



DEER VALLEY ACADEMY

Registration Packet

Welcome to Deer Valley Academy, a tuition-free charter high school offering after school, evening and summer classes for credit retrieval, academic improvement or advancement, and/or as an optional way to earn a high school diploma.

If you are registering with DVA **for the first time**, the following forms and documents must be provided:

1. Student's Birth Certificate
2. Immunization Record
3. Unofficial Transcript
4. **Course Offering** approval, signed by counselor
5. IEP or 504 (if applicable)

In addition, the following forms must be completed and **SIGNED*** by Parent/Guardian where noted:

6. Student Registration Form
7. Health Card and Emergency Contact Information*
8. AZ Department of Education Residency Documentation*
AND one of the forms of identification listed
9. Internet User/Email Agreement & Parental Permission*

Returning/continuing students need forms #4 and #6 and updates to #8 if you have a new address.

Bring the packet, **in person** to the Deer Valley Academy office, located at Deer Valley High School, Room 610. Call **602.467.6874** for registration times or other information.

~Scroll down to find forms~



DEER VALLEY ACADEMY

Student Registration Form

1

SAIS # _____ START DATE _____

Current/Previous School Student ID # _____

Current/Previous Schools Attended _____

Dual Enrolled? Yes No

Withdrawal Form? Yes No

How did you hear about Deer Valley Academy? _____

2

Name: _____
(Last) (First) (M)

3

Age: _____ Sex: _____ Grad Yr 20__ __
Ethnicity/Race

Address: _____

Check here if this is a Change of Address since your last registration

City: _____ Zip: _____

Birth Date: _____ Birth Place: _____

Parent Cell: _____

Legal Custody: _____

Student email _____

Parent email _____

- Hispanic/Latino
- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Other _____

4

Primary Language Survey

In order for us to provide educational programs for our students and to comply with the requirements of State law, please answer:

What is the primary language of the student?

- English
- Other _____

Staff Signature

Date

5

Special Program Participation

- Title 1
- Gifted
- Resource Reading/Math
- Current IEP/504
- ELL
- NONE OF THE ABOVE

HEALTH CARD AND EMERGENCY CONTACT INFORMATION

STUDENT _____ BIRTHDATE _____ AGE _____ SEX M / F
 GRADE _____ GRADUATION YEAR 20 _____ ADDRESS _____

CITY _____ ZIP _____ PHONE: () _____

Student Lives With (check) Mother Father Both Other _____

Mother/Step/Guardian _____ CELL # _____

E-Mail Address _____ WORK# _____

Father/Step/Guardian _____ CELL # _____

E-Mail Address _____ WORK# _____

In the event you cannot be reached, list below adults willing to assume responsibility for the student, to be picked up and transported from school. Notify the office, if changes occur to any information, home or work phone numbers or addresses:

Emergency	First and Last Name	Relationship to Student	Home Phone	Work Phone
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	() _____	() _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	() _____	() _____

	Yes	No	MEDICAL ALERT	
Vision Problem	<input type="checkbox"/>	<input type="checkbox"/>	Wears Glasses/Contacts	Needs Glasses/Contacts/Exam
Hearing Problem	<input type="checkbox"/>	<input type="checkbox"/>	Deaf/Known Loss/Frequent infection	Wears Hearing Aid
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Medication	Type _____
Diabetic	<input type="checkbox"/>	<input type="checkbox"/>	Medication	Regular/NPH _____ Insulin Dose _____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Mild/Moderate/Severe Medication	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Mild/Moderate/Severe Medication	_____
ADD/ADHA	<input type="checkbox"/>	<input type="checkbox"/>	Mild/Moderate/Severe Medication	_____
Allergic to:			Medication _____	Food _____ Other _____

Other problems, medications & restrictions _____

PHYSICIAN _____ HOSPITAL PREFERENCE _____

Schools do not provide any medications. Parents must provide and give written consent for any medications administered at school, in accordance with district policy. Students are not to carry medications at school or to and from school. Exceptions for students to carry/administer their own medications must be arranged through the office in accordance with school and district policies and procedures.

BE IT KNOWN that I, the undersigned parent or legal guardian of the student named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid by insurance or the parent of the student. Payment of the expense is not a school responsibility.

Parent/Guardian Signature _____
 DATE _____





Arizona Department of Education Residency Documentation

Student _____

Parent/Legal Guardian _____

DEER VALLEY ACADEMY/Deer Valley Charter Schools, Inc

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 **ONE** of the following documents that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Valid Arizona Address
- 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/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 services members may utilize a temporary on-base billeting facility as the address for proof of residency. #2803440



01/2018



DEER VALLEY ACADEMY
Internet User/EMAIL AGREEMENT & PARENTAL PERMISSION

The Network is provided for students/users to conduct research and communication for academic purposes only as determined by the DVA curricula. Independent access to network services is provided to students/users who agree to act in a considerate and responsible manner. Access is a privilege, not a right, and entails responsibility. Students are responsible for appropriate behavior/communication on school computer networks, just as they are in classrooms or school buildings.

Network storage areas may be treated like school lockers. All network administrators/teachers may review files and communications to maintain system integrity and ensure responsible use of the Internet by requesting a search history of websites visited to ensure that such use meets the DVA intent as a tool for academic purposes. Files stored on DVA servers are not private.

Communications are public and often uncensored and students may come in contact with material that is controversial or inaccurate from all around the world. DVA has no control over the nature or content of information from other computer systems and disclaims any responsibility to exercise such control. DVA is also not responsible for the accuracy or appropriateness of information retrieved, or for lost, damaged or unavailable information. Parents may revoke their students' Internet/Email privileges at any time by notifying the school in writing.

The following are not permitted:

1. Sending, accessing, downloading or displaying offensive messages or pictures
2. Using obscene language
3. Harassing, insulting or attacking others
4. Damaging computers, systems or networks
5. Violating copyright laws
6. Using passwords of others OR sharing passwords with others
7. Trespassing in others' folders, work or files
8. Employing the network for commercial purposes
9. Providing personal information ie: names, addresses, phone numbers, etc.
10. Tampering as defined by A.R.S. 13-2316 and the DVA Student Handbook

Sanctions:

1. Violations of the above may result in a loss of access.
2. Violations of the above may be subject to disciplinary action.
3. When applicable, law enforcement agencies will be involved.

Parental Permission/Release of Information:

Check here if you **DO NOT** wish us to use photographs of, or information about your student with media sources. Examples: Class video, newspapers, newsletters, program brochures and school web pages.

I have read and understand this Agreement and will follow the guidelines as stated. Failure to sign this Agreement will prohibit the student from having access to school computers.

PRINT Student Name _____ **Date** _____

SIGNATURE of PARENT/GUARDIAN _____ **Date** _____
(Must be signed by Parent if User is under 18 years of age)

