

Out-of-District Registration Application

eCampus Virtual High School

Please complete the following application to enroll in eCampus Virtual High school courses. Please include a copy of student's **birth certificate** with this application.

The cost is as follows:

1. \$150 for a half credit and \$300 for a full credit course
2. A \$50 nonrefundable application fee applies

The packet can be submitted two ways:

1. Scan and email to cshinske@pusd11.net
2. Hand-deliver to Peoria High School. The address is 11200 N. 83rd Ave., Peoria, AZ 85345.

Contact us: 623.412.5345 or ecampus@pusd11.net



You may complete this form online, but print the form, obtain parent signature, and submit the form to eCampus.

Out-of-District Registration Form

Name: First:		Last:		M.I.:
Current Grade:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			Year:
Best Contact Number:		Current School:		
Parent/Guardian Name:		<small>Required for attendance</small> Parent/Guardian Email:		
Why are you taking this course? <input type="checkbox"/> To get ahead <input type="checkbox"/> To recover a credit <input type="checkbox"/> To repeat course for a better grade <input type="checkbox"/> Prefer online format <input type="checkbox"/> Other (explain):				

I am interested in registering for the following eCampus course(s)

Math: Algebra I, Geometry, Geometry Honors, Algebra II, College Mathematics, Financial Algebra, College Algebra H, PreCalculus H, Brief Calculus H | **Language Arts:** English I, English II, English II Honors, English III, English III Honors, English IV, College Prep English Honors, AP Composition and Literature, Creative Writing | **Science:** Earth Space Science, Biology, Environmental Science, Chemistry, Physics | **Social Studies:** World History, AZ/US History, AZ/American Gov't, AZ/American Gov't Honors, American Economics, American Economics Honors, Psychology, Sociology | **CTE:** Business Foundations, Intro to Culinary Arts, Personal Finance I, CTE Internship **Physical Education:** Personal Fitness, Health, Driver Education **Fine Arts:** Music Theory | **World Languages:** Spanish I, Spanish II | **Electives:** Professional Internship, Leadership Seminar

Name of eCampus course

Required Virtual Orientation Meeting for Students/Parents.

Visit the eCampus website at www.peoriaunified.org/ecampus for more information.

Important Notes:

- State mandated tests will be taken at home school
- [Dual Enrollment](#) available for some eCampus courses
- Tuition can be paid online via TouchBase or at [District Administration Center](#)

A \$50 out-of-district non-refundable registration fee applies. I understand the registration fee cost.	Is student currently receiving Special Ed or 504 services?	I understand and will pay all registration and tuition fees.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Name (Print)

Parent/Guardian Name (Signature)

Date



Full Time Equivalency Form

Dear Student and Parent:

The purpose of this form is to inform you of the responsibilities of enrollment with eCampus Virtual High School. You must read and agree to all the requirements listed below in order to enroll with eCampus Virtual High School. The State of Arizona has defined minimum instructional time and other requirements for students participating in online instruction.

I, _____, agree to work a minimum of 400 minutes per week (online and offline activity) in each of my online courses and log all time in the Peoria Unified student tracking system. I also understand that I must maintain adequate progress throughout the duration of the course(s). Furthermore, I also understand that I will be dropped from my eCampus course(s) if I do not log time or am inactive in the course for 14 consecutive days.

I agree to enroll in the following courses:

Note: See eCampus course offering guide for official course code, name, and credit | www.peoriaunified.org/ecampus

Course Code	Course Name	.5=half 1.0=full Credit	Semester/Year

Finally, I agree to the following:

- The Peoria Unified Student Code of Conduct and eCampus Student/Parent Handbook applies in full for all eCampus students.
- I MUST participate in state mandated testing (AzMERIT) in accordance with ASRS 15-808-B or I may be removed from eCampus Virtual High School.
- I may be removed from eCampus if sufficient academic achievement is not attained in accordance with ASRS 15-808-G.
- I understand that eCampus Virtual High School is a choice and if there is a failure to uphold the above requirements, I may be removed from eCampus.

Student Name: _____ Student Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____

STUDENT ENROLLMENT FORM

Legal Last Name:		First Name:		Middle:	
Suffix:					
Grade (current school year): <input type="checkbox"/> PS <input type="checkbox"/> KG <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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?					
SAIS ID (if provided):		Birth Date:		Birth State:	
Birth Country:		Race: (mark all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian			
Ethnicity: (mark only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander			
*Ethnicity/Race Reporting Details on the following page.					
Student Home Address:			City:		State:
					Zip Code:
Mailing Address (unless same as home address):					

School Last Attended:	Address:	School Telephone# ()
Has your child ever received any of the following?		
Special Education Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Gifted Services <input type="checkbox"/> Yes <input type="checkbox"/> No	504 Plan Services <input type="checkbox"/> Yes <input type="checkbox"/> No
ELL Services <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the student under refugee status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what Country?	I-94 Number	Country where the student was born?
Has the student attended U.S. school for more than 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how many years in the U.S. schools?		
Are any family members engaged in agriculture related employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mother's Information:

First Name:		Last Name:		Home Phone:	
				()	
Address:		City		State	Zip Code
Place of Employment		E-mail Address			Work Phone:
					()

Father's Information

First Name:		Last Name:		Home Phone:	
				()	
Address:		City		State	Zip Code
Place of Employment		E-mail Address			Work Phone:
					()

Legal Guardian/Other Information: Legal Guardian Step Parent Other:

First Name:		Last Name:		Home Phone:	
				()	
Address:		City		State	Zip Code
Place of Employment		E-mail Address			Work Phone:
					()

Custody of Student: Joint Mother Father State Temporary Other

Student lives with: Both Parents Mother Father Guardian Foster Other

Please do not send me District information via email.

SCHOOL USE ONLY
<input type="checkbox"/> Custody Papers
<input type="checkbox"/> Other Documentation

EMERGENCY INFORMATION

Persons to contact, other than parent, if child becomes ill:

Name:	Relationship to Student	Home Phone:	Cell Phone:	Work Phone:
		()	()	()
Name:	Relationship to Student	Home Phone:	Cell Phone:	Work Phone:
		()	()	()

I certify, by my signature, that I am either the parent or guardian of the above student and that the above information is true, accurate, and up to date. Also, I hereby grant the Peoria Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.

Parent/Guardian Signature:

Date:

SCHOOL USE ONLY

Student Enter Date:	Student Enter Code:	Grade:	Teacher/Counselor:	Room:
Variance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation:	Tuition Type:	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunization Record: <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Verification Document:		Hispanic Determination:		
Student Perm ID #:	SAIS ID#:	Prev. School CTSD#:	Prev. School Student ID:	
Date Entered Into SIS:	Entered By:			

**ARIZONA DEPARTMENT OF EDUCATION
ARIZONA RESIDENCY DOCUMENTATION FORM****Arizona Department of Education
Arizona Residency Documentation Form**Student Name:
_____School Name:
_____School District or Charter Holder:
_____Parent/Guardian Name (PRINT):

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 (noted above) 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
- Rental lease or agreement (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 in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families)
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit. ***NOTE if this box is checked, this document must be accompanied by the Affidavit of Shared Residence form.**

Signature of Parent/Guardian_____
Date

ACCEPTABLE USE OF SCHOOL COMPUTERS

Acceptable use of the electronic information services requires that the use of these resources be in accordance with the following guidelines and support the educational goals of the Peoria Unified School District.

The user must:

- Use the computer system for educational purposes only.
- Agree not to submit, publish, display, or retrieve/download any inappropriate material, including material that is defamatory, abusive, obscene, profane, and gang-related, sexually threatening, racially offensive or illegal.
- Not attempt to harm, modify without system administrator approval, gain unauthorized access to district systems or data, destroy software, or interfere with system security.
- Notify a system administrator if a password is lost or stolen, or if there is reason to believe that someone has obtained unauthorized access to the system.
- Not use the network in a way that would disrupt the use of the network by others.
- Understand that e-mail on networks should not be considered absolutely secure or private.
- Not reveal home addresses or personal phone numbers over the computer system.
- Not use the computer system to make any unauthorized purchases or to conduct a non-approved business.
- Abide by all copyright regulations, thereby refraining from illegally copying copyrighted software.
- Follow all District Policies and Student Handbooks as written.

The use of computing resources in the Peoria Unified School District is a privilege, not a right. Any action by a user specifically delineated in the document or determined by a system administrator to constitute an inappropriate use of a computer system or network system is subject to consequences.

Depending on the seriousness of the user's offence, consequences will be administered as stipulated in the PUSD handbook, PUSD Student Discipline code, and/or District Policies. Users will also be subject to all applicable laws.

I understand and will abide by the above terms and conditions of this acceptable use policy, and will use computer and electronic resources for curricular purposes only. I further understand that any violation of this agreement is unethical and may constitute a criminal offense and may result in civil liability to me and my parents or guardians, if I am under age 18. Should I commit any violation, I am subject to consequences of the school and district disciplinary code and of state and federal law.

I have read, understand, and support the guidelines for Internet use.

My child **has** permission to use the Internet.

My child **does not** have permission to use the Internet.

User Name (Print)

User Signature (Sign)

Teacher's Name

Grade

Signature of Parent/Guardian

Date

PHOTO & VIDEO RELEASE FORM

Student Name: _____

Parent/Guardian Name: _____

Background: During the school year students may be photographed, recorded or filmed by Peoria Unified School District staff or other approved individuals, including the news media, while participating in school programs and activities. Students may also create schoolwork and/or other intellectual property, such as artwork, essays, and poetry (“creative work”) as part of the educational process.

Purpose: The purpose of this Photo and Video Release Form is to identify those families who do not consent to give the Peoria Unified School District permission and authority to use and/or publish you and/or your child’s name, image, and/or creative works to further the district’s educational mission. The district is asking that all parents/guardians sign and return this form. **If you do not sign or return this form, the district will assume you are granting permission to participate in pictures, videos or other promotional opportunities.**

Consent and Release:

The district may use, release, and/or publicize my and/or my child’s name, image (in any form), and creative work through any medium whatsoever, including, but not limited to, the internet, written publication, and broadcast for any educational, editorial, promotional, business or other purpose without prior notice or compensation. The district may exercise its rights as it deems appropriate for its productions, for advertising, and for other purposes. By signing below, I intend for the district to rely upon this Release; and

I agree to release, not to sue, and to indemnify and hold the district harmless for, from and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind or nature whatsoever (including attorneys’ fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself or my child as a result of any claim, loss, damage, or injury to any persons or property arising out of or in any way relating to any action, inaction, or participation in any video or photographic production of the

I **do** consent to the above. I **do not** consent to the above.

I **do not** consent to the above; however, I do grant permission for my child’s photograph to be included in the school yearbook.

Signature of Student (if over 18)_____
Date_____
Printed Name of Parent/Guardian_____
Signature of Parent/Guardian
(Required for all students under 18)_____
Date