



Ha:sañ Preparatory & Leadership School

1333 East 10th Street, Tucson, AZ, 85719

(520)882-8826

Registration Packet Academic Year 2024-2025

Please bring the following documents for enrollment with the Registration Packet:

1. Birth Certificate (original or certified copy) **or one of the following:**
 - Baptismal Certificate
 - Application for social Security Number
 - Original school records
 - Letter from the authorized representative of an agency that has custody of the student
2. Immunization Records (required to attend school)
3. Proof of Residency (required) - *see pages 9-10 for a complete list of options*
4. High School Transcripts/Proof of Promotion
5. Testing Records
6. Impact Aid Survey
7. ED-506 Form

Additional Documents if Applicable

8. Withdrawal Form
9. Proof of Guardianship required if student does not reside with custodial parent (Custody Document/Pending Custody/Court Order/Decree/Hearing Date Document/Power of Attorney)
10. Exceptional Education Documentation
 - a. IEP Evaluation Reports
 - b. 504
 - c. Gifted Education

Please Note: For siblings living in the same household, only one copy of each of the following forms is necessary: Transportation Request, McKinney-Vento, Impact Aid Survey, and Title 1 Eligibility. Please add all sibling names to each form.

Hours of Operation

Monday-Friday, 8:00 AM-4:00 PM

You may submit applications in person, by mail, or by email (preferred)

Ha:sañ administration strongly recommends that new students schedule a campus visit. Please call and make an appointment for a tour of our campus. We currently have openings for the 2024-2025 academic year for grades 9-12.

For additional information please contact us at:

(520)882-8826 or 1-888-84-HASAN(42726)

www.hasanprep.org

Ha:sañ Preparatory & Leadership School

1333 East 10th Street, Tucson, AZ 85719 | Phone: (520)882-8826 | Fax: (520)882-8651 | email: schoolinfo@hasanprep.org

The school will not discriminate on the basis of race, color, national or ethnic origin, religion, gender, disability, or sexual orientation in administration of its educational policies, scholarships, loans, tuition remission, fee waivers, educational programs, athletics, or extracurricular activities.



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Student Enrollment Information Academic Year 2024-2025

Student Name: _____

Previous School History:

Last School/District Attended: _____ Grade: _____

Dates Attended: From: _____ To: _____

School Address (if available): _____

Has the student ever been, or in the process of being expelled from school? Yes No

If yes, from what school? _____

Reason: _____

IEP/504 (Check all that apply to the student)

Does your student have an IEP/504 or did they ever have an IEP/504? IEP 504 No

Foster Care:

Is the student currently placed in a DCS Group Home, with Kinship Foster, or with a Foster Guardian? Yes No

If yes, please check the box that describes the foster placement:

DCS Group Home Foster Guardian Kinship Foster Other

SCHOOL USE ONLY:

SID: _____ Entered in Powerschool: _____ Entry Code: _____ Start Date: _____

Proof of Documents:

_____ Birth Certificate _____ Baptismal Certificate _____ Proof of Residency _____ Immunizations

School Official Signature: _____

I hereby certify that the information submitted above is correct and true to the best of my knowledge.

Signature of Parent or Guardian: _____ Date: ____/____/____

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Student Sign-Out Authorization Academic Year 2024-2025

Student Name: _____

My student is 18 years or older and has permission to check him/herself out when applicable.

My student is 18 years or older and **DOES NOT** have permission to check him/herself out.

I (parent/guardian) will give prior notice to school administration if this form of check out needs to occur.

Please list 3 approved adults, over the age of 18, that have permission to sign out your student (other than parent or guardian).

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Military Student Identifier Information

1. Is the student a dependent of a member of the United States military service in the **Active-Duty** Army, Navy, Air Force, Marines, Coast Guard, or Space Force?

Yes No Refuse To Answer

2. Is the student a dependent of a **full-time** member of the National Guard or Reserve force of the United States military (Army, Navy, Air Force, Marines, or Coast Guard)?

Yes No Refuse To Answer

3. Is the student a dependent of a member of the National Guard or Reserve force of the United States military (Army, Navy, Air Force, Marines, or Coast Guard)?

Yes No Refuse To Answer

Signature of Parent or Guardian: _____ Date: ____/____/____

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Health Information- Academic Year 2024-2025

Student Name: _____

Check here if your child DOES NOT have any health issues. (Sign at the bottom.)

HEALTH CONCERNS/HEALTH HISTORY:

My child has a LIFE-THREATENING health condition*: _____

- If your child has health concerns please check all current health conditions below (and fill in all applicable blanks). Parent/guardian is responsible for notifying the school of new or existing health concerns and for providing the school with any medication that he student will require during the school day.
- Please contact the office manager to discuss your child's needs.

ALLERGIES

Seasonal Medication Allergies: _____ Bee Insect: _____

Food: _____ Other: _____

Reaction: Anaphylaxis Local Swelling Hives/Rash Other: _____

Treatment: *EpiPen (requires action plan/permission) Other: _____

*Needs medication at school (Please submit prescription from pharmacy)

ASTHMA

Treatment: *Carries inhaler (requires permission) Other: _____

My child was diagnosed with asthma but no longer uses an inhaler.

DIABETES

*Type I (takes insulin): Insulin Pump Pen Syringe

Type II (diet/exercise/medication controlled): My child is independent in diabetic care.

My child needs help with: _____

EMOTIONAL/BEHAVIORAL/PSYCHOLOGICAL/DEVELOPMENTAL

ADD ADHD Anxiety Asperger's Autism Bipolar Depression Developmental Delay

OCD ODD Post Traumatic Stress Disorder Schizophrenia

Other: _____

*SEIZURES (Please contact the administration to discuss your student's condition and action plan.)

OTHER MEDICAL ISSUES (If you check any conditions below please explain in the space provided)

Activity Restriction Bowel/Bladder Chromosome/Genetic Gastrointestinal Migraines Skin Condition

Birth Defect Cancer Concussion Bleeding Disorder Heart Condition Neurological Special Diet

Cerebral Palsy Endocrine Hypertension Physical Disability Other: _____

Explanation: _____

HEARING/VISION

Known hearing loss (explain): _____

Hearing Aid Glasses/Contacts

Other: _____

MEDICATION (Obtain medication permission form from the

Registrar)

Medication taken at home

Medication to be given at school (prescription required with medication permission form)

PAIN MEDICATION (Please check if the school is allowed to administer acetaminophen/ibuprofen as needed.)

It is the responsibility of the parent/guardian to notify the school if any changes occur in their student's health status.

Parent/Guardian Name (Printed): _____

Signature of Parent or Guardian: _____ Date: ____/____/____

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Transportation Request Form Academic Year 2024-2025

Student Name: _____

Physical Address where student resides:

*It is the parent/guardian's responsibility to inform the school of any change to a student's address or contact information.

Check the transportation choice that is applicable to the student this school year.

- I will provide transportation to and from Ha:sañ School for my student.
- My student lives in Tucson/San Xavier and will need transportation from the address above.
- My student lives on the main reservation and will ride the Sells/West bus.
- My student resides in Tucson and I agree to pay Sun Tran fees for the monthly passes if applicable. (Parent/guardian will be required to apply for the economy card offered through Sun Tran. These economy passes are free to our students if they qualify.)

Ha:sañ Preparatory & Leadership School provides transportation for students as a service to parents and students. All school rules apply to the bus as well.

Finalized bus routes and pick-up locations will be provided prior to the beginning of the school year.

Signature of Parent or Guardian: _____ Date: ____/____/____

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McKinney-Vento Form Academic Year 2024-2025

The purpose of this form is to identify and support Ha:sañ Prep. students who may be eligible to receive services in accordance with the McKinney-Vento Act 42 U.S.C. 11435. Eligibility must be reviewed and re-evaluated every school year. The information on this form is confidential. If you have any questions or concerns, call (520)882-8826.

Student Name: _____ Date of Birth: _____

Additional Student Names/Birthdates (only if siblings live in the same household): _____

Address: _____ Contact Phone #: _____

Check the box that best describes with whom the student resides:

Parent(s)/Legal Guardian(s) _____
Legal Guardianship may be granted only by a court.

CPS/Foster Care/Group Home _____

Caregiver(s) who are not legal guardian(s) _____
Examples: friends, relatives, parents of friends, etc.

Unaccompanied Youth _____
An unaccompanied youth who meets the definition of homeless and also is not in the physical custody of a parent or guardian. Youth who are eligible under McKinney-Vento must be enrolled immediately.

Check the box that best describes the student's living situation:

Own, rent or lease home or apartment; or live in Section 8 housing or in military housing and my home has electricity and running water.

→ If you have checked the box above, STOP. You have completed the form. Please sign below.

In the home of a friend or relative because I lost my housing due to fire, flood, lost job, divorce, domestic violence, unsafe, environment, or other _____

In a shelter because I do not have permanent housing (living in a family emergency shelter, domestic violence shelter, children/youth shelter, or other _____

In transitional housing (housing that is available for a specific length of time only and is partly or completely Paid for by a church, a nonprofit organization, or another organization).

In a hotel or motel (because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, or other natural disaster)

In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location.

My home has no electricity and/or no running water.

None of the above describes my present living situation.

Briefly describe your situation: _____

This form will better assist Ha:sañ Preparatory & Leadership School in ensuring students and families receive the services for which they are eligible. The information on this form is also required by law to comply with the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. NOTE: Presenting a false record or falsifying records is an offense, and enrollment of the student under false documents subjects the person to liability tuition or other costs. (ARS Section 13-2704 and Section 39-161).

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date



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Impact Aid Survey Academic Year 2024-2025

Dear Parent and/or Guardian:

Once again it is time for our Impact Aid Survey. Impact Aid is the largest source of Federal Aid for Ha:sañ Educational Services and it is critical to providing a first-class educational environment to the students of our school. With a strong likelihood of continuing state school revenue difficulties, we need to qualify for the maximum amount of Impact Aid for which we are eligible. We can only do that with the help of everyone.

Please **fill out** all parts of this form as accurately as possible and **return** it to your school as **quickly** as you can. All information provided is confidential and used for grant purposes only.

We know you all want to do this to help your school, but we also want to give you some rewards for your efforts. **Every student who returns their form by December 17th will be entered in a drawing for one of 4 \$50 Cash Gift Cards and a Grand Prize of a \$250 Gift Card**

Finally, everyone who submits their form will receive a "Homework Pass" which will entitle that student to skip doing one homework assignment without penalty (class teacher will determine which assignments are eligible).

GENERAL INFORMATION:

Student Name: _____ Tribal I.D.#: _____

Birth Date: _____ With whom do you live? _____ Relationship _____

District or Name of Tribal Community: _____

Current Address* _____

***IMPORTANT! If you have a PO Box address, we must have a location for your house. Please enter it below.** (Road, Route, House Number, Color of house, Name of Housing Community or any other information to help find you – you may even draw a map).



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Impact Aid Survey Page 2 Academic Year 2024-2025

VERY IMPORTANT!

RESERVATION OR CASINO EMPLOYMENT INFORMATION: If parent(s) or guardian(s) work on the Reservation or for a Casino, please fill out the following (this adds to our Impact Aid).

Name of Parent/Guardian: _____ Relationship: _____

Parent/Guardian works on the reservation [] or for a tribal casino [] – please mark appropriate box.

Name of Business or Casino _____ Department _____

Address of Business or Casino: _____

For a Second Working Parent/Guardian:

Name of Parent/Guardian: _____ Relationship: _____

Parent/Guardian works on the reservation [] or for a tribal casino [] – please mark appropriate box

Name of Business or Casino _____ Department _____

Address of Business or Casino: _____

OTHER INFORMATION, QUESTIONS or COMMENTS?

(Give us your phone number if you'd like someone to contact you)

PARENT/GUARDIAN SIGNATURE*

DATE

*Note – Students 18 and over may fill out and sign form for themselves.

THANK YOU!

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____
 Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____
 City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



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Student Technology Acceptable Use Policy Academic Year 2024-2025

School Responsibility

Ha:šaň Preparatory and Leadership School provides student access to technology devices, Internet, databases, web-based educational programs, collaborative online tools, and other resources for educational and business purposes. The school has taken reasonable precautions to restrict access to materials that do not support approved educational objectives and to “harmful matter”. In this case, “harmful matter” refers to material that an average person might take offense to, and that lacks serious literary, artistic, political, or scientific value for minors. The teachers and staff will choose resources on the Internet that are appropriate for classroom instruction and/or research for the needs, maturity, and ability of their students. Ha:šaň takes no responsibility for the accuracy or quality of information from Internet sources. Use of any information obtained through the Internet is at the user’s risk.

Ha:šaň is required by the Children’s Internet Protection Act to protect students from online threats, block access to inappropriate material, and monitor Internet use by minors. Filtering and monitoring software is used by the school to ensure compliance with this legislation. Due to these requirements, there is no expectation of privacy when using school-owned devices or network resources. Ha:šaň reserves the right to access, review, copy, store, or delete any files stored on school devices or network storage, including the organization’s cloud storage. School administrators and technology personnel may review files and messages to maintain security and ensure that users are using resources responsibly. The school’s monitoring software may be used to track devices for the sole purpose of locating lost or stolen devices.

Acceptable Use

The purpose for students having access to Ha:šaň technology and Internet resources is to enhance teaching and learning. Use of another organization’s data networks (e.g. cell phone carriers) or technology resources must comply with the rules of that network as well as school user policies.

Prohibited Uses

Transmission of any material in violation of any federal or state law or school policy is prohibited. This includes, but is not limited to:

- Bullying by using information and communication technologies (Cyber Bullying).
- Defamatory, inappropriate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Advertisements, solicitations, commercial ventures, or political lobbying.
- Information that encourages the use of controlled substances or the use of the system for the purpose of inciting crime.
- Material that violates copyright laws.

Vandalism, unauthorized access, “hacking”, or tampering with hardware or software, including introducing viruses or pirated software, is strictly prohibited.

Privileges

The use of Ha:šaň devices and Internet is a privilege, not a right. Inappropriate use will result in cancellation of that privilege. The administration, teachers, and /or staff may request that the site system administrator deny, revoke, or suspend specific user access. The site system administrator(s) or school administrator may close an account at any time deemed necessary. Depending on the seriousness of the offense, any combination of the following policies/procedures will be enforced: State/Federal Education laws, school procedures, and school site discipline/network use policy.

Vandalism

Vandalism will result in cancellation of privileges. This includes but is not limited to the uploading and/or creation of computer viruses.



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Student Technology Acceptable Use Policy Page 2 Academic Year 2024-2025

Security

Security on any system is a high priority. If you feel you can identify a security problem in Ha:šaň technology, notify school administrators or the Information Technology department either in person, in writing, or via email. Do not demonstrate the problem to other users. Any user identified as a security risk of having a history of problems with other computer systems may be denied access to Ha:šaň technology resources.

Care/Return of School Devices

All technology provided by Ha:šaň is considered school property and must be returned prior to leaving the school. Please do not decorate devices or remove the label used to identify the device. While HPLS intends to loan this device for use at home, the student is expected to always keep the device with them while on campus for in-class activities. If a student fails to bring the device to school more than three times, the right to take it home will be removed until a parent meeting is scheduled to discuss the policy.

Care should be taken to maintain the equipment in the same condition it was received. **If damage does occur, it should be reported to HPLS as soon as possible.**

The parent or guardian will be responsible for the replacement cost of the technology in the event of loss of excessive damage. Chromebook-\$300

Parent Permission Required (students under the age of 18)

Please read the Student Technology Acceptable Use Policy for Ha:šaň Preparatory & Leadership School before signing the document. This is a contract that must be signed before you will be given access to Ha:šaň devices or Internet.

As the parent/guardian of (student's name) _____, I have read the terms and conditions outlined in Ha:šaň's Student Technology and Acceptable Use Policy.

I understand that this access is designed for educational purposes and Ha:šaň Preparatory & Leadership School has taken precautions to eliminate controversial materials. However, I also recognize that it is impossible for Ha:šaň Preparatory & Leadership School to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network.

If this student has access to the Internet in a setting other than school, I acknowledge that the school is not responsible for any material that the student may access.

All fields are required for the disbursement of a Chromebook.	
Student Name:	Parent/Guardian Name:
Student Grade Level:	Parent/Guardian Email:
I agree to the conditions stated above and hereby give my permission for the above named student to have access to Ha:šaň technology resources.	
Parent Signature: _____	Date: _____
School Representative: Date:	Serial # Condition



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Student Technology Acceptable Use Policy Page 3 Academic Year 2024-2025

Student Responsible Use Agreement

- I am responsible for my computer account and email account.** I understand that I should not share my passwords with anyone. I understand that I am responsible for all activities done through my account. I will not allow others to use my account name and password, or try to use that of others. I understand that I will be in violation of the law if I attempt to electronically capture another person's password. I understand that it is important to log off the computer at the end of every session so another user cannot use my password.
- I am responsible for my language.** I will use appropriate language in my email messages, online postings, and other digital communications. I will not use profanity, vulgarities or any other inappropriate language as determined by school administrators.
- I am responsible for how I treat other people.** I will use email and other means of communication (e.g. blogs, wikis, chat, instant messaging, discussion boards, etc.) responsibly. I will not send or post hate or harassing mail, make discriminatory or derogatory remarks about others, or engage in bullying, harassment, or other antisocial behaviors while in school or out of school.
- I am responsible for my use of the Ha:šaň network.** I will use school technology resources responsibly. I will not search, retrieve, save, circulate or display hate-based, offensive, or sexually explicit material. I will not search, retrieve, save or circulate images or information about weapons using any school technology resources unless authorized by school administrator/teacher as part of a school assignment.
- I am responsible for my conduct on all online sites.** I understand that what I do on social networking websites should not negatively impact the school learning environment and/or my fellow students, teachers, and administrators.
- I am responsible for being honest while I am online.** I understand that masquerading, spoofing, or pretending to be someone else is forbidden. This includes, but is not limited to, sending out emails, creating accounts, or posting messages or other online content (e.g. text, images, audio or video) in someone else's name.
- I am responsible for protecting the security of the Ha:šaň network.** I will not attempt to bypass security settings or Internet filters or interfere with the operation of the network by installing illegal software, including file sharing, shareware, or freeware, on school computers.
- I am responsible for protecting school property.** I understand that vandalism is prohibited. This includes but is not limited to accessing, modifying, or destroying equipment, programs, files, or settings on any computer or technology resource. I understand that I need authorization from a school administrator or teacher to use personal electronic devices that I bring to school, including but not limited to memory storage devices (i.e. USB drives).
- I am responsible for respecting other people's property online.** I will obey copyright laws. I will not plagiarize or use others' work without proper citation and permission. I will not illegally download materials protected by copyright, including but not limited to music and movies.
- I am responsible for following school rules whenever I publish anything online.** I will follow all guidelines set forth by the school and/or my teachers when publishing schoolwork online (e.g. to a website, blog, wiki, discussion board, podcasting or video server). I understand that I should not post any personal information about myself or others, including but not limited to: name, address, phone number, or school. I will not post photos of students with their first and last names on any online site, including but not limited to websites, social networks, blogs, wikis, and discussion forums, without the permission of the parent/guardian or student (age 18 and older).

Student Signature

Printed name

Date



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GoGuardian Letter Academic Year 2024-2025

Dear Parent or Guardian:

To help keep your child safer and more scholarly online, Ha:šań Preparatory & Leadership School has adopted online services provided by GoGuardian.

It may be helpful to know that over 10,000 other schools use GoGuardian to protect 5.5 million students across the world, and the Global Educator Institute has endorsed the GoGuardian Teacher product.

How are we using GoGuardian?

We have chosen GoGuardian Admin and GoGuardian Teacher services to:

- Help protect students against harmful and inappropriate online material
- Help students stay “scholarly” and more focused when learning online
- Help assess students’ progress towards class assignments
- Facilitating communication between teachers and students during class time

When and how does GoGuardian operate?

GoGuardian’s web-based services operate on our school’s managed G Suite for Education Chrome accounts (i.e. when a student is logged into Chrome or a Chromebook with his/her school email address).

Ha:šań Preparatory & Leadership School helps protect your child and enables teachers to use GoGuardian Teacher with students in their classes only during school hours, 8:00 AM to 3:00 PM Mon-Wed and 8:00 AM to 3:30 PM Thu.

What are the school’s responsibilities?

Ha:šań Preparatory & Leadership School selected GoGuardian services to help our students stay safer and more scholarly online. We will work with students during class time to help teach them digital responsibility and safety. Additionally, we will train teachers about how to operate GoGuardian and about our policies and procedures to help protect student privacy.

What are my parental/guardian and child’s responsibilities?

We ask that students use their school-managed Google accounts and school-managed devices for educational purposes within the boundaries of Ha:šań Preparatory & Leadership School’s Technology Acceptable Use Agreement.

When a student is off campus, parents are responsible for supervising internet access and usage. We encourage you to discuss rules for appropriate internet usage with your child, and to reinforce lessons of digital citizenship and safety with him or her. We also highly encourage you to report any potential cyberbullying or other sensitive issues to us.

How does GoGuardian help protect my child’s privacy?

To help your child remain scholarly and safe online, GoGuardian collects certain personally identifiable information about your child. GoGuardian has consulted with privacy experts, participates in privacy organizations, is a proud signatory of the Student Privacy Pledge, and has been awarded certifications by iKeepSafe for complying with both the Family Education Rights and Privacy Act and California student privacy laws. For more detailed information about GoGuardian, you may visit GoGuardian’s website, Trust & Privacy Center, and GoGuardian’s Product Privacy Policy. We are here to answer any questions that you may have.

Ha:šań Preparatory & Leadership School

1333 East 10th Street, Tucson, AZ 85719 | Phone: (520)882-8826 | Fax: (520)882-8651 | email: schoolinfo@hasanprep.org

The school will not discriminate on the basis of race, color, national or ethnic origin, religion, gender, disability, or sexual orientation in administration of its educational policies, scholarships, loans, tuition remission, fee waivers, educational programs, athletics, or extracurricular activities.



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ 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)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ 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.



Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most of the time*?

2. What language does the student speak *most of the time*?

3. What language did the student *first* speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

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

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 05-2023)



State of Arizona

Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

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: _____

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
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ 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)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this ___ day of _____, 20___,
By _____

My Commission Expires:

Notary Public



Academic Achievement

Alternative Form for Income-based Eligibility

The Arizona Department of Education provides the following Fiscal Year 2025 Income Guidelines for determining income eligibility for a variety of federal funding programs. This form should be utilized as an alternative means to collect income eligibility information from the student's household and organizations should retain completed forms for a period of five years.

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, worker's compensation, aid for dependent children, alimony, child support, pensions, insurance, or annuity payments, etc.

Exclusion: the value of meals, milk, or EBT benefits to children shall NOT be considered income in the household.

Is your household at or below the current income guidelines based on the attached Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act Income Eligibility Guidelines schedule?

Yes, Income Eligibility 1 (Indicator 1 in AZEDS):

Yes, Income Eligibility 2 (Indicator 2 in AZEDS):

No:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If your household qualifies, please complete the following information for each student:

<u>Student's Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature: _____ Date: _____



Academic Achievement

Income Eligibility Guidelines: July 1, 2024- June 30, 2025

<u>Income Eligibility 1</u>					<u>Income Eligibility 2</u>						
HOW OFTEN INCOME WAS RECEIVED					HOW OFTEN INCOME WAS RECEIVED						
Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly	Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	\$19,578	\$1,632	\$816	\$753	\$377	1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$26,572	\$2,215	\$1,108	\$1,022	\$511	2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$33,566	\$2,798	\$1,399	\$1,291	\$646	3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$40,560	\$3,380	\$1,690	\$1,560	\$780	4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$47,554	\$3,963	\$1,982	\$1,829	\$915	5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$54,548	\$4,546	\$2,273	\$2,098	\$1,049	6	\$77,626	\$6,469	\$3,235	\$2,966	\$1,493
7	\$61,542	\$5,129	\$2,565	\$2,367	\$1,184	7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$68,536	\$5,712	\$2,856	\$2,636	\$1,318	8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
Each Additional Member Add:	+\$6,994	+\$583	+\$292	+\$269	+\$135	Each Additional Member Add:	+\$9,953	+\$830	+\$415	+\$383	+\$192

If all income is received on the same schedule
 Example: alimony = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

If family reports income sources from more than one schedule
 Example: alimony = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Yearly Income = Monthly x 12
 Yearly Income = Twice Per Month (Bi-Monthly) x 24
 Yearly Income = Every Two Weeks (Bi-Weekly) x 26
 Yearly Income = Week x 52

DO NOT round the values resulting from each conversion