



Blackwater Community School

"Quality Education Begins Here"



Welcome to Blackwater Community School!

We are thrilled to open our doors and welcome back students. As we emerge from the months of uncertainty created by the COVID-19 Pandemic, we are grateful for the never-ending support from our community. Teachers, paras, administration, cafeteria workers, and bus drivers alike are looking forward to seeing all of the returning and new faces!

The first day of school is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. As wonderful as this new experience may be, it can also be quite stressful for the young child. New situations and change can, at times, be unsettling for all of us. For many children this may be their first experience of separation from parents or caregivers at home. There it is common for even the most outgoing child to be anxious the first day of school.

We have provided a few suggestions for assisting your child during this time. Remember our Staff members will be available to provide support and assistance in assuring that your child's first school experience is a happy one.

- Prepare your child for the new school experience by explaining what to expect. Answer all questions directly and honestly.
- Convey a positive attitude. Young children are aware of your feelings. Your enthusiasm will assure the child that school can be a fun and exciting place.
- Establish a routine involving both the night before a school day as well as morning preparation. Rituals and routines will add predictability and are comforting in unfamiliar situations.
- Clearly state to your child where you will be and when he/she will return. It may also be helpful to discuss what will happen when you are reunited.
- Maintain a clear good-bye routine. This may include warning the child you are leaving in 3 minutes, a kiss or hug, or a wave from the window. Once you tell your child you are leaving, it is important to follow through. Extending the good-bye with, "okay just one more kiss, and then I really have to go" tends to heighten anxiety rather than relieve it. Avoid sneaking out, as this seems to encourage children to become less trusting and makes the second day of school even harder.

We are very honored that you chose Blackwater Community School and vow to do our best to educate your child academically, emotionally, and culturally. Please know we are here to help make the first day of school a happy transition and we look forward to an exciting and fun year.

Jack Sharma

Principal

Blackwater Community School
Akimel O’Otham Pee Posh Charter School’s, Inc.
.....**“Quality Education Begins Here”**
BYk `Student Pre-Enrollment & Enrollment Form
2020– 2021

THIS INFORMATION IS FOR THE USE OF THE SCHOOL STAFF ONLY.
ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

PLEASE PRINT

Student Name: _____ Home Phone: _____
 First Middle Last

Legal Last Name if Different from above: _____

Sex: Male Female Date of Birth: _____ Birth Place: _____

Tribal Enrollment #: _____ Child’s # Parent’s # Tribal Affiliation: _____

Mailing Address: _____
 Street/Rural Route/P.O. Box City State Zip Code

Physical Address: _____ District #: _____

E-mail Address: _____ Would you like to be contacted via e-mail? Yes No

Has student ever attended Blackwater Community School? Yes No If Yes: Year _____ Grade _____

Last School Attended: _____ Grade: _____ Date Withdrawn: _____

EMERGENCY CONTACT:

Contact Name: _____ Phone Number: _____

Address: _____

In case of an emergency, my child may be taken to Hu Hu Kam Memorial Hospital: Yes No Hospital #: _____

PHYSICAL DESCRIPTION AND ADDRESS OF THE LOCATION OR RESIDENCE WHERE YOUR CHILD WILL BE:

PICKED UP BEFORE SCHOOL: _____

DROPPED OFF AFTER SCHOOL: _____

Boys & Girls Club Only:..... Picked up by parent at Club Go Into Club Walk Home from Club

Race/Ethnic Background:

American Indian or Alaskan Native Black or African American Asian White
 Native Hawaiian or other Pacific Islander Other

Mark if Applicable:

<input type="checkbox"/> Gifted Program	<input type="checkbox"/> Multi-Handicapped	<input type="checkbox"/> Visually Handicapped
<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Emotionally Handicapped
<input type="checkbox"/> Physically Handicapped	<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Speech Handicapped
<input type="checkbox"/> Needs Help In _____		<input type="checkbox"/> Other

Family Data					
Name of Parent or Guardian	Last	First	Student lives with	Place of Employment	Phone Number
Father					
Mother					
Legal Guardian					

Names of Other Children in Household:

Name: _____ D.O.B.: _____ Male Female

Name: _____ D.O.B.: _____ Male Female

Name: _____ D.O.B.: _____ Male Female

Name: _____ D.O.B.: _____ Male Female

Name: _____ D.O.B.: _____ Male Female

PHLOTE - Primary Home Language Other Than English: (Check One)

What is the primary language used in the home regardless of the language spoken by the student? English Spanish Other _____

What is the language most often spoken by the student? English Spanish Other _____

What is the language that the student first acquired? English Spanish Other _____

By signing this form, I acknowledge that I have provided up to date information to the school. I also understand, that should any of this information change, I will notify the school of these changes.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

SY **20/21** Entry Date: _____ Withdrawal Date: _____ Re-Entry Date: _____

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> C.D.I.B. | <input type="checkbox"/> Legal Documents |
| <input type="checkbox"/> Enrollment Form | <input type="checkbox"/> Release of Student Form | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Medical Forms |
| <input type="checkbox"/> Request for Transcripts | <input type="checkbox"/> PHOLOTE Survey | <input type="checkbox"/> Student Services | <input type="checkbox"/> Parent Compact |
| <input type="checkbox"/> Title VII 506 Form | <input type="checkbox"/> AZ Residency | <input type="checkbox"/> Handbook Agreement Form | <input type="checkbox"/> ISEP Language Form |
| <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> Technology Agreement | <input type="checkbox"/> Uniform Agreement | |

Bus Route:

East Blackwater West Blackwater Sacaton Flats East Sacaton Boys & Girls Club

Reviewed By: _____ Date: _____ Administrative Review: _____ Date: _____

Blackwater Community School
Akimel O’Otham Pee Posh Charter Schools, Inc.

“Quality Education Begins Here”

Permission to Release Child/Emergency Contact

2020- 2021

Besides the parent/guardian, the following person(s) can be called in case of an emergency. I give Blackwater Community School permission to release my child to the following person(s) on my behalf. Contact and check out person (s) must be 18 years or older.

Please Print legibly.

Student _____

1.	Name _____	Cell _____	_____
	Relationship _____	Home _____	_____
		Work _____	_____
2.	Name _____	Cell _____	_____
	Relationship _____	Home _____	_____
		Work _____	_____
3.	Name _____	Cell _____	_____
	Relationship _____	Home _____	_____
		Work _____	_____
4.	Name _____	Cell _____	_____
	Relationship _____	Home _____	_____
		Work _____	_____
5.	Name _____	Cell _____	_____
	Relationship _____	Home _____	_____
		Work _____	_____
6.	Name _____	Cell _____	_____
	Relationship _____	Home _____	_____
		Work _____	_____
7.	Name _____	Cell _____	_____
	Relationship _____	Home _____	_____
		Work _____	_____
8.	Name _____	Cell _____	_____
	Relationship _____	Home _____	_____
		Work _____	_____

I fully understand when my child is released to the above person(s), Blackwater Community School is relieved of all responsibilities for the care and safety of my child. MY CHILD WILL NOT BE RELEASED TO ANYONE WHOSE NAME IS NOT ENTERED ON THIS SHEET UNLESS THE SCHOOL IS FOUND LEGALLY OBLIGATED TO DO SO. I ALSO UNDERSTAND THAT CHANGES MUST BE IN WRITING TO THE SCHOOL. PICTURE I.D. WILL BE REQUIRED BY THE OFFICE STAFF.

Parent /Guardian Signature: _____ Date: _____

Bus Pick up/ Drop off

Student _____

GL _____

Date _____

Route 1- East Blackwater

<p>Please check one of the following:</p> <ul style="list-style-type: none"> • Chin Rd. • Sun Mic Voak • E. Hu Hu Kam Rd. • Tamarack Rd. • W. Hu Hu Kam Rd. • Butterfield Circle • Skousen Rd. 	<ul style="list-style-type: none"> • Aki Lane • Ba'ag St. • Oithdak Rd. • Roadrunner Ln. • E. Dove Rd. • W. Dove Rd. • Evans St. • Toki Rd. 	<ul style="list-style-type: none"> • Blue Water Well Rd. • Hokomal St. • Quail Rd. • Squawbush Rd. • Fire Station Rd. • Greasewood Ln. • E. Blackwater School Rd. • W. Blackwater School Rd. 	Physical Address/ Description:
			Please check one of the following: <ul style="list-style-type: none"> • AM ONLY • PM ONLY • AM & PM

Route 2- West Blackwater

<p>Please check one of the following:</p> <ul style="list-style-type: none"> • Havalina/Devil's Claw St. • Ush Keh Court • Barrel Cactus • Sparrow Circle South/ Qui St. • Devil's Claw Crt. • Sage Brush South/ Qui St. • Sparrow Circle South 	<ul style="list-style-type: none"> • Sage Brush/ Devil's Claw St. • Redtail Hawk Rd. • Sparrow Circle North/ Hummingbird • Sparrow Circle North • Sage Brush North/ Hummingbird • Sparrow Rd. • Sparrow Circle North/ Willow St. 	<ul style="list-style-type: none"> • Windmill Rd. • Arrowweed Rd. • Peachtree Rd. • Baptist Church/ Vechij Vohg Rd. • HWY 87/ Lateral Lane • Bamboo St. • Century Lane 	Physical Address/ Description:
			Please check one of the following: <ul style="list-style-type: none"> • AM ONLY • PM ONLY • AM & PM

Route 3- Sacaton Flats

<p>Please check one of the following:</p> <ul style="list-style-type: none"> • Cemetery Rd. • Vajikut St. • Park St. • Park St/ Mish-Ki Rd. • W. Sacaton Flats Rd. 	<ul style="list-style-type: none"> • S. Mish- Ki Rd. • Community St. • Sacaton Flats/ Mish- Ki Rd. • N. Mish- Ki Rd. • Olberg Rd. 	<ul style="list-style-type: none"> • Cardenas Circle • S. Sacaton Flats Rd. • HWY 87/ 4 Mile Post Rd. • N. Mawid St. • N. Mawid/ Siflic Street • S. Mawid St. 	Physical Address/ Description:
			Please check one of the following: <ul style="list-style-type: none"> • AM ONLY • PM ONLY • AM & PM

Route 4- East Sacaton

<p>Please circle one of the following:</p> <ul style="list-style-type: none"> • Vestthap Circle • Laurel Rd. • Seed Farm Rd. • E. Thobi St. • Pima St. • S. Main St. • W. Thobi St. • N. Main St. • E. Sacaton Rd. • Calendar Circle • Casa Grande Rd. 	<p>Physical Address/ Description:</p> <hr/> <p>Please circle one of the following:</p> <ul style="list-style-type: none"> • AM ONLY • PM ONLY • AM & PM
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Route 5 & 6- Sacaton Boys & Girls Club

<p>Please circle one of the following:</p> <ul style="list-style-type: none"> • Club (Student to go inside) • Parent Pick Up or Club • Parent Pick Up • Parent Pick Up or Walk home • Walk Home • Walk or Club <p style="color: red;">Students under 10 years of age will not be allowed to walk home unless accompanied by a 10+ year old student or an adult.</p>	<p>Physical Address/ Description:</p> <hr/> <p>Please circle one of the following:</p> <ul style="list-style-type: none"> • AM ONLY • PM ONLY • AM & PM
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Office Pick Up & Drop Off

<p>Please circle the applicable choice:</p> <ul style="list-style-type: none"> • AM Office Drop off • PM Office Pick up • Student will be dropped off and <p style="color: red;">Drop off time begins at 7:30 am; Students are considered tardy at 8:00 am. Pick up is at 3:15 pm on regular days, 1:00 pm on early release days. Attendance for those that leave prior to these times will express early departures.</p>	<p>Physical Address/ Description:</p>
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<p>If AM & PM Stops are on the same route but are different locations, please specify here:</p> <p>AM Pick up Location _____</p> <p>PM Drop off Location _____</p>
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Bus notes must be called in prior to 10:00 am. Students will not be pulled from a bus once loaded; if you choose to pick up your student and have not called in a bus note, you must be physically in the front office prior to dismissal.

Signature _____ Date _____

**Blackwater Community School
Akimel O’Otham Pee Posh Charter School
“Quality Education Begins Here”
3652 E. Blackwater School Rd., Coolidge AZ, 85128
Phone: (520) 215-5859 Fax: (520) 215-5862**



Request for Student Records **SY 2020/2021**

Students Name: _____

Date of Birth: _____

Arizona SAIS#: _____

Enrolled in Grade: _____

Last School Attended: _____

School Address: _____

Parent/ Guardian Signature: _____

Please Include:

1. **Date of Withdrawal**
2. **Medical and Immunization Records**
3. **All Assessment Results**
4. **Psychological Reports**
5. **Academic Progress Reports**
6. **Any Discipline/Behavioral Documentation**
7. **Other pertinent information regarding the health, welfare and educational progress of the student.**

Student Records
Blackwater Community School

1st Request

2nd Request



July 2020						
Sun	Mo	Tue	We	Thu	Fri	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22^	23	24	25
26	27	28	29^	30	31	

August 2020						
Sun	Mo	Tu	We	Th	Fri	Sat
						1
2	3	4	5^	6	7	8
9	10	11	12^	13	14	15
16	17	18	19^	20	21	22
23	24	25	26^	27	28	29
30	31					

September 2020						
Su	Mo	Tu	We	Th	Fri	Sat
		1	2^	3	4	5
6	7	8	9^	10	11	12
13	14	15	16^	17	18	19
20	21	22	23^	24	25	26
27	28	29	30			

October 2020						
Su	Mo	Tu	We	Th	Fri	Sat
				1^	2^	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21^	22	23	24
25	26	27	28^	29	30	31

November 2020						
Sun	Mo	Tu	We	Th	Fri	Sat
1	2	3	4^	5	6	7
8	9	10	11	12	13	14
15	16	17	18^	19	20	21
22	23	24	25+	26	27	28
29	30					

December 2020						
Su	Mo	Tu	We	Th	Fri	Sat
		1	2^	3	4	5
6	7	8	9^	10	11	12
13	14	15	16^	17^	18+	19
20	21	22	23	24	25	26
27	28	29	30	31		



2020

2021

"Quality Education Begins Here"

SPECIAL DATES

All Teacher In-Service
All Staff Return
First Day of School
GRIC In-service (No School)
40th Day of School
Community Luncheon
All Staff In-service
100th Day of School
Last Day of School
Summer School

July 16-21
July 20
July 22
August 14
September 17
November 25
January 4
January 15
May 28
June 1-June 24

January 2021						
Sun	Mo	Tu	We	Th	Fri	Sat
					1	2
3	4	5	6^	7	8	9
10	11	12	13^	14	15	16
17	18	19	20^	21	22	23
24	25	26	27^	28	29	30
31						

February 2021						
Sun	Mo	Tu	We	Th	Fri	Sat
	1	2	3^	4	5	6
7	8	9	10^	11	12	13
14	15	16	17^	18	19	20
21	22	23	24^	25	26	27
28						

March 2021						
Sun	Mo	Tu	We	Th	Fri	Sat
	1	2	3	4^	5^	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24^	25	26	27
28	29	30	31^			

April 2021						
Sun	Mo	Tu	We	Th	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28^	29	30	

May 2021						
Sun	Mo	Tue	We	Th	Fri	Sat
						1
2	3	4	5^	6	7	8
9	10	11	12^	13	14	15
16	17	18	19^	20	21	22
23	24	25	26^	27	28+	29
30	31					

June 2021						
Sun	Mo	Tue	We	Th	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

HOLIDAYS (observed)

Independence Day
Labor Day
Native American Day
Veterans Day
Thanksgiving
GRIC Water Rights Day
Christmas Day
New Year's Day
Martin Luther King Day
Presidents Day
Easter Break
Memorial Day

July 4 (School Out on July 3)
September 7
September 21
November 11
November 26-27
December 10
December 25
December 31
January 18
February 15
April 2-5
May 31

Parent-Teacher Conferences
October 1-2
December 16-17
March 4-5

Early Release 1:00 pm & Reports Cards Issued

SCHOOL BREAKS

Fall Break
Winter Break
Spring Break

October 5-October 16
December 21-January 4
March 8-March 19

ACADEMIC QUARTERS

1st Quarter (50 days)
2nd Quarter (41 days)
3rd Quarter (42 days)
4th Quarter (48 days)

July 22-October 2
October 19-December 18
January 5-March 5
March 22-May 28

^ EARLY RELEASE AT 1:00 pm
Every Wednesday/P&T Conferences/Last Day of School
Green boxes indicate students return

+ EARLY RELEASE AT 12:00 pm



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language 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 Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter Akimel O'Otham Pee Posh Charter

School Blackwater Community School

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.
In SAIS, please indicate the student's home or primary language.

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

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 _____

ATTESTATION 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 subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, 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: 07/31/2019.



**Arizona Department of Education
Arizona Residency Guidelines
9/22/11**

INTRODUCTION

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education (“Department”) is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils. The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student’s residency status may be required to repay the state aid received for that student.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter’s annual registration process via the district or charter’s annual registration form. The documentation supporting Arizona residency should be maintained according to the school’s records retention schedule.**

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent/legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family’s household is multi-generational. Different documentation is required for each circumstance.

1. Parent(s) or legal guardian(s) that maintains his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian’s full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver’s license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid United States passport
- Property deed

- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

2. Parent(s) or legal guardian(s) that does not maintain his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit bearing the name and address of the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list above bearing the name and address of the person who maintains the residence. A model affidavit is available for schools at: <http://www.azed.gov/finance/files/2011/10/arizona-residency-guidelines.pdf>.

USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indicia of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____

School Blackwater Community School

School District or Charter Holder: Akimel O'Otham Pee Posh Charter School

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 U.S. passport
- ___ 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



State of Arizona
Affidavit of Shared Residence

I 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 U.S. passport
- ___ 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.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

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

Notary Public

My Commission Expires:

Blackwater Community School Uniform Requirements

Boys

1. A solid color light blue, navy, or teal collared polo shirt
2. Khaki, navy blue, black, or denim (blue) shorts/slacks. Shorts/slacks will fit at the waist. Pockets should be flat
3. **No tight fitting or baggy, oversized attire. No designer stitching. No extended pockets. No corduroy pants, cargo pants, or sweat pants.**



Girls

1. A solid color light blue, navy, or teal collared polo shirt
2. Khaki, navy blue, black, or denim (blue) shorts/slacks/skirts/jumpers/capris/skortts. Clothing will fit at the waist. Pockets should be flat
3. **No tight fitting or baggy, oversized attire. No designer stitching/ decorations. No extended pockets. No corduroy pants, cargo pants, or sweat pants.**



**Blackwater Community School
Akimel O’Otham Pee Posh Charter School
“Quality Education Begins Here”**



**Language Development: Restoration & Enhancement Program
Parental Notification and Consent Form
SY 2020/ 2021**

As defined and regulated under the Indian School Equalization Program (ISEP), Blackwater Community School’s Language Development Program supports the reintroduction of the Akimel O’odam language and culture throughout the school. All students in grades preschool through fifth grade are eligible for services. The Culture Language Program is integrated into all classes as a weekly special.

I, _____, parent/guardian of _____,
grant Blackwater Community School permission to include my child in the
Language Development Program.

Parent/Guardian Signature

Date

Teacher’s Signature

Date

Blackwater Community School

"Quality Education Begins Here"

SY 2020- 2021

STUDENT SERVICES QUESTIONNAIRE

Student Name: _____ Grade: _____

1. Did your child receive any special help at his/her last school?

- | | |
|---|---|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Help to improve attendance |
| <input type="checkbox"/> Help to improve behavior | <input type="checkbox"/> 504 Accommodations |
| <input type="checkbox"/> ELL Services | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Other: _____ | |

2. Has your child ever been retained (held back)?

- Yes No **If yes**, what grade? _____

3. Has your child ever been expelled?

- Yes No **If yes**, for what reason? _____

What School? _____

Is the expulsion cleared? Yes No

4. Do you and your student live in a fixed, regular, adequate nighttime residence?

- Yes No

(If you checked "Yes", stop here. If you checked "NO", please continue with this form.)

5. Where is your child/family currently living? (Check ***one*** box only.)

This information will be used to determine if your child qualifies for any additional assistance under the McKinney-Vento Act.

- In a single family residence
- With more than one family in a house or apartment due to economic hardship
- In a shelter or transitional housing program
- In a motel, car or campsite
- In a foster care placement
- Other: _____

Parent/Guardian Signature

Date

Thank you for taking the time to fill out this form. We look forward to working with you to help your child be successful in school!

Blackwater Community School

SY 2020- 2021

Uniform Agreement

Student Name _____ Grade _____

COMPLIANCE PROCEDURES:

First Offense: There will be a teacher/student conference as to why the student is not in uniform. A letter of notification on non-compliance will be sent home. The letter must be signed and returned to the classroom teacher.

Second Offense: A mandatory parent meeting will be scheduled to develop a written plan to resolve the non-compliance to the uniform policy.

Third Offense: The issue will be handled according to the school discipline policy.

By signing this you are agreeing to the Dress Code Policy and Consequences. If you have any questions please feel free to contact the school.

Parent Signature _____

Student Signature _____

Teacher Signature _____

Office Use:

First Offense Date: _____

Second Offense Date: _____

Third Offense Date: _____

Blackwater Community School

SY 2020- 2021

INSTRUCTIONAL COMPUTING SERVICES EQUIPMENT CHECK-OUT AGREEMENT

Blackwater Community School's Instructional Computing Services Equipment (Laptop, iPad & other mobile computing devices) Loaner program is designed to provide access to technology tools for educational purposes only. The loaner laptop (or any other such computing device) is to be used for school related purposes only and will be returned by the end of the agreed-upon check-out period. The duration of such check-out may vary from an hour to a full instructional day. Students

1. The attached form must be signed by the student and parent/guardian of minor students before a laptop will be issued.
2. The recipient shall immediately report theft or damage of any kind to the loaner laptop to his/her teacher.
3. The computer and its settings are not to be changed or altered. The borrower shall be responsible for damage determined by the school to have been caused by abnormal wear and tear of the equipment caused by the borrower through overt action and/or negligence. Charges will be made to the borrower for repair and restoration of the equipment at the prevailing rates for such damage. Maintenance is not to be performed by the Borrower at any time.
4. Borrower agrees that the loaned equipment will remain with the borrower and will not be loaned, assigned, transferred, sold, or otherwise disposed of during the period of this agreement.
5. The usage of this device is strictly for educational purposes only and the equipment must stay within the assigned classroom of the student.

Student Name: _____

Grade Level: _____

By signing the form below, the student and/or the parent/guardian agree to:

- (a) Having read and understood the conditions of the Student Laptop Checkout Agreement
- (b) Receive, authorize, and take full responsibility for the use of the laptop by the student
- (c) Verify the Serial/Barcode Number on the equipment provided (Student/parent/guardian will receive a copy of this form when the laptop is issued to the student)
- (d) Pay the cost to repair and restoration of the equipment in case it is damaged/altered.

Student Signature

Date

Parent/Guardian Signature (Parent/Guardian Printed Name) Date

.....
Device Brand & Model #: _____ Asset Tag#: _____ Serial #: _____

Issue Date: _____ Return Date: _____ : Received by: _____

Photo & Activity Agreement Form

Student Name: _____

Photography and videography are important tools used to document and celebrate learning, activities, accomplishment, growth, and to boost confidence. Throughout the year, occasions will arise where photography and/or videography will be used for such purposes. Please indicate below what permissions are granted to Blackwater Community School for the 2019/20 school year.

I give permission for my child to: (Check all that apply)

- _____ To be photographed for the Big News (School newsletter)
- _____ To be photographed and/or video recorded on fieldtrips
- _____ To be photographed for yearbook purposes
- _____ To be photographed and/or video recorded for our school website

Blackwater Community School holds several events at the District One Multi-Purpose building and Ballpark during school hours such as Awards Assemblies, Guest speakers, Water days, etc. Please indicate below that permission for your child to attend such activities is granted to Blackwater Community School for the 2019/20 school year.

I give permission for my child to:

- _____ Attend all school wide events held at the District One Multi-Purpose building and Ballpark during school hours.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____



Ways for Parents/Guardians to get involved at school



Blackwater Community School encourages all parents and guardians to engage in school sponsored events and activities. Following are a few of the committees that you are welcome to sign up for:

1. **Parent Advisory Committee (PAC)**- This committee primarily is responsible to advise the school administration to ensure our school meets the needs of all Native children enrolled in our school. This committee meets at minimum twice a year.
2. **Title I Parental Engagement Committee**- Our school is eligible and receives Title I Program funding for our students. Administration would like to form a committee including parents/guardians and school employees to help suggest various ways to engage parents/guardians in the education of their children. This committee meets at minimum twice a year.
3. **Family Involvement Action Team Committee (FIAT)**- This committee is comprised of parents/guardians and school employees to plan and execute various events in and outside of the school. For example: monthly family literacy night events, fall festival, book fairs, and other activities that promote literacy in our community.
4. **Fifth Grade Promotion Committee**- The primary responsibility of this committee is to plan, organize, and execute two main events namely the End of Year Special Dinner for fifth grade students and the Fifth Grade Promotion Ceremony usually hosted at the District 1 Service Center.

I am interested in joining the following committee:

Parent Advisory Committee (PAC)

Title 1 Parental Engagement Committee

Family Involvement Action Committee (FIAT)

Fifth Grade Promotion Committee

Student Name(s) (Please Print) _____

Parent/Guardian Name (Please Print) _____

Phone(s) _____

Email _____

