Enrollment Information for
Ha:sañ Preparatory and Leadership School
Academic Year 2020-2021

Mission Statement for Ha:sañ Preparatory and Leadership School:
Ha:sañ Preparatory and Leadership School is designed to serve as an academically rigorous, bicultural, and community based high school dedicated to increase achievement for below grade level Native youth. By infusing all aspects of the educational experience with elements of the Tohono O’odham Language, traditions and Native history, the school nurtures individual students, helping them become strong and responsible contributors to their communities.

You can enroll your students in Ha:sañ Preparatory and Leadership School by visiting us at:
1333 E.10th Street Tucson, AZ
(N.W. Corner of 10th St. & Highland)
Applications are available at Ha:san and can be downloaded from our website at ---> www.hasanprep.org.

When you enroll your student, please include these important documents with the completed application:
1. Transcripts from former school or 8th grade certificate of promotion.
2. Student’s birth/baptismal certificate
3. Student’s social security number
4. Student’s tribal enrollment card/census number
5. Current Immunization records verified by health official
6. Health insurance coverage information
7. Name and phone numbers for us to contact in case of student emergency
8. Proof of Arizona residency (e.g. State issued ID, rent or utility bill, documentation from a state, tribal or federal government agency)

Our regular hours of operation are: Monday through Friday 8:30 am -4:30 pm. Submit applications in person, by mail, fax or email (preferred)

** Ha:sañ administration strongly recommends that new students schedule a campus visit. Please call and make an appointment for a campus tour.

** Ha:sañ currently has openings for the 2020-2021 academic year in all grade levels 9th – 12th

For additional information please contact us at:
(520) 882-8826 or 1-888-84-HASAN (42726)
www. hasanprep.org
ENROLLMENT CHECKLIST

STUDENT NAME: ________________________________

Student Enrollment Application Completed and Signed by Parent/Guardian
☐ Release of Records
☐ Medical History/Treatment Consent
☐ Field Trip Permission
☐ Publicity Release/Survey Consent
☐ Sponsor Commitment
☐ Student Check Out List
☐ PHLOTE Form
☐ Arizona Residency Documentation Form
☐ Title VII Student Eligibility Certification
☐ Student Internet Acceptable Use Agreement

Student Supporting Documents (Copies of Student’s)
☐ Previous School Transcripts or Copy of 8th Grade Diploma or Certificate of Promotion
☐ Birth/Baptismal Certificate
☐ Social Security Card
☐ Tribal Enrollment Card/Census Number
☐ Current Immunization Records verified by health official
☐ Tribal Health Number or Private Insurance Coverage
☐ Arizona Residency Documentation Form (ie: State ID, lease, mortgage, utility bill, letter from DES or state agency)

DATE: ___________________________ SCHOOL OFFICIAL INITIALS: ________________

NOTES:

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Student Enrollment Application

Student Data

Gender: Circle one
Male Female

Legal
Name: ____________________________

Physical
Address: ____________________________

Village or City State Zip code

Mailing
Address: ____________________________

P O Box/Street City State Zip code

Mailing Address 2: ____________________________

P O Box/Street City State Zip code

Contact Email: ____________________________

Home Phone: ______________ Cell Phone: ______________ State/Country of Birth: ______________

Social Security Number: ____________________________ Tribal ID Number: ____________________________ Birthdate: ______________

Check all that apply

<table>
<thead>
<tr>
<th>Family Data</th>
<th>Has Legal Custody</th>
<th>Student Lives With</th>
<th>May Sign For</th>
<th>Place of Employment</th>
<th>Work Phone #</th>
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<tr>
<td>Father's Full Name</td>
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<td>Emergency Contact's Full Name/Relation</td>
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Names and ages of siblings: ____________________________

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1. What is the primary language used in the home regardless of languages spoken by the student?

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

3. What is the language that the student first acquired?

**Student Special Needs** (Check any applicable designation)
- [ ] None
- [ ] Multiple Handicapped
- [ ] Speech Handicapped
- [ ] Gifted & Talented Program
- [ ] Visually Handicapped
- [ ] Hearing Handicapped
- [ ] Learning Disabled
- [ ] Emotionally Handicapped
- [ ] Chronic Illness
- [ ] Physically Handicapped
- [ ] Mental Retardation

Needs Help in: 

Special Placement in: 

other: 

**Previous School History**

Student's Name: ___________________________ Date of Birth: ______________

Last School/District Attended: ___________________________ Grade: __________

Address (if available): ___________________________

Dates Attended: from: __________ to: __________

**Student Conduct History**

Has student ever been expelled from school?  [ ] Yes [ ] No

Has student ever been suspended from school?  [ ] Yes [ ] No

If yes: From What School: ___________________________

Reason: (Admission of previous expulsions and suspensions will require Governing Board approval):

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

Signature of Parent or Guardian: ___________________________ Date: ______________

Signature of School Official: ___________________________ Date: ______________
Military Connected Student

Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps or Coast Guard? (circle one)  YES  No  Decline to Answer

Is the student a dependent full time member of the AZ National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps. or Air Force).  YES  No  Decline to Answer

Transportation Needs

Physical address where the student will live during the school year:

*It is the Parent/Guardian's responsibility to inform the school when their student has a change in address or contact phone numbers.

Check which of the following is applicable for your student during the school year:

☐ I will provide transportation to and from Ha:sa:n School for my child.

☐ My child lives in Tucson/San Xavier and will need transportation from the address above.

☐ My child lives on the main reservation and will ride the Sells Bus.

☐ Sells Bus Stop  ☐ Hwy 86 Bus Stop location: ________________________________

☐ My child lives in Tucson and I agree to pay Sun Tran Fees for the monthly passes. (Parents/guardians 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:sa:n School provides transportation for students as a service to parents and students. School rules apply to the bus.

Signature of Parent or Guardian: __________________________________________  Date: __________________

Signature of School Official: ___________________________________________  Date: __________________
Release Of Records

For HPLS office use only:

ALL EDUCATIONAL RECORDS ARE REQUESTED INCLUDING:

☐ Academic    ☐ Health Immunization    ☐ Psychological    ☐ Special Education
☐ Test Scores    ☐ Discipline Records

FOR: Student's Name: ___________________________ Date of Birth: ______________

FROM: Last School Attended: ___________________________ Grade: ______

Address: ____________________________________________

Dates Attended: from: _______________ to: ________________

__________________________
Signature of Parent or Guardian Date

All confidential data will be maintained as such.
It will not be transferred to any person/agency without parental consent.
Parents will have access to all student records.

__________________________
Signature of School Official Date

Please release all indicated records to:
Hasañ Preparatory & Leadership School
1333 East 10th St
Tucson, AZ 85719
Voice: 520.882.8826
Fax: 520.882.8651
jhonahni@hasanprep.org
Medical History / Treatment Consent

Student Name: ____________________________________________

Last  First  Middle

MEDICAL HISTORY

A. PREVIOUS: ☐ Measles  ☐ Mumps  ☐ Chicken Pox  ☐ T.B. or Contact
☐ Other/Operations(Explain): __________________________________________

B. CURRENT: (Please list treatment or medication being taken)

[Blank Lines]

Asthma: __________________________ Heart Condition: __________________

Glasses/Contacts: __________________________ Scoliosis: __________________

Ear Infections: __________________________ Hearing Loss: __________________

Diabetes: __________________________ Convulsive Disorder: __________________

Allergies: __________________________ Other: __________________

Hasaŋ Staff has my permission to dispense prescribed medication that I will provide to the school. All medication will be taken to the Office and may not be carried by students on campus.

Name of Medication: __________________________ Dosage: ___________ Take at: ________

C. RESTRICTIONS: ☐ P.E. Restriction ☐ Yes ☐ No

Students will participate in daily exercises and/or walking field trips. Please list any conditions that may restrict or limit your student’s participation in these events such as: broken bones, pins, screws, plates, etc.

D. NOTIFICATION: It is the parent/guardian’s responsibility to notify the school of any changes to the student’s current physical condition. This may be done by a doctor’s verification statement or a parent/guardian’s note describing the change in condition.

E. INSURANCE: Indian Health Service #(HRN): __________________________

Insurance Company: __________________________ Family Physician: __________________________

Address: __________________________ Phone No.: __________________________

MEDICAL CONSENT AND TREATMENT I hereby consent and agree to the following: (A) In the event that my child should, for any reason, require medical or surgical treatment and/or medication while they are at Hasaŋ Preparatory and Leadership School or on a Hasaŋ School related field trip, I authorize physicians or medical staff designated by the school staff to administer necessary treatment or to take my child to the emergency room of the nearest hospital. The hospitals’ medical staff may provide treatment deemed necessary for the well being of my child. I will be contacted immediately by phone at the numbers I provided should any medical concern arise. (B) Hasaŋ staff has my permission to provide aspirin or non-aspirin, Neosporin, band-aids and cough drops to my child as may be needed while he/she is at school or on a school field trip.

__________________________  __________________________
Signature of Parent or Guardian  Date

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Field Trip Permission

Student Name: ______________________________________

Last    First    Middle

The student named above has my permission (A) to go on walking field trips with supervision by school personnel to areas in walking distance of Hasaň (B) to go on trips in school vehicles driven by school personnel within Tucson city limits; (C) to go on field trips outside of the Tucson City limits during school hours. For trips planned for outside of the Tucson City limits and outside of the regular school hours a written parental permission will be required. I understand that Hasaň School’s main office will always know where my student is. Should additional permission be needed for school-related transportation, I understand Hasaň School will send permission slips to me and it will be my responsibility to sign and return them. In the event I am unable to return a signed permission slip but would still like the student named above to go on the field trip, I will contact Hasaň School by phone and my verbal permission (or that of another parent/legal guardian) will give my student the same permission as a signed permission slip.

I hereby consent and agree to the following:

I will take such measures as I feel are advisable to determine that my child’s physical condition is suitable for both walking field trips and trips in and out of Tucson. I will either pay any medical bills arising from any injury suffered by my child during any trips or make a claim for my medical insurance to pay.

Neither my child nor I will hold Hasaň Preparatory & Leadership School or its staff members liable for medical expenses. In consideration of Hasaň Preparatory & Leadership School allowing my child to participate in field trips as described on this form, I hereby agree to indemnify, release, defend and hold harmless Hasaň School and its employees for any expense of liability they suffer as a result of injuries suffered by my child while participating in these trips unless such injury is due to gross negligence on the part of any of those entities or individuals.

I understand that Hasaň School personnel will always exercise reasonable care to insure the safety and well being of my student.

_________________________________________    _____________
Signature of Parent or Guardian            Date

_________________________________________    _____________
Signature of School Official            Date

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Publicity Release & Survey

Student Name: __________________________________________  Last  First  Middle

A.  Ha:sañ Preparatory & Leadership School will participate in publicity/media events that will benefit the School and or the students of Ha:sañ. Students and staff may be videotaped/filmed, voice recorded, taped, posted on web page, and/or photographed. In order to meet deadlines or time sensitive events, a signed copy of this consent will be kept on file during the student's enrollment at Ha:sañ Preparatory & leadership School. The consent will be null and void once the student is no longer a Ha:sañ student.

B.  Throughout the year Ha:sañ School will conduct or be required to participate in various forms of data collection, including but not limited to surveys for: opinion polls, school improvement, funding, federal and state required surveys, student surveys, and health surveys.

Ha:sañ School encourages student participation in all events benefiting the school and/or students. The student's participation in the publicity/media events and surveys are strictly voluntary.

I, being the parent and/or legal guardian of the student named above, hereby consent to my student participating in any public or media event that is authorized by the Director and/or Governing Board.

I also consent to have my student participate in any surveys that are authorized by the Director and/or Governing Board of Ha:sañ. I do understand that I will be given the opportunity to withdraw my consent from a particular event or survey that I feel is not in my student's best interest.

I have read and do understand the information of this consent form:

______________________________   _______________________
Signature of Parent or Guardian      Date

______________________________   _______________________
Signature of School Official        Date

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HPLS Official Student Check Out List

Please fill out this form to help maintain accurate school records.

Student name: ________________________________

Date of birth: ________________

Parent/Guardian or Sponsor name and phone number:

Name: ____________________________ Phone: ____________________________

Student Check-out List: (Please list adults, 18 yrs. or older, who are able to check out your student other than parent or guardian)

_____ My student is 18 years or older and has permission to check him/herself out when applicable, I (parent/guardian) will give prior notice to school administration if this form of check out needs to occur.

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

Name (Primary):

Relationship:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:
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 01-2020)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas
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
___ 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/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.
Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 ______

(As shown on school enrollment records)

Name of School ____________________________

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: ____________________________

(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child’s Parent _____ Child’s Grandparent

Name of tribe or band for which individual above claims membership: ____________________________

The Tribe or Band is (select only one):

_____ Federally Recognized

_____ State Recognized

_____ Terminated Tribe (Documentation required. Must attach to form)

_____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) ____________________________ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) ____________________________

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name ___________________________ Address ___________________________

City ___________________________ State ____ Zip Code ______

**ATTERTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian ___________________________ Signature ___________________________

Address ___________________________ City ___________________________ State ____ Zip Code ______

Email Address ___________________________ Date ___________________________
INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subparagraph, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency is eligible for assistance under this subparagraph, and that otherwise meets the requirements of subsection (b)."

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA’s school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: 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 and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child’s parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. 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. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- Federally Recognized- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- State Recognized- an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- Terminated Tribe- a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- Organized Indian Group- 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child’s eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address 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.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

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 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.
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.
The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- **Consent** before students are required to submit to a survey that contains one or more of the following protected areas (“protected informational survey”) if the survey is funded in whole or in part by a program of the US Department of Education (ED):
  1. Political affiliations or beliefs of the student or student’s parent;
  2. Mental or psychological problems of the student or student’s family;
  3. Sex behavior or attitudes;
  4. Illegal, anti-social, self-incriminating, or demeaning behavior;
  5. Critical appraisals of others with whom respondents have close family relationships;
  6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
  7. Religious practices, affiliations, or beliefs of the student or parents; or
  8. Income, other than as required by law to determine program eligibility.

- **Receive** notice and an opportunity to opt out of —
  1. Any other protected information survey, regardless of funding;
  2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student except for hearing, vision, scoliosis screenings, or any physical exam or screening permitted or required under State law; and
  3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute information to others.

- **Inspect** upon request and before administration or use —
  1. Protected information surveys of students;
  2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
  3. Instructional materials used as part of the educational curriculum.

These rights transfer from the parents to a student who is 18 years old or an emancipated minor under State law.

Parents who believe their rights have been violated may file a complaint with:
Family Policy Complaint Office
US Department of Education
400 Maryland Ave SW
Washington DC 20202-5901

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