarding their rights, responsibilities, expectations and consequences.
- Edge maintains a respectful, safe and welcoming school environment designed to nurture academic progress and achievement and to provide students with the personal tools that will enable them to become productive members of the community.

### **Student responsibilities**

- Students are expected to maintain excellent attendance and make up any missed classroom time.
- Students must abide by the dress code described in the Edge Student Handbook.
- Students must comply with policies for computer use as outlined in the Edge Student Handbook.
- Students must comply with all classroom rules/policies/procedures established by the teacher.
- Students may not use cell phones in school; an office phone is available for use with staff permission.
- Students must take all district and state mandated tests.
- Students are expected to know and follow all Edge rules and policies.
- Students are responsible for their own behavior and participation.
- Students must make a commitment to their education and demonstrate this through active participation in programs and by earning credit regularly as demonstrated on the SEP/PLP.
- Students must be respectful to each other, to staff, and to others in the school.
- Students must set daily goals and work with assigned staff to meet these goals.
- Students are encouraged to participate in various research projects and/or committees that occur within the school.

### **Parent/Guardian responsibilities**

- Parents/guardians must sign school enrollment/withdrawal forms and related documents for minor students.
- Parents/guardians must ensure that their minor children attend school.
- Parents/guardians are expected to be familiar with and support, to the extent that they are able, Edge rules and expectations for students.
- Parents/guardians of minor children are requested to attend meetings scheduled to discuss student progress or other meetings that may be required for certain federal programs.

*Continued on next page*

**PARENT-STUDENT-SCHOOL COMPACT  
AND LEARNING CONTRACT – Continued**

- Parents/guardians are expected to read school communications in order to be aware of ongoing school issues and/or events.
- Parents/guardians are encouraged to become involved in various committees/projects that may include technology, Title I programs, NCA and AdvancED accreditation, and/or grant projects offered at the school.
- Parents are invited to contact school staff at any time to discuss concerns, ask questions, review written communications, or to request meetings.
- Parents/Guardians are expected to read all Edge rules and policies as listed in the Edge Student Handbook. By signing this compact/learning contract, parents/guardians agree to abide by Edge Student Handbook rules, policies and procedures.
- Parents/Guardians recognize that it is impossible for the school to totally control/restrict computer access to controversial areas and agree not to hold the school responsible for materials acquired in such cases.

**I have read and understand the above Compact and Contract.**

**An Edge High School Student Handbook is available for the current school year, on our school website ([www.edgehighschool.org](http://www.edgehighschool.org)), or upon request in the administrative office.**

**I understand that it is my responsibility to read the handbook and become familiar with the policies, procedures, and attendance policy, stated in the Edge Handbook.**

**The student named below agrees to abide by them while attending Edge High School.**

**I understand that if the student does not follow the policies and procedures, it may be grounds for dismissal from the school.**

---

**PRINT Student Name**

---

**Student Signature**

---

**Date**

---

**Parent/Guardian Signature (If student is under age 18)**

---

**Date**

---

**School Representative**

---

**Date**

**Student's Name (Print)** \_\_\_\_\_

**HP**

**Guidelines to Determine Eligible Students**

The Arizona Department of Education provides the following **FY 2019** 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?

Please check the appropriate box.

**(Check One Box)**      **Indicator 1** [   ]      **Indicator 2** [   ]      **No** [   ]

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.

**ESEA Eligibility Guidelines July 1, 2018 to June 30, 2019**

Arizona Household Size	INDICATOR 1 – FREE How Often Income Was Received					INDICATOR 2 – REDUCED How Often Income Was Received				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$15,782	\$1,316	\$658	\$607	\$304	\$22,459	\$1,872	\$936	\$864	\$432
2	\$21,398	\$1,784	\$892	\$823	\$412	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$27,014	\$2,252	\$1,126	\$1,039	\$520	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$32,630	\$2,720	\$1,360	\$1,255	\$628	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$38,246	\$3,188	\$1,594	\$1,471	\$736	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$43,862	\$3,656	\$1,828	\$1,687	\$844	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$49,478	\$4,124	\$2,062	\$1,903	\$952	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$55,094	\$4,592	\$2,296	\$2,119	\$795	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For Each Add'l Household Member Add:	+ 5,616	+ 468	+ \$234	+ \$216	+ \$81	+ \$7,992	+ \$666	+ \$333	+ \$308	+ \$154

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** \_\_\_\_\_

**Student may sign if 18+**

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

**Student's Name (Print)** \_\_\_\_\_

**HP**

**Guía Para Determinar Estudiantes Elegibles**

El departamento de Educación le proporciona la siguiente guía para determinar elegibilidad de estudiantes asistiendo esta escuela en el año fiscal **2019**. Esta información es importante para determinar si el estudiante es eligible para los programas federales de la ley Elementary and Secondary Education Act. ESEA.

¿Considerando la información, en el cuadro izquierdo de abajo, son los ingresos de su familia lo mismo -o- menos que las cantidades indicadas para el tamaño de su familia?

**(Check One Box)**

**Indicator 1** [ ☐ ]

**Indicator 2** [ ☐ ]

**No** [ ☐ ]

Definición de Ingresos: En esta forma debe de incluir todos sus ingresos debido a salarios, antes de deducciones o impuestos. Incluye tambien otros ingresos recibidos en empleo particular, asistencia pública, asistencia del Seguro Social, beneficios del Seguro de Desempleo, pagos de jubilación, pagos legales de asistencia para sus hijos, ingresos de pensiones y pólizas de seguros, etc.

**ESEA Eligibility Guidelines July 1, 2018 to June 30, 2019**

Arizona	<b>INDICATOR 1 – FREE</b>					<b>INDICATOR 2 – REDUCED</b>				
Household Size	<b>How Often Income Was Received</b>					<b>How Often Income Was Received</b>				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$15,782	\$1,316	\$658	\$607	\$304	\$22,459	\$1,872	\$936	\$864	\$432
2	\$21,398	\$1,784	\$892	\$823	\$412	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$27,014	\$2,252	\$1,126	\$1,039	\$520	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$32,630	\$2,720	\$1,360	\$1,255	\$628	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$38,246	\$3,188	\$1,594	\$1,471	\$736	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$43,862	\$3,656	\$1,828	\$1,687	\$844	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$49,478	\$4,124	\$2,062	\$1,903	\$952	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$55,094	\$4,592	\$2,296	\$2,119	\$795	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For Each Add'l Household Member Add:	+ 5,616	+ 468	+ \$234	+ \$216	+ \$81	+ \$7,992	+ \$666	+ \$333	+ \$308	+ \$154

Si su familia califica, por favor proporcione la siguiente información sobre sus hijos:

**Nombre Del Estudiante**

**Grado Escolar**

**Edad**

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

**Firma del Padre-o-Guardian** \_\_\_\_\_ **Fecha** \_\_\_\_\_

**Student may sign if 18+**

NOTE: Estas forma debe archivarse en las oficinas del distrito escolar por un periodo de 5 años.

# Family Educational Rights and Privacy Act (FERPA)

## Model Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **Edge**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, **Edge** may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow Edge to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.<sup>1</sup>

If you do not want Edge to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within 30 days of your child's first day of attendance. Edge has designated the following information as directory information:

- |                          |   |
|--------------------------|---|
| -Student's name          | -Participation in officially recognized activities and sports         |
| -Address                 | -Weight and height of members of athletic teams                       |
| -Telephone listing       | -Degrees, honors, and awards received                                 |
| -Electronic mail address | -The most recent educational agency or institution attended           |
| -Photograph              | -Student ID number, user ID, or other unique personal identifier      |
| -Date and place of birth | used to communicate in electronic systems that cannot be used to      |
| -Major field of study    | access education records without a PIN, password, etc. (A             |
| -Dates of attendance     | student's SSN, in whole or in part, cannot be used for this purpose.) |

<sup>1</sup> These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503 (c).

Sincerely,

Rob Pecharich  
Principal/Title I Coordinator

**I do not want** the following information regarding my child released without my written consent:  
**(PLEASE CHECK ALL THAT APPLY)**

- |  |  |
|--|--|
| <input type="checkbox"/> Student's name          | <input type="checkbox"/> Participation in officially recognized activities and sports    |
| <input type="checkbox"/> Address                 | <input type="checkbox"/> Weight and height of members of athletic teams                  |
| <input type="checkbox"/> Telephone listing       | <input type="checkbox"/> Degrees, honors, and awards received                            |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> The most recent educational agency or institution attended      |
| <input type="checkbox"/> Photograph              | <input type="checkbox"/> Student ID number, user ID, or other unique personal identifier |
| <input type="checkbox"/> Date and place of birth | used to communicate in electronic systems that cannot be used to                         |
| <input type="checkbox"/> Major field of study    | access education records without a PIN, password, etc. (A                                |
| <input type="checkbox"/> Dates of attendance     | student's SSN, in whole or in part, cannot be used for this purpose.)                    |

**(PLEASE CHECK ONE BOX):**

- [ ] I **GIVE** permission to post my student's picture(s) of Edge high School events on the following Social Media sites: **(Check all that apply):** \_\_\_\_\_Facebook \_\_\_\_\_Twitter \_\_\_\_\_YouTube
- [ ] I **DO NOT GIVE** permission to post my student's picture(s) of Edge high School events on any Social Media site.

**(PLEASE CHECK ONE BOX):**

- [ ] I **GIVE** my approval to receive phone calls from School Messenger with non-emergency school updates.  
Please provide phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.
- [ ] I **DO NOT GIVE** my approval to receive phone calls from School Messenger with non-emergency school updates.

**Student Name (Print)** \_\_\_\_\_

**Parent Name (Print)** \_\_\_\_\_  
(If student is under 18 yrs. of age.)

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Student may sign if 18+)



## Information and Consent Form

*Please ask program staff to explain any words or information that you may not understand. You may take an unsigned copy of this form with you to think about or to discuss with family or friends before making your decision.*

### **Introduction and Purpose**

The Southern Arizona AIDS Foundation (SAAF) is a non-profit organization located in Tucson, Arizona.

This form describes what you may expect if your youth participates. Please read this form carefully and ask any questions you may have before deciding.

We are requesting your permission for your youth to participate in one of our health education and prevention programs.

**Program Name:** Your Story, ALLY, HYPE, Youth Life Project

**Location:** Edge Himmel and Edge Northwest

**Schedule:** 2017-2018

### **Program Descriptions:**

**Your Story** is collaboration between SAAF and Amistades, Inc. The program serves youth ages 12-24 within school and community settings. Your Story utilizes the Storytelling for Empowerment curriculum to reduce substance use and risky sexual behaviors, increase resiliency, and promote positive cultural identity. Storytelling for Empowerment is an evidence-based curriculum that uses cognitive decision making, positive cultural identity (cultural empowerment), and resiliency models of prevention as its conceptual underpinnings. The curriculum aims to decrease alcohol, tobacco, and other drug (ATOD) use by identifying and reducing factors in the individual, family, school, peer group, neighborhood/community, and society/media that place youth at a high risk for ATOD use, while enhancing factors that may strengthen youth resiliency and protect against ATOD use.

**ALLY** (Arizona's Life Links for Youth) is a suicide prevention program focused on reducing youth suicides in Southern Arizona particularly among, LGBTQ youth, youth of color, marginalized youth, and youth considered "at-risk" and/or "high-risk". ALLY is youth driven program and supports participants to become peer leaders who create change in their communities. ALLY utilizes empowerment, life-skills development training, positivity messaging, and projects to increase awareness, knowledge, and youth's ability to support to themselves and their peers.

The program uses the Sources of Strength, which is listed in the Substance Abuse and Mental Health Association's (SAMHSA) Nationally Recognized Evidence-based Programs and Practices Registry (NREPP) and provides suicide prevention skill training utilizing the QPR (Question, Persuade, and Refer) model of suicide prevention. This model has been determined to be an effective tool and appropriate training for persons age 13 and over.

Revised for Fall 2016



## Information and Consent Form

Trainings take between 2-10 hours to deliver and are tailored to the needs and availability of a site. Trainings can be provided in one workshop or can be spread out over time. After youth have completed an ALLY training, staff are also available to return to the site to provide support to youth as they complete a "Action Step" or project geared towards raising awareness, increasing personal empowerment, promoting hope and positivity, etc.

Upon completion of training, Peer Leaders are encouraged and provided the support to create awareness messages (PSAs, Facebook campaigns, music videos, art projects, etc.) within their schools, community centers, and throughout the community at large.

ALLY uses outreach, knowledge of appropriate resources, and messages of hope and positivity to cultivate a support network of empowered Youth Peer Leaders.

The **HYPE** (HIV Youth Peer Education) program is designed to support youth ages 13 to 24 in increasing their life skills and self-efficacy. Youth engage in interactive discussions, debates, and facilitated lessons through which they gain knowledge about HIV/ AIDS and STIs (sexually transmitted infections). Youth learn how to utilize protective factors to reduce harm around risk taking behaviors as well as work on developing communication skills in order to talk to their peers about HIV/AIDS. Youth participants engage in experiential learning activities including role-plays, games, and mazes. The HYPE curriculum was developed by Southern Arizona AIDS Foundation staff through the combination of important lessons from the following sources: Unitarian Universalist Association's Deep Fun Training, Peace Corps Lifeskills Manual, Peace Corps/Tanzania PSDN Manual, Peace CorpsTanzania Participatory Teaching Methods Manual, SAAF's AIDS Educator Manual, and Mkombozi Centre for Street Children Health Education and Life Skills Program.

**Youth Life Program (YLP)** is a sexual violence prevention program funded by the Arizona Department of Health Services (ADHS). YLP utilizes the Safe Dates curriculum, an evidence-based education and training program that targets attitudes and behaviors associated with dating abuse and sexual violence. The Safe Dates curriculum focuses on increasing participant awareness of what constitutes healthy and abusive dating relationships as well as the causes and consequences of dating abuse. Participants will learn the skills necessary to developing healthy dating relationships, including positive communication, sexual risk reduction, safer sex information, anger management, and conflict resolution, as well as learn how to help themselves or friends in abusive dating relationships. The purpose of this program is to inform and provide a discussion forum to help prevent sexual violence among the target population, which includes youth, ages 13-24.

**PLEASE RETAIN THIS PAGE FOR YOUR RECORDS**



## Information and Consent Form

**Selection Criteria:** Youth are able to participate when they are enrolled in Edge High School and are between the ages of 12-24.

**Cost:** There are no direct financial costs to participating.

**Procedures:** Participants will take part in elective classes either on a Monday, Wednesday, Friday or Tuesday, Thursday schedule. Participants may miss no more than two curriculum sessions in order to complete the curriculum successfully. Programs will rotate at each site and may not always be available at a given site dependent on program capacity.

**Evaluation:** Your Story: Participants will be required to complete a pre and post survey. The survey is to evaluate the knowledge and behavior change in relation to substance use and sexual health topics. The surveys are completely voluntary. All information will be kept confidential, and no responses to the surveys can be used against a participant.

ALLY: Participants will be required to complete an SOS retrospective survey and pre/post survey for QPR. Survey will ask questions about attitudes, experiences, and behaviors related to course topics.

HYPE: Participants will be required to complete a pre and post survey. Surveys will ask questions about attitudes, experiences, and behaviors related to course topics. The surveys are completely voluntary and there will be no penalty for not completing them.

YLP: Participants will be asked to complete a pre and post survey, as well as a climate survey and a satisfaction survey. Surveys will ask questions about attitudes, experiences, and behaviors related to course topics. A satisfaction survey will be administered at the conclusion of the program to provide feedback to the facilitators. The climate survey will also ask questions about experiences of dating abuse and perpetration experiences of dating abuse. The surveys are completely voluntary and there will be no penalty for not completing them. All information will be kept confidential, and no responses to the surveys can be used against a participant.

**Benefits:** Your Story: The Storytelling for Empowerment curriculum is proven to decrease alcohol, tobacco, and other drugs (ATOD) use by identifying and reducing risk factors in the individual, family, school, peer group, neighborhood/community, and society/media that place youth at high risk for ATOD. Youth will learn skills that will provide empowerment and motivate them to offer support and create a positive impact in their community. Youth will receive referrals and resource materials upon request. Other incentives may be made available to youth throughout the duration of the project.

ALLY: Youth will learn skills that will provide empowerment and motivate them to offer support and create a positive impact in their community. Youth will receive referrals and resource materials upon request. Youth will also be able to participate in an offsite youth leadership development activity, at no cost. Other incentives may be available to youth throughout the duration of the project.

HYPE: Youth will learn skills that will provide empowerment and motivate them to offer support and create a positive impact in their community. Youth will receive referrals and resource materials upon



## Information and Consent Form

request. Youth may also be able to participate in an offsite youth leadership development activity, at no cost. Other incentives may be made available to youth throughout the duration of the project.

YLP: Youth will learn skills that will provide empowerment and motivate them to offer support and create a positive impact in their community. Youth will receive referrals and resource materials upon request. Youth will also be able to participate in an offsite youth leadership development activity, at no cost. Other incentives may be made available to youth throughout the duration of the project.

**Possible Risks:** Side effects or harm are possible in any program despite the use of high standards of care and could occur through no fault of yours or the staff involved. The known risks of participation are minimal. Session topics and discussion may make youth feel uncomfortable; discussion of sensitive issues may cause thoughts about unpleasant or distressful experiences related to workshop content.

**Confidentiality:** Your privacy is very important to us. All information obtained during the course of the program or through evaluation surveys is confidential. All program information will be stored in locked filing cabinets or on a secure computer server at SAAF. Access to program files will be restricted to program staff. The results of any group evaluation may be presented at meetings or in future publications; however, participant names or other identifying information will not be used.

**Limitations of Confidentiality and Mandated Reporting Requirements:** All members of the program staff are required by law to report suspected incidents of violence or abuse. If a program participant reports abuse, suicidal ideation or suicidal intent, or threatens to harm others, a report must be filed with an appropriate agency. This may include the Arizona Department of Child Safety (DCS).

**Voluntary Participation:** Participation in the program is voluntary. Participants have the right to decline or to withdraw at any point during the program. Declining to participate or withdrawing from the program will not affect your eligibility or access to any other services at SAAF.

**Liability:** Neither parent/guardian nor youth participants give up any of their legal rights by signing this form.

**If a youth shows signs of distress, depression or anxiousness at home, or if you have any questions about the program, curriculum, or about participants' rights, please contact:** Leslie Medeiros Youth Program Manager 520.547.6165 or [lmedeiros@saaf.org](mailto:lmedeiros@saaf.org); ALLY/HYPE: Paco Velez, Youth Program Manager 520.547.6120 or [pvelez@saaf.org](mailto:pvelez@saaf.org); YLP: Jai Smith, Program Manager 520.547.6161 or [jsmith@saaf.org](mailto:jsmith@saaf.org)

**Additional Information about the program curriculum can be obtained here:**  
<http://legacy.nreppadmin.net/ViewIntervention.aspx?id=99> and <http://saaf.org/hiv-prevention-and-testing/prevention-programs/>

**PLEASE RETAIN THIS PAGE FOR YOUR RECORDS**

Revised for Fall 2016



## Information and Consent Form

I have read (or had read to me) the contents of this permission form and been given the opportunity to ask questions and receive answers. By signing below, I am giving my permission for my youth to participate in a health education and prevention program presented by the Southern Arizona AIDS Foundation. I may request a signed copy of this form for my records.

**Please fill in all appropriate fields below:**

**Youth Name (Please print):** \_\_\_\_\_

**Grade in School (if in school currently):** \_\_\_\_\_

**Youth Name:** \_\_\_\_\_

**Youth Signature:** \_\_\_\_\_

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

**Parent/Guardian Name (Please print):** \_\_\_\_\_

(If youth is under 18)

**Parent/Guardian Signature:** \_\_\_\_\_

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

(If youth is under 18)

**Emergency Contact Information (Emergency contact must be 18 years of age or older)**

**Contact Name (Please Print):** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Street Name and # or Apt. #:** \_\_\_\_\_

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**\*PLEASE RETURN TO SAAF STAFF\***

Revised for Fall 2016

## Information and Consent Form



### Participant Contact Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Gender (M/F/T): \_\_\_\_\_

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

Email and/or Facebook ID: \_\_\_\_\_

### Family/Friend Information

*Please provide at least two contacts in the event we cannot reach you.*

Can we contact a family member if we are trying to find you?      YES      NO

Name: \_\_\_\_\_

Phone/Other: \_\_\_\_\_

Can we contact your roommate if we are trying to find you?      YES      NO

Name: \_\_\_\_\_

Phone/Other: \_\_\_\_\_

Can we contact a friend if we are trying to find you?      YES      NO

Name: \_\_\_\_\_

Phone/Other: \_\_\_\_\_

I, the undersigned, give SAAF permission to use the above information to contact me in order to schedule follow-up surveys or respond to requests for information/referral.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If participant is under 18 years of age, parent of guardian must sign form.**

Name of Parent/Guardian (please print): \_\_\_\_\_

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

**\*PLEASE RETURN TO SAAF STAFF\***

Revised for Fall 2016



Arizona Youth Partnership

azyp.org

## Parent Permission for Healthy Relationship Education

### Dear Parent:

The Healthy Relationship Education Staff of Arizona Youth Partnership will be presenting "**Choosing the Best Journey**" and "**Love Notes**" curriculums, at Edge High School.

**Choosing the Best Journey and Love Notes** have been presented in schools and communities nationally as well as locally. *Choosing the Best Journey* is an eight-hour program and *Love Notes* is a 13-lesson program that help youth learn about peer pressure, media pressure, assertiveness skills and the risks of early sexual involvement. The youth also learn how to make healthy decisions, set boundaries, recognize unhealthy behaviors and increase communication with parents.

***Your child needs your permission to participate. Please give your permission by completing the Parent Consent form on the back side of this request.***

If you would like information about program content or how the program is presented, please contact the **Sexual Risk Avoidance Education Program Coordinator** at Arizona Youth Partnership at 520-744-9595 ext 124.

Check out our website: [www.azyp.org](http://www.azyp.org)

## PARENT CONSENT FORM

Administration/  
Southern AZ  
13644 N. Sandarfo Road  
Marana, AZ 85653  
o:: 520.744.9595  
f:: 520.744.2127

Northwest Arizona  
1902 Pacific Avenue  
Kingman, AZ 86401  
o:: 928-692-5889  
f:: 928-718-0493



Central Arizona  
143 S. Broad Street  
Globe, AZ 85501  
o:: 928-425-9276  
f:: 928-425-3198

Northeast Arizona  
P.O. Box 1024  
Springerville, AZ 85938  
o:: 928-333-4003  
f:: 928-333-4048



Arizona Youth Partnership

azyp.org

## PARENT CONSENT FORM

Child's Full Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Grade \_\_\_\_\_

I give my consent to allow my child to participate in the following:

- a. The Healthy Relationship Education Program ( ) Yes ( ) No
- b. Arizona Youth Partnership Anonymous Survey ( ) Yes ( ) No

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Name (Please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian Email (optional): \_\_\_\_\_

I would like to be contacted by AZYP about other programs offered: ( ) Yes ( ) No

**Administration/  
Southern AZ**  
13644 N. Sandario Road  
Morana, AZ 85853  
o:: 520.744.9595  
f:: 520.744.2127

**Northwest Arizona**  
1902 Pacific Avenue  
Kingman, AZ 86401  
o:: 928-692-5889  
f:: 928-718-0493



**Central Arizona**  
143 S. Broad Street  
Globe, AZ 85501  
o:: 928-425-9276  
f:: 928-425-3198

**Northeast Arizona**  
P.O. Box 1024  
Springerville, AZ 85938  
o:: 928-333-4003  
f:: 928-333-4048



Dear Parent/Guardian:

Children need healthy meals to learn. Edge High School – Himmel Park offers healthy meals every school day. Breakfast costs **\$1.70**; lunch costs **\$2.95**. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced-price meal benefits, as well as a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE MEALS?

- All children in households receiving benefits from **SNAP, FDPIR (Food Distribution Program on Indian Reservations)** or **TANF**, can get free meals regardless of your income.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start Program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children can get free or reduced-price meals if your household's gross income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Federal Eligibility Income Chart for School Year 2018-2019			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,536	\$1,047
6	\$62,419	\$5,202	\$1,201
7	\$70,411	\$5,868	\$1,355
8	\$78,403	\$6,534	\$1,508
Each additional person:	+\$7,992	+\$666	+\$154

- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Anne Ortiz, 520-881-1389, [anneo@edgehighschool.org](mailto:anneo@edgehighschool.org)**.
- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Anne Ortiz, 520-881-1389, [anneo@edgehighschool.org](mailto:anneo@edgehighschool.org)**.
- SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully. If any children in your household were missing from your eligibility notification, contact **520-881-1389** immediately.
- CAN I APPLY ONLINE?
- No. Our district does not have the option to apply for free or reduced-price meals online at this time. Please contact **Anne Ortiz, 520-881-1389, [anneo@edgehighschool.org](mailto:anneo@edgehighschool.org)**, and refer to the information above to complete a paper application.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year through September 18, 2018. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Anne Ortiz, 520-881-1389, [anneo@edgehighschool.org](mailto:anneo@edgehighschool.org)**.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. Our organization does not release information for immigration-related purposes in the usual course of operating the School Nutrition Programs.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Anne Ortiz, 520-881-1389, [anneo@edgehighschool.org](mailto:anneo@edgehighschool.org)** to receive a second application.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call **520-881-1389**.

Sincerely,

Anne Ortiz  
Resource and Finance Director

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*



Please use these instructions to help you fill out the application for free or reduced-price school meals. The application must be filled out completely to certify your children for free or reduced-price school meals.

Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Anne Ortiz, 520-881-1389, [anneo@edgehighschool.org](mailto:anneo@edgehighschool.org)

Please **use a pen (not a pencil)** when filling out the application, and do your best to print clearly.

### **STEP 1- NAMES OF ALL CHILDREN IN THE HOUSEHOLD**

List all household members who are infants, children, and students up to and including grade 12. This should include all children who live in your household. They do not have to be related to you to be part of your household.

List the first name, middle initial, and last name of each child. List one name per line, and write one letter in each box. Stop if you run out of space. If you need additional lines, attach a second piece of paper with all required information for additional children.

If the children attend school, please list the name of the school.

If you believe the children are foster, homeless, migrant, or runaway, be sure to mark the box next to the child's name under foster or homeless, migrant, runaway.

Once all children have been listed, **go to STEP 2.**

### **STEP 2- SNAP, TANF, OR FDPIR PARTICIPATION**

Do any household members (including the adults) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

In the gray bar, circle either yes or no.

If Yes- List the case number in the large box labeled Case Number and go directly to STEP 4.

If No- Leave this section blank and **go to STEP 3.**

### **STEP 3- HOUSEHOLD INCOME INFORMATION**

- A. Child Income-** Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the **combined gross income** for all children listed in STEP 1 in the box marked "Total Child Income."

Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household.

Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security <ul style="list-style-type: none"> <li>Disability payments</li> <li>Survivor Benefits</li> </ul>	<p>A child is blind or disabled and receives Social Security benefits.</p> <p>A parent is disabled, retired, or deceased and their child receives social security benefits.</p>
Income from persons <i>outside</i> the household	A friend or extended family member <i>regularly</i> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

**B. Adult Household Members and Income-** Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” **Do not list any household members you listed in STEP1.** List one name per line, and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members.

Report **gross income** (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received Weekly, Bi-Weekly (every other week), 2x month (2 payments per month), or Monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter ‘0’ or leave these boxes empty.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>For military families:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (<i>do not include combat pay, FSSA, or privatized housing allowances</i>)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers Compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash Assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran’s benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment Income</li> <li>Earned Interest</li> <li>Rental Income</li> <li>Regular cash payments from outside household</li> </ul>

The back of this application provides the same Sources of Income charts.

**C. Total number of household members and SSN.**

Report the total number of people in your household (all adults and children) in the one box.

Report the last 4 digits of the Social Security Number (SSN) for the primary wage earner or other adult in the household. You are eligible to apply for benefits even if you do not have a Social Security Number. Simply leave the space blank and check the box labeled “Check if no SSN.”

**STEP 4- Contact information and adult signature**

All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported.

Please sign, date and print your name.

Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

Once the form is completed, it should be mailed, or delivered to:

Edge High School – Himmel Park

2555 E 1<sup>st</sup> St.

Tucson, AZ 85716

**OPTIONAL INFORMATION**

The back of this application provides a section for you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals.

This section also includes important information about privacy and civil rights. Please read these statements before submitting the application.

*This institution is an equal opportunity provider.*



2018-2019 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."  
Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip to the back of this application and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income Section.

The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income

Weekly	Bi-Weekly	2x Month	Monthly
<div></div>	<div></div>	<div></div>	<div></div>

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

C. Total Household Members

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member  Check if no SSN ☐

STEP 4 Contact information and adult signature Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form  Today's date

Printed name of adult completing the form  Daytime Phone and Email (optional)

Street Address (if available)  Apt #  City  State  Zip

OFFICE USE ONLY

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

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

☐ Case # Application ☐ Foster Application ☐ Directly Certified: Date of Disregard: \_\_\_\_\_

☐ Income Application

Household Size: \_\_\_\_\_

Total Income: \_\_\_\_\_ Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☐ Annual

☐ Selected For Verification: Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS Sources of Income

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments  -Survivor Benefits	A child is blind or disabled and receives Social Security benefits.  A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)</li> <li>- Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Workers Compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash Assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private Pensions or disability</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment Income</li> <li>- Earned Interest</li> <li>- Rental Income</li> <li>- Regular cash payments from outside household</li> </ul>

## OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

### Ethnicity (check one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

### Race (check one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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