



Southern Arizona Community Academy
Where Imagination Meets Education

Registration Information

2011-2012

School Year



SOUTHERN ARIZONA COMMUNITY ACADEMY

ENROLLMENT FORM

2470 NORTH TUCSON BOULEVARD
TUCSON, ARIZONA 85716
(520) 319-6113 Fax (520) 319-6115

YEAR STUDENT FIRST ENTERED
HIGH SCHOOL AS A FRESHMAN: _____

Today's Date: _____

Orientation Date: _____

Microsoft | IT Academy Program

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____ Birth Date _____ / _____ / _____ State/Country of Birth _____

Address _____ City _____ State _____ Zip _____

() - () - _____ - -

Home Telephone Number _____ Student's Cell/Alternate Number _____ Email Address _____ Social Security Number _____

Student's First Language _____ Student's Second Language _____ Gender: Male Female Marital Status: Single Married

Ethnic Code: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	Last Schools Attended (start with the <u>most recent</u>): (1) _____ (2) _____ (3) _____ (4) _____	Post High School Plan: <input type="checkbox"/> Four year College <input type="checkbox"/> Community College <input type="checkbox"/> Trade School <input type="checkbox"/> Armed Forces <input type="checkbox"/> Other: _____
---	---	---

Are you eligible for service under the American Disability Act and/or Special Education Services (IDEA)? YES NO

CHILD FIND: Please notify any member of our staff if you know of someone (family member, friend, neighbor) that you feel may need Special Education services.

Have you ever participated in a gifted program? YES NO If YES, what school? _____

PARENT/GUARDIAN INFORMATION

Name: _____ Telephone Number: () - _____ Email: _____

Name: _____ Telephone Number: () - _____ Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Telephone Number: () - _____

Name: _____ Telephone Number: () - _____

INFORMATION RELEASE

Do you give permission for the Academy to release directory information relative to your enrollment?

(As per the Family Education Rights and Privacy Act of 1974)

NOTE: The Academy does NOT release the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student. If you respond yes, the Academy will only release this information: if you are enrolled and if you have received a diploma from the Academy.

The Academy has the right to release information unless I indicate no. *Nothing checked means YES.* YES NO

I CERTIFY THAT THE INFORMATION ON THIS ENROLLMENT FORM IS TRUE, CORRECT, AND COMPLETE.

Student's Signature

Parent/Guardian's Signature

OFFICE USE ONLY

Withdrawal/Release:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Transcripts:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Social Security Card:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Birth Certificate:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Immunization Records:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SIGNED STUDENT CONTRACT?	
Student:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Parent:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Special Ed Records:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Gifted Records:	YES <input type="checkbox"/> NO <input type="checkbox"/>

AIMS TEST SCORES RECEIVED?	
Writing:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reading:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Math:	YES <input type="checkbox"/> NO <input type="checkbox"/>



Southern Arizona Community Academy

2470 North Tucson Boulevard
Tucson, Arizona 85716
(520) 319-6113 Fax (520) 319-6115

Microsoft | IT Academy
Program

Student Contract

I, _____, understand that Southern Arizona Community Academy provides me with the opportunity to earn my high school diploma through an accelerated academic and/or career-focused high school diploma program. The academic standards prescribed by the Arizona State Board of Education, the Arizona State Board of Regents and the Southern Arizona Community Academy will apply.

I understand that acceptance to Southern Arizona Community Academy is a privilege. I am a mature and responsible young adult and I agree to abide by the following stipulations:

- I agree to follow the rules outlined in the Academy's *Parent/Student Handbook*.
- I understand the Academy's Policy of Zero Tolerance for any violation of the policies, regulations, rules and standards related to attendance, disciplinary standards, DRESS CODE, verbal disruption, use of profanity, loitering, leaving school without permission, weapons possession, sexual harassment, parking and traffic regulations.
- I understand that I will be placed on probation during the first two weeks after my orientation session. At the end of the probation period, attendance and academic progress will be evaluated. Final acceptance into the Academy will be determined at that time. I understand that continued enrollment in the Academy will be evaluated every week from then on.
- I will attend school a minimum of 24 hours per week: 5 hours per day Monday-Thursday and 4 hours on Friday. I understand that if I do not have 24 hrs by Friday that I must complete my hours the next day, Saturday.
- I agree to honor the Academy's *Parent/Student Handbook* regarding BODY PIERCING, CLOTHING, PHONES AND ATTENDANCE (refer to the Academy Rules section).
- With an instructor's assistance, I will set and accomplish a reasonable goal on a daily basis in each of my courses.
- I will complete all high school course assignments and computer assignments as outlined in the course syllabi.
- I understand that FOOD, DRINK, CANDY AND GUM are not allowed in the academy.
- Electronic devices, such as CELL PHONES, CD AND MP3 PLAYERS/IPODS, may not be visible and must be powered off while in the Academy.
- I will not harm, destroy, mark, deface, or misuse any of the computer equipment.
- I understand that hardbound textbooks are not to be written in. They must be returned at the end of the course.
- I understand that possession or use of alcohol, drugs/drug paraphernalia or tobacco products at the Academy or its sponsored functions will result in disciplinary action.
- I agree to submit to an alcohol/drug/tobacco screening test if requested to do so by an Academy principal.
- I agree to submit to random personal searches. This includes pockets, backpacks or purses.

TURN OVER →

Student Contract (continued)

- I will be permitted with proper administrative endorsements to concurrently enroll in college courses. All transfer credits, correspondence credits, and competency credit by examination will be included as part of the required credits for graduation.
- In the event that I am withdrawn from a college course for accumulated unofficial absences or any other reason, I understand that I will be subject to disciplinary action and will be required to reimburse the academy.
- I have permission to participate in school sponsored activities/field trip experiences including the following: hearing/vision screenings, academic screenings, lifetime recreation activities, trips to all city, county, state and national parks, forest preserves, lakes, rivers, research facilities, zoos, botanical gardens, arboretums, museums, libraries, theatres, sporting events, community colleges, colleges and universities. I understand that participation in any school sponsored activity/field trip experience requires that I be academic and attendance eligible.
- I have permission to have my visual likeness included in any forthcoming commercials and videos to be used by SACA or its affiliates and subsidiaries, or anyone authorized by SACA, to use throughout the world and in all present and future editions and media. I understand that SACA is released from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.
- I understand that after any infraction I will be subject to disciplinary action to include suspension or expulsion from the Academy.

I/we _____ (parents' or guardians' name(s)) give permission for my/our son/daughter _____ (student's name) to participate in the Academy's field trip(s). Should my/our son/daughter become injured, I/we request that the field trip leader(s) secure emergency medical services to aid my/our son/daughter if in their judgment such services are necessary. As parents/guardians, I/we have decided (with or without medical advise) that my/our son/daughter is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. I/we do hereby release the Academy and its employees from liability for any damages, injuries, or losses that may occur while said student is participating in field trips, and any activity at the participating YMCA or the Southern Arizona Athletic Association.

Child Find: The Academy requests that you please notify any member of our staff if you know of someone (family member, friend, neighbor) that you feel may need Special Education Services. The Academy will provide an individualized program of study to help fulfill my educational goals. The Academy will provide instructor resume information to parent/ guardian upon request.

Student's Signature

Date

Parent's/Guardian's Signature

Parent/Guardian's Signature

Date

IT IS THE POLICY OF THE ACADEMY TO BE TOBACCO, ALCOHOL AND DRUG FREE

Student Interview Questions

Student Name: _____ Age: _____ Date: _____

Last school attended: _____ Number of credits earned: _____

Parent Name: _____

1. How did you find out about our academy? _____

2. Why do you want to attend our academy? _____

3. Which academic subjects are you most interested in? _____

4. Are you below grade level in any subjects? (Have you failed any courses?) YES NO

What? _____

5. If yes, why did you fail? Attendance Attitude Drugs Relationships

Other _____

6. What do you need to do to make up the failed course? _____

7. How would you contribute positively to the Academy and our community? _____

8. Have you won any prizes, awards, or recognition in school? YES NO

If yes, please elaborate. _____

9. Have you participated in a special education program? YES NO

Have you participated in a gifted program? YES NO

10. Have you thought about a career that you would like to pursue? YES NO

(What is your idea of a perfect career? _____

11. What has been the greatest experience of your life? _____

12. What has been the most difficult or hurtful thing that has happened to you? _____



13. If you could fix anything in your life, what would it be? _____

14. Whom do you admire the most? _____ Why? _____

15. Are you angry toward anyone? YES NO Whom? _____
Why? _____

16. Have you ever been in trouble with the law? YES NO
Do you have a P.O.? YES NO
If so, what do you need to change in order to graduate? _____

17. Can you name anything going on in your life that could prevent you from graduating? _____

18. What are your daily responsibilities before and after school? _____

Do you have a job? YES NO How many hours per week do you work? _____

19. Is there any reason why you can not wear clean, wrinkle-free, and appropriate clothing as described in
the *Parent/Student Handbook*? _____

20. Do you agree to honor the Academy's *Parent/Student Handbook* regarding:
 body piercing/tattoos clothing phones attendance

21. Is there any reason why you can not arrive at school Monday-Thursday before 12pm and Friday before
9am? _____

22. Are you interested in the following activities? Please check all that apply.

<input type="checkbox"/> Basketball	<input type="checkbox"/> Math Competitions	<input type="checkbox"/> Microsoft Certifications
<input type="checkbox"/> Football	<input type="checkbox"/> Odyssey of the Mind	<input type="checkbox"/> Digital yearbook
<input type="checkbox"/> Soccer	<input type="checkbox"/> Future Problem Solving	<input type="checkbox"/> School Newspaper
<input type="checkbox"/> Softball/Baseball	<input type="checkbox"/> Stock Market Simulation	<input type="checkbox"/> Creative Writing
<input type="checkbox"/> Chess Team	<input type="checkbox"/> Other: _____	

23. How can we help you reach your dreams? _____



Southern Arizona Community Academy

WHERE IMAGINATION MEETS EDUCATION...

2011-2012

Dear Parent/Guardian:

We are pleased to inform you that all children attending **Southern Arizona Community Academy** will receive meals at no charge during school year **2011-2012** unless otherwise notified. Providing meals to children is a growing challenge and requires our taking advantage of all available funding resources. One of these resources is the reimbursement program for free and reduced-price meal benefits from the United States Department of Agriculture (USDA). So that we can keep our costs low and provide excellent food service for children, we need some information for USDA reimbursement purposes. Your cooperation is appreciated. Please answer all questions on the income application form. An income application which does not contain the requested information cannot be processed by the school.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *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: **Ms. Cyndi Cubillas, 2470 N Tucson Blvd, Tucson, AZ 85716, (520) 319-6113.**
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from **SNAP, the Food Distribution Program on Indian Reservations** or **TANF** and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
3. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** If you haven't been told your children will get free meals, please call or e-mail **Mr. Edward Lovio, (520) 319-6113, elovio@sacaeagles.com** to see if they qualify.
4. **WHO CAN GET REDUCED PRICE MEALS?** Your children can get low cost meals if your household income is within the reduced price limits.
5. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at **(520) 319-6113** if you have questions.
6. **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. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. **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.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year.
10. **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: **Ms. Andrea McCormick, 2470 N Tucson Blvd, Tucson, AZ 85716, (520) 319-6113, amccormick@sacaeagles.com.**
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
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.
14. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
15. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS THEIR COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to their basic pay because of their deployment and it wasn't received before they were deployed, combat pay is not counted as income. Contact your school for more information.
16. **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 1-877-717-4199.

If you have other questions or need help, call **(520) 319-6113.**

Si necesita ayuda, por favor llame al teléfono: **(520) 319-6113.**

Si vous voudriez d'aide, contactez nous au numero: **(520) 319-6113.**

Sincerely,

Annie Carpenter, Food Service Director

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

Part 1:

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Mr. Edward Lovio, (520) 319-6113**. Complete Box A and Box B in Part 2 and then skip to Part 3.

Part 2:

- **Box A**–List all household members.
- **Box B** – List the name of the school attended by each child or mark N/A for household members not attending school.
- **Box C** – List the case number for any household member (including adults) receiving SNAP or TANF Cash Assistance or FDPIR benefits. Skip to Part 3.
- **Box D** – Check the box in this section for all children in the household who are foster children (legal responsibility of welfare agency or court). Skip to Part 3.
- **Box E** – For ANY household member, including children, with NO INCOME, you MUST check the “No Income” box.
- **Box F –Gross Income and How Often It Was Received:** For each household member, list each type of income received. Report how often the money is received—weekly, every other week, twice a month, monthly or yearly—by filling in the circle under the frequency amounts. **For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency.

For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 3:

Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if she/he does not have one).

Part 4:

Completing this section is optional.

2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL Mr. Edward Lovio, homeless liaison, migrant coordinator at (520)319-6113 HOMELESS MIGRANT RUNAWAY **If completing this section, fill out Box A and Box B in Part 2 and then skip to Part 3.**

PART 2. ALL HOUSEHOLD MEMBERS

Box A.	Box B.	Box C.	Box D.	Box E.	Box F.													
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school attended by each child and grade or indicate "NA" if household member is not in school	If any member of your household receives SNAP, FDPIR or TANF Cash Assistance, provide the case number and skip to Part 3.	Check if a foster child (legal responsibility of welfare agency or court) If completing this section skip to Part 3.	Check if NO income	TOTAL HOUSEHOLD GROSS INCOME													
					Please report how much and fill in the circle indicating how often income is received using the following income frequencies: Weekly (wk) <u>or</u> Every Other Week (bi-wk) <u>or</u> Monthly (mo) <u>or</u> Twice a Month (bi-mo) <u>or</u> Annually/Yearly (yr)													
					Earnings From Work before deductions					All Other Income (Welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, other)								
					How much		How Often			How much		How Often						
							wk	bi-wk	mo	bi-mo	yr			wk	bi-wk	mo	bi-mo	yr
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
5.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$		○	○	○	○	○	\$		○	○	○	○	○

If Part 2 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION)

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

Sign here: _____ Date: _____
 Print name here: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____

PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:
 Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):
 Asian
 American Indian or Alaska Native
 Black or African American
 White
 Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Year Household Size: _____
 Error-Prone Case # Application Categorically Eligible
 Temp. Free – Zero Income (45 days) Temp. Free – H/M/R (30 days) Temp. Free Expires: _____
 Directly Certified – Attach to match result Selected for Verification (see attachments)

Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____

Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____
 Date Notice Sent: _____
 Date Withdrawn: _____

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 2011-2012			
Household size	Yearly	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional person:	\$7,067	\$589	\$136

Privacy Act Statement: This explains how we will use the information you give us.

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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



Southern Arizona Community Academy

WHERE IMAGINATION MEETS EDUCATION...

Estimado Padre de Familia/Encargado:

Tenemos el placer de informarles que todos los niños que atienden a **Southern Arizona Community Academy** recibirán comidas gratis durante el año escolar **2011-2012**, a menos que se notifique lo contrario. El proveer comidas para los niños es un desafío que va en aumento y requiere que tomemos ventaja de todos los recursos financieros disponibles. Uno de estos recursos es el programa de reembolso para beneficios de comidas gratis y de precio reducido del Departamento de Agricultura de los Estados Unidos (USDA). Para que podamos mantener nuestro costo bajo y proveer un servicio excelente de comida para niños, necesitamos algo de información con el propósito de recibir reembolso de USDA. Su cooperación es apreciada. Por favor responda todas las preguntas del formulario de aplicación de los ingresos adjunto. Una aplicación de ingresos la cual no contiene la información requerida no puede ser procesada por la escuela.

1. **¿Es necesario llenar una solicitud para cada niño?** No. Complete la forma para solicitar comidas gratis o a precio reducido. Use una solicitud para comidas gratis o a precio reducido para todos los estudiantes en su hogar. Asegúrese de llenar la solicitud con toda la información requerida ya que no podemos aprobar solicitudes incompletas. **Devuelva la solicitud completa a: Ms. Cyndi Cubillas, 2470 N Tucson Blvd, Tucson, AZ 85716, (520) 319-6113.**
2. **¿Quién puede recibir comidas gratis?** Niños en hogares que reciben Cupones para Alimentos o Beneficios en Efectivo (Cash Assitance) o FDPPIR y la mayoría de los menores bajo la supervisión de servicios sociales pueden recibir comidas gratis sin importar sus ingresos. También si su ingreso familiar está dentro de los límites de la Tabla Federal de Ingresos, sus niños pueden recibir comidas gratis.
3. **¿Pueden los niños sin hogar, niños que han abandonado su hogar y niños migratorios recibir comidas gratis?** Si no le han informado que sus hijos recibirán comidas gratis, por favor comuníquese con: **Mr. Edward Lovio, (520) 319-6113, elovio@sacaegles.com** para verificar si sus hijos califican.
4. **¿Quién puede recibir comidas a precio reducido?** Sus hijos pueden recibir comidas a precio reducido si su ingreso familiar está dentro de los límites.
5. **¿Debo llenar una solicitud si este año escolar recibí una carta que dice que mis hijos fueron aprobados para comidas gratis o a precio reducido?** Por favor, lea la carta que recibió y siga las instrucciones. Llame a la escuela al **(520) 319-6113** si tiene preguntas.
6. **Aplicación de mi hijo fue aprobado el año pasado. ¿ Necesito llenar otra?** Sí. Aplicación de su hijo sólo es buena valida para ese año de la escuela y para los primeros días de proximo año de la escuela. Debe enviar una nueva aplicación a menos que la escuela le dijo que su hijo es elegible para el nuevo año escolar.
7. **Recibo WIC. ¿Pueden mis hijos recibir comidas gratis?** Niños en hogares que participan en WIC podrían ser elegibles para recibir comidas gratis o a precio reducido. Por favor llene una solicitud.
8. **¿Será verificada la información que yo provea?** Sí, nosotros podríamos pedirle que envíe prueba escrita de la información provista.
9. **Si yo no califico ahora ¿puedo solicitar más tarde?** Sí. Usted puede solicitar en cualquier momento durante el año escolar.
10. **¿Qué pasa si no estoy de acuerdo con la decisión de la escuela con respecto a mi solicitud?** Usted deberá hablar con los oficiales de la escuela. También podría solicitar una audiencia ya sea llamando o escribiendo a: **Ms. Andrea McCormick, 2470 N Tucson Blvd, Tucson, AZ 85716, (520) 319-6113, amccormick@sacaegles.com.**
11. **¿Puedo solicitar aunque alguien en mi hogar no sea ciudadano americano?** Sí. Ni usted ni sus niños necesitan ser ciudadanos americanos para recibir comidas gratis o a precio reducido.
12. **¿A quienes tengo que incluir como miembros de mi familia?** Usted debe incluir a todas las personas que vivan en su hogar aunque no sean parientes suyos (por ejemplo, abuelos, otros parientes o amigos). Usted también debe incluirse a si mismo y a todos los niños que viven con usted.
13. **¿Qué pasa si mi ingreso no es siempre igual?** Anote la cantidad que usted recibe regularmente. Por ejemplo, si usted normalmente recibe \$1000 al mes pero se ausentó al trabajo el mes pasado y solo recibió \$900, anote que usted recibe \$1000 al mes. Si usted generalmente cobra por horas extras de trabajo incluya esa cantidad, pero no es necesario incluirla si solo trabaja horas extras a veces.
14. **Nosotros estamos en el servicio militar, ¿Debemos incluir nuestro subsidio para vivienda como parte de nuestro ingreso?** Si su vivienda es parte de la Iniciativa de Privatización de Viviendas para Militares usted no necesita incluir el subsidio para vivienda como parte de su ingreso. Otros suplementos deben ser incluidos como parte de su ingreso.
15. **Mi esposo/a esta en una zona de combate.. ¿Es su pago contado como ingresos?** No, si la paga de combate es recibida además de su salario básico debido a su implementación y que no fue recibido antes de que ella fue desplegada, pago de combate no se cuenta como ingresos. Para obtener más información, póngase en contacto con su centro escolar.
16. **Mi familia necesita más ayuda. ¿Existen otros programas que nos podríamos solicitar?** Para averiguar cómo solicitar [estado SNAP] u otros beneficios de asistencia, póngase en contacto con su Oficina de asistencia local o llama **[State hotline number]**.

If you have other questions or need help, call **(520) 319-6113**.

Si necesita ayuda, por favor llame al teléfono: **(520) 319-6113**.

Si vous voudriez d'aide, contactez nous au numero: **(520) 319-6113**.

Sinceramente,

Annie Carpenter, Food Service Director

INSTRUCCIONES PARA LA APLICACIÓN

UN MIEMBRO DEL HOGAR ES CUALQUIER NIÑO O ADULTO QUE VIVA CON USTED.

Parte 1:

Si el niño para el que usted solicita es un niño sin hogar, de una familia migratoria o abandono su hogar, marque el bloque apropiado **Mr. Edward Lovio, (520) 319-6113**. Complete Bloque A y Bloque B en Parte 2 y pase a la parte 3.

Parte 2:

- **Bloque A**–Listar todos los miembros del hogar.
- **Bloque B** – Listar la nombre de la escuela para cada niño, y el grado o escribir “NA” si el miembro de la familia no atiende a la escuela.
- **Bloque C** – Listar la número de caso para cada miembro de la casa (incluyendo adultos) que recibe de SNAP o TANF, Asistencia en Efectivo o beneficios de FDPIR. Pase a la Parte 3.
- **Bloque D** – Marque el bloque en esta sección para todos los niños en el hogar que son los niños de crianza (responsabilidad de una agencia de bienestar social o una corte). Pase a la Parte 3.
- **Bloque E** – Para cualquier miembro del hogar, incluidos niños, que no tienen ingresos, Usted debe marcar el bloque “no ingresos”.
- **Bloque F –Ingresos Bruto y Frecuencia:** Para cada miembro de hogar, listar cada tipo de ingresos que recibe. Informe con qué frecuencia se recibe el dinero—semanal, cada dos semanas, dos veces al mes, mensual o anualmente— rellena el círculo debajo de las cantidades de frecuencia. **Para las ganancias, asegúrese de incluir los ingresos brutos, no el sueldo neto. Ganancias de brutos es la cantidad que usted gana antes de impuestos y otras deducciones.** Usted puede adquirir esta información en sus talones de cheques o su empleador le puede decir. Para otros ingresos, liste la cantidad que cada persona recibió de bienestar, el apoyo de niño, alimony, pensiones, jubilación, Seguridad social, Ingresos del Seguro Social (SSI), Beneficios para Veteranos (VA beneficios), beneficios de discapacidad, Compensación a los Trabajadores, el desempleo o beneficios de huelga, las contribuciones regulares de personas que no viven en su hogar, y cualquier otro ingreso. No incluya los ingresos de SNAP, FDPIR, WIC, los beneficios federales de educación y los pagos recibidos por fomentar la familia de la agencia de colocación.

Por SÓLO los trabajadores autónomos, en virtud de rendimientos del trabajo, informe de ingresos después de gastos. Esto es para su negocio, granja o propiedad de alquiler. Si usted está en la Iniciativa de Vivienda Militar privatizada o se paga por combate, no se incluyen estos derechos como ingresos.

Parte 3:

Un miembro adulto del hogar debe firmar la forma y listar los últimos cuatro dígitos de su número de Seguro Social (o marcar el bloque que indica que no tiene número de Seguro Social).

Parte 4:

Esta sección es opcional.

2011-2012 Solicitud Familiar Para Comidas Escolares Gratis O A Precio Reducido

PARTE 1. SI EL NIÑO PARA EL QUE USTED SOLICITA ES UN NIÑO SIN HOGAR, DE UNA FAMILIA MIGRATORIA O ABANDONO SU HOGAR, MARQUE EL BLOQUE APROPIADO O Y LLAME A Mr. Edward Lovio, homeless liaison, migrant coordinator at (520)319-6113 SIN HOGAR FAMILIA MIGRATORIA ABANDONÓ Si se llena este parte, solo complete Bloque A y Bloque B en Parte 2 y continuar con la Parte 3.

PARTE 2. TODOS LOS MIEMBROS DE LA FAMILIA

Bloque A. Nombres de los miembros del hogar (Primer, Inicial, Apellido)	Bloque B. Nombre de la escuela para cada niño, y el grado o escribir "NA" Si el miembro de la familia no atiende a la escuela	Bloque C. Si algún miembro de su familia recibe SNAP, FDPIR o TANF Asistencia en Efectivo, proporcionar el número de caso y pase a la Parte 3.	Bloque D. Si este solicitud es para un niño que es responsabilidad de una agencia de bienestar social o una corte, marque este bloque y Pase a la Parte 3.	Bloque E. Marque si <u>no</u> hay ingresos	Bloque F. LOS INGRESOS BRUTOS DEL HOGAR Informe cuánto y la frecuencia de los ingresos brutos según de la guía de abajo : Semanales (S) <u>o</u> Cada 2 Semanas (2-S) <u>o</u> Mes (M) <u>o</u> Dos Veces al Mes (2-M) <u>o</u> Anualmente (A)											
					Las Ganancias de Trabajo Antes de Deducciones					Otros Ingresos (Welfare, el apoyo de niño, alimony, pensiones, jubilación, seguridad social, beneficios de SSI, VA)						
					Cantidad	Frecuencia S 2-S M 2-M A					Cantidad	Frecuencia S 2-S M 2-M A				
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
5.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$	○	○	○	○	○	\$	○	○	○	○	○

Un miembro adulto de la familia tiene que firmar esta solicitud. Si completa la parte 2, el adulto que firma la solicitud deberá anotar sus últimos cuatro dígitos de Seguro Social o marcar el bloque que indica que no tiene número de Seguro Social. (Vea el Acta de Privacidad en la parte posterior de esta página.)

Último cuatro dígitos de número de Seguro Social: * * * - * * - _____ No tengo un número de Seguro Social

PARTE 3. FIRMA (UN MIEMBRO ADULTO DE LA FAMILIA TIENE QUE FIRMAR ESTA SOLICITUD.)

Prometo que toda la información en esta solicitudes verdadera y que he reportado todos los ingresos. Entiendo que la escuela recibirá fondos Federales basado en la información que provea. Entiendo que los oficiales de la escuela pueden verificar la información. Entiendo que si proveo información falsa, mis niños podrían perder los beneficios de comidas y yo podría ser responsable legalmente.

Firme Aquí: _____ Fecha: _____
 Nombre deletreado: _____
 Dirección: _____
 Ciudad: _____ Estado: _____ Código: _____
 Teléfono: _____

PARTE 4. MARQUE UNA IDENTIDAD ÉTNICA DE LOS NIÑOS (opcional)

Elegir una etnicidad:
 Hispano/Latino
 No Hispano/Latino

Elegir una o más (independientemente de etnicidad):
 Asiático
 Indígena Norteamericano o Nativo de Alaska
 De raza negra o Afro-Americano
 Blanco
 Hawaiano o de otra isla del Pacífico

NO COMPLETE ESTA PARTE. ESTO ES PARA USO EXCLUSIVO EN ESCUELA.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice a Month, Month, Year Household Size: _____
 Error-Prone Case # Application Categorically Eligible
 Temp. Free – Zero Income (45 days) Temp. Free – H/M/R (30 days) Temp. Free Expires: _____
 Directly Certified – Attach to match result Selected for Verification (see attachments)

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____
 Date Notice Sent: _____
 Date Withdrawn: _____

Sus hijos pueden calificar para recibir comidas gratis o precio reducido si su ingreso familiar está en o por debajo de los límites de esta tabla.

ELEGIBILIDAD TABLA FEDERAL DE INGRESOS Para Año de Escuela 2011-2012			
Tamaño de Hogar	Anualmente	Mensual	Semanales
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Cada Persona Adicional:	\$7,067	\$589	\$136

Declaración del Acta de Privacidad: Esto explica como nosotros usaremos la información que usted nos provea.

La Ley Nacional de Almuerzo Escolar, Richard B. Russell, exige la información en esta solicitud. Usted no tiene que proveer la información pero si no lo hace, nosotros no podemos autorizar que sus hijos reciban comidas gratis o a precio reducido. Se requiere los últimos cuatro dígitos de Seguro Social del miembro adulto del hogar quien firma la solicitud. Los últimos cuatro dígitos de Seguro Social no son necesarios si usted está solicitando para un hijo de crianza o usted anota el número de caso de Programa de Asistencia de Nutrición Suplementaria (SNAP), Beneficios en Efectivo (TANF), por sus siglas en inglés) o el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR) asignados a los niños para los cuales está solicitando. Tampoco es necesario proveer el número de Seguro Social si usted indica que el miembro adulto del hogar que firmó la solicitud no tiene un número de Seguro Social. Nosotros usaremos su información para evaluar si sus hijos califican para comidas gratis o a precio reducido, para desarrollar el programa, y para hacer cumplir con las reglas del programa. Nosotros PODRÍAMOS compartir su información de elegibilidad con programas de educación, salud y nutrición para ayudar a esos programas a evaluar, financiar o determinar beneficios; con auditores que revisan programas; y con personal de justicia para ayudarles a investigar violaciones a las reglas de estos programas.

Declaración de No-Discriminación: Esto explica qué hacer si usted cree que se le ha tratado injustamente. De acuerdo con la ley Federal y la política del Departamento de Agricultura, está prohibido que esta institución discrimine por motivo de raza, color, nacionalidad, sexo, edad o incapacidad. Para presentar una queja por discriminación, por favor escriba a *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* o llame al 202-720-5964 (voz y TDD). USDA no discrimina en sus programas y empleo.

Southern Arizona Community Academy

EMERGENCY CARD

Date of Birth _____

Grade _____

Student Last Name _____ First _____ Middle Inl. _____

Address _____ Home Phone _____

List at least 4 and a number 1st, 2nd, 3rd, 4th to call for illness or emergency.

__ Mother _____ Name	_____ Home phone	_____ Cell phone	_____ Work phone
--------------------------------	------------------	------------------	------------------

__ Father _____ Name	_____ Home phone	_____ Cell phone	_____ Work phone
--------------------------------	------------------	------------------	------------------

__ Other _____ Name/Relationship to student	_____ Home phone	_____ Cell phone	_____ Work phone
---	------------------	------------------	------------------

__ Other _____ Name/Relationship to student	_____ Home phone	_____ Cell phone	_____ Work phone
---	------------------	------------------	------------------

TURN OVER

Allergic to: _____ Usual treatment: _____

Medications: (please indicate if these meds need to be administered at school)

Reason for Medication

1) _____	_____
2) _____	_____
3) _____	_____

Other health issue(s) which may affect student in school, sports, or on field trips: _____

For fever, pain and/or stomach discomfort I DO or DO NOT give my consent for school personnel to give acetaminophen (Tylenol), an anti-inflammatory (Ibuprofen), and/or an Antacid (Tums).

I understand and acknowledge that Southern Arizona Community Academy reserves the right to contact emergency services when deemed necessary by school officials. It is also understood that the parent/guardian will be responsible for costs incurred.

Printed Name of Parent or Guardian

Signature

Date

Additional Comments:

Southern Arizona Community Academy

2470 N. Tucson Boulevard
Tucson, Arizona 85716
www.SACAEagles.com

Primary Home Language Other Than English (PHLOTE) Home Language Survey (Effective March 25, 2011)

Identification of English Language Learners

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

1. What is the language most spoken in the home?

2. What is the language most spoken by the student?

3. What is the student's first spoken language?

Student

Name: _____

Date of Birth: _____

Parent/

Guardian Signature: _____ **Date:** _____

(For Office Use Only)

Student SAIS

ID: _____ **ID:** _____

McKinney Vento Information Form

This form is intended to address the McKinney Vento Homeless Education Assistance Improvements Act of 2001 requirement that homeless children are to have access to education and other services.

_____		_____	_____ / _____ / _____	
Student Last Name	First Name	MI	Birth Date	
_____		_____	_____	
Current Address	City	State	Zip	
(_____) _____ - _____	(_____) _____ - _____			
Contact telephone Number	Cell/Alternate Number			
Where is the student presently living? (check one box)				
<input type="checkbox"/> In a motel/hotel	<input type="checkbox"/> In a shelter	<input type="checkbox"/> With more than one family in a house of apartment		
<input type="checkbox"/> Unsheltered in a place not designate for ordinary sleeping accommodations (e.g. car, park, campsite)				
Check all services needed:				
<input type="checkbox"/> Food	<input type="checkbox"/> Clothing	<input type="checkbox"/> Free/Reduced School Lunch	<input type="checkbox"/> Medical	<input type="checkbox"/> Counseling referrals
<input type="checkbox"/> Other: _____				

The minor named above lives in my home, and I am 18 years of age or older.

_____		_____	_____
Current Caregiver Last Name	First Name	MI	
Caregiver is a	<input type="checkbox"/> parent/legal guardian	<input type="checkbox"/> relative	<input type="checkbox"/> non-relative
I declare that the foregoing information is true and correct to the best of my knowledge.			
_____		_____	
Parent/Guardian/Caregiver/Student		Date	

I certify the above named student, to the best of my knowledge, qualifies for services, if needed, under the McKinney-Vento Act.

Academy Homeless Liaison

Date

Southern Arizona Community Academy

Visual Likeness Release Form

Southern Arizona Community Academy

2470 N. Tucson Boulevard

Tucson, Arizona 85716

www.SACAcademy.com

Name: _____

Date: _____

Description of medium:

Commercial Footage for television and internet promotional purposes

I hereby grant permission to **Southern Arizona Community Academy** to include the above visual likeness of me in the forthcoming commercials and videos to be used by **Southern Arizona Community Academy**. I authorize **Southern Arizona Community Academy** or its affiliates and subsidiaries (hereinafter referred to as "**SACA**"), or anyone authorized by **SACA**, to use throughout the world and in all present and future editions and media.

I release **SACA** from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

Parent/Guardian Consent

I am the parent or guardian of the minor named above. I have the legal right to consent.

I **DO CONSENT** to the terms and conditions of this model release.

I **DO NOT CONSENT** to the terms and conditions of this model release.

Parent/Guardian Signature

Parent/Guardian Name

Parent/Guardian Address

Student Consent (18 years or older)

I have read and understood this agreement and I am over the age of 18.

I **DO CONSENT** to the terms and conditions of this model release.

I **DO NOT CONSENT** to the terms and conditions of this model release.

Student Signature

Student Name

Southern Arizona Community Academy
2470 N. Tucson Blvd.
Tucson, AZ 85716
(520) 319-6113 FAX (520) 319-6115
An Arizona Charter High School

The Mission of the Southern Arizona Community Academy, Inc. is to prepare mature students academically to achieve personal goals and meet the requirements of the Arizona State Board of Education as well as become lifelong learners by providing a one-on-one learning environment which fosters critical thinking skills, social responsibility, and ownership of success.

Educational Paradigm

Southern Arizona Community Academy is determined to provide a rigorous academic program that meets the individual needs of each student in each content discipline. The Academy provides an inclusion model in that all students are serviced in the same environment but the instruction is personalized. Students are offered a flexible schedule in order to provide individualized instruction for each student. Students work one-on-one with each of the instructors through self-pacing study guides and level appropriate textbooks. Each course requires mastery learning (minimum of 80% on content quizzes and exams) in order to proceed through the curriculum. Embedded within the coursework of the majority of courses are Critical Thinking opportunities developed by the instructors. The development of all curricula is designed to:

- foster higher level thinking
- foster critical and creative thinking, and problem solving
- align with Arizona State Standards, and track student progress in meeting those standards
- allow for instructors to differentiate curriculum as necessary to meet student needs
- provide opportunities for relevant fieldwork and fine arts experiences

The school has a library setting in two large classrooms separated by content areas:

East Classroom: Science, Mathematics, and Technology

West Classroom: Humanities, Language Art, Social Studies, and Future Center

The classroom learning environment is encouraging, inviting, stimulating, and secure.

Instructor interactions with students promote the establishment of trusting and caring relationships. The instructors serve as mentors by holding high expectations for students; encouraging student-owned responsibility, integrity, and achievement; and serving as positive role models. Due to the flexible scheduling, the maximum number of students working in the classrooms at any one time is about 120-140 students with 12-15 instructors.

Students are provided opportunities for involvement in:

- Microsoft Information Technology Academy with instruction and testing available for Microsoft Office Specialist Certification in Microsoft Word, Excel, PowerPoint, Access, Outlook, and Windows Vista for the Business Worker.
- Dual college enrollment for students through Pima Community College with the tuition and cost of books provided by the Academy. To be eligible, students must exhibit evidence of personal responsibility and academic maturity.
- Academic acceleration and appropriate level placement based on pre-assessments
- Personalized Education Plan development to explore educational opportunities and guide students in creating a personal plan for high school, and future career and post high school educational choices. Student process/progress collected/stored via the creation of electronic portfolios.
- Interscholastic academic challenges such as Chess club/Team, Odyssey of the Mind, Future Problem Solving, Community Problem Solving, Arizona Stock Market Simulation, and American Scholastic Mathematics Association (ASMA) Math Competition
- Athletic and fitness programs in coordination with local athletic facilities and the Southern Arizona Athletic Association.

All disciplines will be aligned with the Arizona Academic Standards and be based on content that will prepare students for postsecondary education. The course of study for each student will be the high school graduation requirements for the State Board of Education and the prerequisite requirements of post secondary educational objectives to include:

- Requirements outlined in community college certificate of completion programs and/or general studies, Associate of Arts, or Applied Science degrees
- The Arizona Board of Regents entrance requirements or the entrance requirements of the college or university of the student's choice
- The entrance requirements of the trade school of the student's choice
- The entrance requirements of the branch of the Armed Services of the student's choice

Each student shall *master* all coursework for his/her appropriate, ungraded secondary levels with a minimum of 80% accuracy.

The Academic program will be delivered using:

- Individualized instruction with one-on-one teacher/student interaction
- Critical Thinking
- Laboratory science exploration (hands-on and virtual)

- Extensive field experiences to support science, social studies, humanities, and academic challenge coursework and competitions
- Reinforcement with appropriate technology applications
- Creation of and encouraging, inviting, stimulating, and secure environment that fosters student productivity, confidence, and success
- Dual college credit- student demonstrating maturity/ responsibility will be provided with the opportunity to attend Pima Community College with tuition, fees, and books/materials paid for by Southern Arizona Community Academy, Inc.
- Integration of Technology and Workplace Skills Standards into all coursework
- Involvement in interscholastic academic challenges (creative problem solving, both individual and team) such as:
 - Odyssey of the Mind Program
 - Future Problem Solving Program
 - Community Problem Solving Program
 - Arizona Stock Market Simulation
 - American Scholastic Mathematics Association Mathematics Competition
- Involvement in activities for physical fitness, the development of talents and skills in the fine arts, and performance opportunities in the community such as lessons or participation in:
 - Martial arts
 - Music including vocal, instrumental, or percussion
 - Dance including classical, modern, cultural, and popular
 - Weight lifting
 - Equestrian instruction including coaching, competition, and animal care
 - Drama
 - Southern Arizona Athletic Association
- Guest speakers including:
 - College counselors/admissions officers
 - Trade school representatives
 - Holocaust survivor
 - Representative from the U.S.S. Arizona Reunion Association regarding survivors of the Pearl Harbor attack
 - U.S. soldier (and SACA graduate) returning from the war in Iraq
 - University of Arizona Engineering Ambassadors
 - Consultants for Future Problem Solving Program
 - Representative from the Youth Volunteer Corps
- Mentorship by staff member setting positive examples, establishing trusting and caring relationships, holding high expectations for students, encouraging student-owed success, and demonstrating responsibility and integrity in job performance
- Guidance for transition to ensure the student is “connected” for success upon graduation
- Community partnerships (Teens in Transition, Youth On Their Own, Juvenile Court system, Child Protective Services, Department of Economic Security, etc.) to assist with issues outside of school that may affect learning in the classroom
- Partnerships with employers to award credit for student work-study experiences

The academy will pursue opportunities for students to participate in:

- School-to-work initiatives
- Occupational education
- State, national, and international field experiences to enhance classroom learning and to explore students career objectives

In addition to each student mastering his/her academic accomplishments, the Southern Arizona Community Academy Inc.’s goal is to develop each student to his/her maximum potential in the following areas:

Personal Responsibility

Commitment to personal growth including:

- Goal setting to include planning for postsecondary education and career choices
- Decision making
- Actions and consequences

Social Responsibility

Producing knowledge and responsible participants in the American democracy as part of our global responsibility with a broad-based knowledge and appreciation of:

- History and government
- Cultures, geography, and languages
- Mathematics and Science
- English-Language Arts
- Values and Ethics
- Decision making
- Actions and Consequences

- Volunteering

Employability in the Workplace

Development of basic skills:

- Reading, writing, speaking, and thinking in English
- Language other than English (depending on student goals)
- Practical mathematic skills
- Problem solving
- High order thinking
- Personal habits, attitudes, and values that are necessary for productivity
- Participation in successful and productive teamwork

Lifelong Learning

Development of:

- Critical and creative thinking skills and the use of logic
- Problem-solving skills to meet the challenges of the future
- Knowledge and means of accessing available resources to find information or services needed to satisfy curiosity or need for information
- Realization of the probability or the necessity for adaptability and re-education to accommodate future career changes

Additional Southern Arizona Community Academy, Inc. commitments to provide quality education:

All instructors shall hold a college degree with dual academic content areas, a secondary or community college teaching certification, and either hold or be working toward a Masters’ Degree or further certification.

Southern Arizona Community Academy, Inc. will comply with all state and federal laws regarding the identification, evaluation, placement, and provision of a free, appropriate public education for children with disabilities, gifted abilities, as well as English Language Learners including 100% classroom integration.

Southern Arizona Community Academy, Inc. will participate in the norm referenced and standardized testing as designated by the State Board of Education to Include the AIMS testing.

School Hours:

Monday- Thursday	7:00 a.m. to 5:00 p.m.
Friday	7:00 a.m. to 1:00 p.m.
Saturday	8:00 a.m. to 12:00 p.m.

Office Hours:

Monday-Friday	8:00 a.m. to 4:00 p.m.
----------------------	------------------------

Southern Arizona Community Academy Gifted and Talented Program

In the state of Arizona “Gifted Child” is defined as any child of lawful school age who displays superior intellect, advanced learning ability, or both, and who needs special instruction and services to reach appropriate levels of achievement.

Southern Arizona Community Academy is committed to coordinating a comprehensive structure of informal and formal services intended to effectively nurture gifted learners by providing:

- Appropriate academic rigor and relevance
- support for affective development
- opportunities to enhance academics and
- develop skills essential for the 21st century.

SACA Gifted Goals:

- to develop a personalized education plan for each gifted student.
- to provide continuous training opportunities for all instructors
- to develop a gifted program that reflects the diversity in our school population.

The gifted program is an integral part of the everyday, all day school structure and experience.

Special Education Services:

Children birth through age 21 are entitled to special education services at no cost to the family. Southern Arizona Community Academy is committed to helping students with learning needs improve their academic skills so they may become successful and productive citizens. We provide evaluation to all students with suspected disability and special education services to all students a verified handicap. If you suspect a student has a disability, please contact the following:

Birth to age 3 years – AzEIP at (888) 439-5609

Age 3-5 years – call the Special Education office of your home school district Grade K-12(not attending Southern Arizona Community Academy) - call the Special Education office of your home school district

Grade 9-12(attending Southern Arizona Community Academy) - contact the school Director or Special Education Instructor

Arizona Scholarships for Pupils with Disabilities Program

Dear Parents,

Effective September 21, 2006, ARS 15-891 Arizona Scholarship for pupils with Disabilities Program, became law. The purpose of this letter is to advise you of all options available pursuant to this article. If you are dissatisfied with your child's progress:

1. You have the opportunity to enroll your child in another public school, or request an Arizona Scholarship to a qualified private school from the Arizona Department of Education.
2. You may also choose to enroll your child in an adjacent school district that has available space and that has a program that complies with the child's IEP.

Detailed information regarding this program, including a copy of the law and application form, may be obtained at the Arizona Department of Education website at:

<http://www.ade.az.gov/hb2676/>

Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records unless it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.
- Parents or eligible students have the right to request in writing that a school correct records that they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:
 - o School officials with legitimate educational interest
 - A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or student serving on an official committee or assisting another school official in performing his or her tasks;
 - A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school;
 - o Other schools to which a student is seeking to enroll;
 - o Specified officials for audit or evaluation purposes;
 - o Appropriate parties in connection with financial aid to a student;
 - o Organizations conducting certain studies for or on behalf of the school;
 - o Accrediting organizations;
 - o To comply with a judicial order or lawfully issued subpoena;
 - o Appropriate officials in cases of health and safety emergencies; and
 - o State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, sports participation (including height and weight of athletes) and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent.

The Individuals with Disabilities Education Act (IDEA) is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children with disabilities education records could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of sources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887 (voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-5901	Arizona Department of Education Exceptional Student Services 1535 W. Jefferson, BIN 24 Phoenix, AZ 85007
---	---

This notice is available in English and Spanish on the ADE website at www.ade.az.gov/ess/resources under forms. For assistance in obtaining this notice in other languages, contact the ADE/ESS at the above phone/address.

Notificación Anual a los Padres con Respecto a la Confidencialidad de los Expedientes Académicos de los Estudiantes

La Ley de los Derechos y Privacidad Educativos de la Familia (Family Educational Rights and Privacy Act o FERPA) es la ley Federal que protege la privacidad de los expedientes académicos de los estudiantes. FERPA les da a los padres ciertos derechos con respecto a los expedientes académicos de sus hijos. Estos derechos pasan al estudiante cuando éste alcanza la edad de 18 años o asiste a una escuela superior al nivel preparatoria. Estudiantes a quienes los derechos han sido transferidos son “estudiantes elegibles.”

- Los padres o el estudiante elegible tienen derecho a inspeccionar y revisar el expediente académico del estudiante que es mantenido por la escuela dentro de un período de 45 días a partir de la solicitud hecha al administrador de la escuela. No es obligación de las escuelas proporcionar copias a no ser que sea imposible para los padres o el estudiante elegible revisar el expediente académico sin copias. Las escuelas pueden cobrar una cuota por proporcionar copias.
- Los padres o el estudiante elegible tienen el derecho a solicitar por escrito que la escuela corrija el expediente académico que ellos crean sea inexacto o engañoso. Si la escuela decide no corregir el expediente académico, el padre o estudiante elegible tiene derecho a una audiencia formal. Después de la audiencia, si la escuela todavía decide no corregir el expediente, el padre o estudiante elegible tiene derecho de poner una declaración en el expediente que presenta su punto de vista sobre los datos protestados.
- Por lo general, las escuelas deben tener permiso de los padres o del estudiante elegible por escrito para poder revelar cualquier dato del expediente académico del estudiante.
 - Autoridades escolares con interés educacional legítimo
 - Autoridad escolar es una persona empleada o contratada por la escuela para servir como administrador, supervisor, maestro o personal de apoyo (incluyendo personal de salud, personal policial, abogado, auditor u otros con funciones similares); una persona que sirve en la mesa directiva de la escuela; o padre o estudiante que sirve como miembro de un comité autorizado o que asiste a otra autoridad escolar en sus funciones;
 - Un interés educacional legítimo significa que la revisión del expediente es necesaria para cumplir con una responsabilidad profesional para la escuela;
 - Otras escuelas en las que el estudiante está solicitando inscripción;
 - Autoridades especificadas para propósitos de auditoría o evaluación;
 - Partes competentes en relación a asistencia de financiamiento para un estudiante;
 - Organizaciones conduciendo ciertos estudios por o en nombre de la escuela;
 - Organizaciones de acreditación;
 - Para cumplir con una orden judicial o citación emitida de acuerdo con la ley
 - Oficiales competentes en casos de emergencias de salud y seguridad; y
 - Autoridades estatales y locales, dentro del sistema de justicia para menores, de conformidad con la ley estatal específica.

Las escuelas pueden divulgar, sin consentimiento, datos de “directorio” tales como nombre del estudiante, dirección, número de teléfono, fecha y lugar de nacimiento, honores y premios, participación en deportes (incluyendo estatura y peso de los atletas) y fechas de asistencia si no son notificados por los padres o estudiante elegible que la escuela no debe divulgar la información sin consentimiento.

La Ley de la Educación de Personas con Discapacidades (Individuals with Disabilities Education Act or IDEA) es una ley federal que protege los derechos de estudiantes con discapacidades. Además de los expedientes académicos normales, los expedientes académicos para estudiantes con discapacidades podrían incluir materiales sobre evaluación y exámenes, datos médicos y de salud, Programas Educativos Individualizados y notificaciones y autorizaciones relacionadas, reportes de progreso, materiales relacionadas con acciones disciplinarias y acuerdos de mediación. Tal información es reunida de un número de fuentes, incluyendo los padres del estudiante y personal de la escuela donde asiste el estudiante. También, con permiso de los padres, se pueden reunir datos de fuentes pertinentes adicionales, tales como doctores y otros proveedores de servicios de la salud. Estos datos son recogidos para asegurar que el menor es identificado, evaluado y provisto de una Educación Pública Adecuada Gratuita de acuerdo con las leyes estatales y federales sobre educación especial.

Cada una de las agencias participantes bajo la Parte B de IDEA debe asegurarse que, en todas las etapas de la recolección, archivo, retención y divulgación de los expedientes académicos a terceras partes, cumpla con las leyes federales de confidencialidad. Además, la destrucción de cualquier expediente académico de un menor con una discapacidad debe ser de acuerdo con los requisitos reglamentarios de IDEA.

Para información adicional o para presentar una queja, puede llamar al gobierno federal al (202) 260-3887 (voz) o al 1-800-877-8339 (TDD) o al Departamento de Educación de Arizona (ADE/ESS) al (602) 542-4013. O puede usted contactar:

Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D. C. 20202-5901	Arizona Department of Education Exceptional Student Services 1535 W. Jefferson , BIN 24 Phoenix, AZ 85007
--	--

Este aviso está disponible en inglés y en español en la website del ADE en www.ade.az.gov/ess/resources bajo formas. Para asistencia para obtener este aviso en otros idiomas, contacte al ADE/ESS en el número de teléfono/dirección que se da arriba.