



## **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 2710 W. Bell Road, Ste 1221, Phoenix, AZ 85053. Call **602.388.4444** for registration times or other information.



# DEER VALLEY ACADEMY

## Student Registration Form

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? \_\_\_\_\_

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Name: \_\_\_\_\_  
(Last) (First) (M)

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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 \_\_\_\_\_

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### 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

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### Special Program Participation

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

Date

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

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**





**DEER VALLEY ACADEMY  
Internet User/EMAIL AGREEMENT**

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. All students/users are responsible for appropriate behavior/communication on school computer networks.

Network administrators 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/users may come in contact with material that is controversial or inaccurate. 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.

**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.

**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.

**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: Videos, 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/user from having access to school computers.**

**PRINT Student/UserName** \_\_\_\_\_ **Date** \_\_\_\_\_

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