



Phone: 928-776-1212 Fax: 928-776-0009

willowcreek@willowcreekcharter.com www.willowcreekcharter.com

2023-24 Enrollment

Willow Creek Charter is a K-8 public charter school that started in 1999. At Willow Creek Charter, we believe in the potential of every student and are committed to the success of all. Education comes alive by incorporating a multi-age, project-based curriculum that emphasizes academic excellence. Each student is valued as an individual and we celebrate the unique qualities he or she brings to our family-like community.

Willow Creek Charter operates under a non-discriminatory policy, both for hiring of staff members and for acceptance of students to the school. WCC does not discriminate based on ethnicity, race, color, national origin, gender, gender identification, disability, proficiency in the English language, or immigration status. The information below is for mandated State and Federal statistical reporting. WCC does not discriminate with respect to admissions, enrollment or employment.

See Teacher Profiles/Bios on file at the front desk and on our website.

Student Name _____ **Date of Birth** _____

To enroll your child, please provide information below:

_____ Proof of Residency and signed Residency form

_____ Is the student a dependent of an (active) member of the Military? Yes No

_____ Proof of identity/age of student

Proof of Identity and Age: On enrollment of a student for the first time, please provide **one** of the following within thirty (30) days: (1) A certified copy of the pupil's birth certificate; (2) Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate; or (3) A letter from the authorized representative of an agency having custody of the student, pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

Parent Signature _____ Date _____



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2023-24 Attendance/ Registration

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Student Name _____ Date of Birth _____

Ethnic Background*:

Part A: Is this student Hispanic/Latino? (Choose only one) No, not Hispanic/Latino Yes, Hispanic/Latino

Part B: What is the student's race? (Choose one or more) American Indian/Alaska Native ___ Asian ___ Black or African American ___ Asian-Pacific Islander ___ White ___ Other ___

*Optional; does not impact enrollment

Is the applicant in the process of being expelled or has the applicant been expelled? 1 No 1 Yes

Have a current IEP?* 1 No 1 Yes 1 Prefer not to answer

Need 504 accommodations?* 1 No 1 Yes 1 Prefer not to answer

Please clarify any "Yes" answers _____

*Parent can decline to answer these items; they are intended to provide continuity of services and are not a requirement for enrollment.

Willow Creek does not discriminate based on race, color, national origin, gender, disability, or age in its programs and activities, including admission and enrollment. Willow Creek abides by the procedures mandated by Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA) and will provide eligible students with disabilities a free appropriate public education (FAPE), including following Section 504 plans and Individualized Education Programs (IEPS).

For Immunizations: Please provide Immunization/Vaccinations or up-to-date Exemption form (attached at end of attendance/registration packet)

Parent/Guardian may also provide a written certification that is signed by the parent or guardian by a physician or a registered nurse practitioner that states that one or more of the required immunizations may be detrimental to the pupil's health and that indicates the specific nature and probable duration of the medical condition or circumstance that precludes immunization.

FOR OFFICE USE ONLY:

Received: _____

1st Day of Attendance: _____

Sibling: Yes ___ No ___

Records Req Sent: _____

Records Rec'd: _____

Willow Creek Charter School – Student Information Form

Student Name _____

Last
First
Middle Initial

Legal last name if different: _____ Present Grade: _____ Male Female

Date of Birth: _____ Birthplace (City, State): _____

Names of Sibling(s) Attending WCC: _____

Parent 1 Information (or Legal Guardian)	Student Lives With	Has Legal Custody	Parent 2 Information (or Legal Guardian)	Student Lives With	Has Legal Custody
Name:			Name:		
Contact Priority (circle): 1 2			Contact Priority (circle): 1 2		
Parent phone: *Number that we can reach you during the school day			Parent phone: *Number that we can reach you during the school day		
Physical Address:			Physical Address:		
Mailing Address:			Mailing Address:		
E-mail:			E-mail:		
Business phone:			Business phone:		

Are you a foster parent? Yes No

List any allergies, physical/medical conditions, medication or other special instructions for your child:

Can your child be given Motrin or Ibuprofen? 1 No 1 Yes Tums 1 No 1 Yes Cough Drops 1 No 1 Yes

Doctor's Name and Phone:

Emergency Contact Info: Please list two names and numbers of people we may call in case of an emergency if the parents or guardians are not available.

1.	Relationship _____	Phone _____
2.	Relationship _____	Phone _____

If there is a Divorce or Legal Separation, please provide custody papers.

We will assume both parents have custody of the child unless indicated to the contrary, and that both parents may pick up the child. If this is not applicable to your situation, please indicate below who MAY and who MAY NOT pick up your child and attach any legal documentation.

MAY:

	Name	Relationship	Phone
	_____	_____	_____
	_____	_____	_____

MAY NOT:

	Name	Relationship	Phone
	_____	_____	_____
	_____	_____	_____

I/WE hereby certify that the information provided in this application is true and complete.

I/WE understand and agree to the provided Parent/Student Handbook and will follow the attendance policy.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Arizona Department of Education

Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

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

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



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STUDENT RECORDS REQUEST FORM

Student Name: _____ Date of Birth: _____

RECORDS TO BE RELEASED FROM:

School Name: _____

Address: _____ City, State & Zip Code _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Please send the following information to the attention of the Registrar (via fax, email or mail):

Please send the following:

- *Birth Certificate*
- *All previous grades and standardized test scores*
- *Immunization records*
- *Hearing and vision*
- *Legal custody documentation*
- *Withdrawal form*
- *Attendance records*
- *Arizona SAIS Number*
- *IEP/504 Records – if applicable*

Willow Creek Charter School
 2100 Willow Creek Road
 Prescott, AZ 86301
 Fax: (928) 776-0009
 E-mail: office@willowcreekcharter.com

The Family Educational Rights and Privacy Act (FERPA), 34 CFR 99.31(a)(2) allows schools to send education records to a school where the student has enrolled or seeks to enroll without the parent's signature.

(Signature)

(Date)

FOR OFFICE USE ONLY:

SAIS # _____ **Date of Birth** _____ **First Day of Attendance** _____

Date CUM & SPED 1st Request _____ 2nd Request _____ 3rd Request _____

CUM Rec'd: _____ SPED Rec'd: _____



**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 _____ Painted Pony Ranch Charter School _____

School _____ Willow Creek Charter School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.
In AzEDS, please enter all three HLS responses.

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

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas

ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2024 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA (Title I) Income Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

No

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

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

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

Parent/Guardian Signature _____ Date: _____

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.

***Optional, does not impact enrollment**

ESEA (Title I) INCOME Eligibility GUIDELINES

July 1, 2023- June 30, 2024

<u>Income Eligibility 1</u>						<u>Income Eligibility 2</u>					
HOW OFTEN INCOME WAS RECEIVED						HOW OFTEN INCOME WAS RECEIVED					
Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly	Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068
5	45,682	3,807	1,904	1,757	879	5	65,009	5,418	2,709	2,501	1,251
6	52,364	4,364	2,182	2,014	1,007	6	74,518	6,210	3,105	2,867	1,434
7	59,046	4,921	2,461	2,271	1,136	7	84,027	7,003	3,502	3,232	1,616
8	65,728	5,478	2,739	2,528	1,264	8	93,536	7,795	3,898	3,598	1,799
Each Additional Member Add:	+6,682	+557	+279	+257	+129	Each Additional Member Add:	+9,509	+793	+397	+366	+183

Note:

If all income is received on the same schedule
Example: alimony = \$100 / month & pension = \$300 / month
DO NOT use conversion factors

If family reports income sources from more than one schedule
Example: alimony = \$100 / month & pension = \$300 / week
 Income **MUST** be converted to yearly.

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

DO NOT round the values resulting from each conversion



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McKinney-Vento Eligibility Questionnaire

***Optional, does not impact enrollment**

School Name: Willow Creek Charter School

Student Name: _____

Date of Birth: _____
Month / Day / Year Grade Student ID

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help to determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes ____ No ____
2. If temporary, is this living arrangement due to loss of housing or economic hardship?
Yes ____ No ____

If you answered YES to question 1 and 2, please complete the remainder of this form.
If you answered NO to either question 1 or 2, you may stop here.

Where is the student presently living? (Check one)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- In a place not ordinarily used for sleeping (car, park, etc.)

Name of the Parent(s)/Legal Guardian(s): _____

Address _____ Zip _____ Phone _____

How long have you been at current address? _____

By signing, I attest this information is true and accurate.

Parent/Legal Guardian _____ Date _____

Date _____

School Personnel Who Enrolled This Student – Please Print Name

Would you like to be contacted regarding eligibility for transportation under McKinney-Vento?

Yes ____ No ____

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

IJNDB-E © EXHIBIT Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the School, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- A. Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School.
- B. Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- C. Abide by all copyright and trademark laws and regulations.
- D. Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated School authorities.
- E. Understand that electronic mail or direct electronic communication is not private and may be read and monitored by School employed persons.
- F. Not use the network in any way that would disrupt the use of the network by others.
- G. Not use the EIS for commercial purposes.
- H. Follow the School's code of conduct.
- I. Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- J. Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for School employees is extended to include requirements to:

- A. Maintain supervision of students using the EIS.
- B. Agree to directly log on and supervise the account activity when allowing others to use School accounts.
- C. Take responsibility for assigned personal and School accounts, including password protection.
- D. Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and School accounts and files by unauthorized persons.

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate.

I understand that many services and products are available for a fee and acknowledge my personal responsibility for any expenses incurred without School authorization.

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- A. Be polite and use appropriate language. I will not send, or encourage others to send, abusive messages.
- B. Respect privacy. I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- C. Avoid disruptions. I will not use the network in any way that would disrupt use of the systems by others.
- D. Observe the following considerations:
 1. Be brief.
 2. Strive to use correct spelling and make messages easy to understand.
 3. Use short and descriptive titles for articles.
 4. Post only to known groups or persons.

ELECTRONIC INFORMATION SERVICES USER AGREEMENT cont....

Services.

The School specifically denies any responsibility for the accuracy of information. While the School will try to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information services (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name _____

Signature _____ Date _____ (Student)

School _____ Grade _____

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above-named student, I have read this agreement and understand it. I understand that it is impossible for the School to restrict access to all controversial materials, and I will not hold the School responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print) _____

Signature _____ Date _____



Arizona law requires that preschools and child care facilities use this official ADHS form to document a religious beliefs exemption to immunization.

Religious Beliefs Exemption Form

For Child Care, Preschool and Head Start Programs

The Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Polio: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials _____ Date _____
<input type="checkbox"/>	Haemophilus Influenza type b (Hib): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis A: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.	Initials _____ Date _____
<input type="checkbox"/>	Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____

Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

Initials _____

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immunization/).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care until the risk period ends, which may be 3 weeks or longer.

Child's Name _____ Date of Birth (month/day/year) _____

Parent/Guardian Signature _____ Date (month/day/year) _____



Title I Annual Meeting Agenda - July 12, 2023

What is a Title I Schoolwide program? *Schoolwide programs are designed to generate high levels of academic achievement for all students, especially those most in need of additional support. Schools must have 40% poverty or greater to implement a Schoolwide program. Funds are used to improve the overall academic program of the school. A Title I Schoolwide team must annually develop a Schoolwide plan that includes the following:*

- *Comprehensive needs assessment*
- *School-wide reform strategies*
- *Provision for instruction by highly qualified professional staff*
- *Strategies for increasing parental involvement*
- *Plans to facilitate the transition from preschool to elementary school*
- *Measures for including teacher input to improve student performance and the overall instructional program*
- *Provision of assistance to struggling students, including financial assistance to our HCY population*

What does the Title I needs assessment of WCC School tell us, and what Schoolwide goals has WCC School developed as a result? *Students will improve performance in the areas of math and reading as measured by progress monitoring and statewide standardized assessments.*

o What is the academic program at WCC School? *Small group and one on one instruction by an intervention specialist in reading and/or math.*

o Description and explanation of curriculum. *Curriculum aligned to state standards. Our curriculum includes Wonders 2023, Eureka², MyMath, Step Up to Writing, and Science Dimensions.*

o Description and explanation of state academic standards and expected achievement levels for students. *Students are expected to meet grade-level standards and target ranges set by Aimswebplus assessments in Benchmarks and progress monitoring. Students are also expected to meet or exceed standards on Arizona's state standardized assessments.*

o Description of academic assessments used to monitor student progress and identify areas of academic need. *Classroom assessments and Aimswebplus will be used to monitor student progress and identify areas of need.*

o Description of services to students with identified areas of need. *Intervention services are provided to students falling below expected achievement levels in a small group or one on one setting in the areas of reading and math.*

How can parents and families be involved? *Parents and family members can be involved in planning, reviewing, and improving the school and district policies and the Schoolwide program plan. Parents have a right to become involved in the school's programs and ways to do so. Parents have the right to request regular meetings with school staff to offer suggestions and to participate, as appropriate, in decisions about the education of their children. The school must respond to any such suggestions as soon as possible. Our parents receive regular communication when their children are falling below expected achievement levels. They are given the opportunity to approve the intervention program WCC provides to their children.*

School-Parent Compacts

Family Engagement Activity Plan for the school year: *Parent-Teacher conferences, Quarterly Ranch Round-ups, Thanksgiving Feast, End-of-the-Year Promotion and BBQ*



School-Parent Compact

Willow Creek Charter recognizes that a shared partnership among students/ parents, and school staff is required to fully implement its Mission Statement. This voluntary compact will assist everyone's efforts as.....

Students accept the responsibility to:

1. Attend school regularly and be on time
2. Work to the best of their ability in class and at home
3. Follow the school rules
4. Ask for help when needed
5. Respect and cooperate with other students and adults
6. Have high expectations of themselves and fellow students
7. Be a life-long, self-directed learner

Parents or guardians accept the responsibility to:

1. Schedule daily homework time, review homework regularly, and discuss what their child learned.
2. Read with their child and let younger children see others actively reading in the home
3. Keep in touch with school through regular visits, phone calls, written communication, and attendance at parent meetings.
4. Maintain high expectations of their children by praising their achievement and emphasizing the importance of school and academic success
5. Maintain high expectations of their children by supporting their regular school attendance
6. Keep well informed of all activities in which their children are participating, both during and after school and the whereabouts of their children after school.
7. Follow and support the school rules
8. Support child's school and education.

Teachers and staff accept the responsibility to:

1. Show that they care about all students
2. Have high expectations of themselves and all students
3. Provide quality instruction that will promote learning and academic success
4. Provide a safe environment conducive to learning and academic success
5. Provide support and communication to students' families
6. Respect the differences and individuality of students and their families
7. Be life-long, self-directed learners

Administrators accept the responsibility to:

1. Establish goals, expectations and shared responsibilities for school, parents, and students.
2. Train school staff including the administrators, teachers, other school staff, and parents regarding the importance of school-home partnerships, quality instruction, and a safe and orderly environment
3. Give parents a voice in decisions regarding their children's education
4. Support extended opportunities for students and families to engage in recreational and learning activities
5. Provide a safe and orderly environment
6. Be life-long, self-directed learners

All Title 1 policies for the school can be found at <https://policy.azsba.org/asba/browse/allmanuals/willowcreek/IHBD>.

CHILD FIND FOR WILLOW CREEK CHARTER Policy

The Individuals with Disabilities Education Act of 2004 (IDEA '04) and the Arizona Administrative Code (AAC) define child find requirements to ensure eligible infants, toddlers, preschoolers, and school-aged children have access to early intervention or special education and related services.

Responsibilities

1. What is a public education agency's (PEA) "child find" responsibility?

PEAs are required to establish, implement, and disseminate to their school-based personnel and all parents within the PEA's boundaries of responsibility written procedures for the identification and referral of all children with disabilities aged birth through 21, regardless of the severity of their disability.

2. What additional child find activities are the responsibilities of a unified school district, elementary school district, or union high school district?

PEAs will identify, locate, and evaluate all children with disabilities within their geographic boundaries of responsibility who are in need of special education and related services, including children who highly mobile, such as migrant or homeless students, wards of the state, private school and homeschool students, regardless of the severity of their disability, and students who are suspected of being children with a disability and in need of special education, even though they are advancing from grade to grade. For infants and toddlers aged birth to 2 years 10 ½ months, PEAs should use the referral form located on the AZ FIND website to refer the child to the Arizona Early Intervention Program (AzEIP).

3. What child find activities are the responsibilities of charter schools?

For a school-aged child (grades K through 12), the charter school in which the student is enrolled is accountable for child find activities. It is the school's responsibility to identify and evaluate students with disabilities, including children who are suspected of being children with a disability and in need of special education, even though they are advancing from grade to grade. For infants and toddlers aged birth to 2 years 10 ½ months, the charter school should refer the child to AzEIP. For a child aged 2 years 10 ½ months to 5 years, the charter school should refer the child to the child's district of residence. The referral form is located on the AZ FIND website.

4. What is the PEA's obligation for students transferring from another PEA?

The PEA shall review enrollment data and educational performance in the prior PEA. If there is a history of special education for a student not currently eligible for special education or of poor progress, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services.

5. Who is responsible for child find activities for school-aged students who attend private schools?

The school district within whose boundaries the non-profit private school is located is responsible for child find activities. The school district responsible for child find activities for students placed by their parents in a for-profit private school is the district of residence.

6. Who is responsible for child find activities for preschool-aged children?

All preschool-aged children are referred to the unified or elementary school district of residence for child find services, including children who attend private preschools regardless of where the school is located. Union high school districts and charter schools should use the referral form located on the AZ FIND website to refer the child to the district of residence.

7. Who is responsible for child find activities for the student who is homeschooled?

The school district within whose boundaries the homeschooled student resides is responsible for child find activities.

8. Who is responsible for child find activities for students in secure care facilities?

Minor-aged students in secure care facilities are the responsibility of the secure care facility for all educational needs. Students who are the age of majority and attend an educational program in a secure facility are the responsibility of that secure care facility.

9. Does the PEA have to maintain documentation of child find activities?

Yes, the PEA is required to maintain documentation of identification procedures, dates of entry into school, or notification by parents of concerns regarding developmental or education progress by their child, and dates of screening in the student's permanent records.

10. Are PEAs required to document that all school-based staff have reviewed written child find procedures?

Yes. The PEA will require all school-based staff to annually review written procedures related to child identification and referral. The PEA must maintain documentation of staff review.

Screening

11. Who may refer a child for screening?

Anyone who has concerns about a child's development or academic achievement may refer the student for screening (i.e., parents, family members, or school staff).

12. What are the components of screening?

Screening procedures shall include vision and hearing status and consideration of the following areas: cognitive or academic, communication, motor, social or behavioral, and adaptive development. Screening may also include observations, family interviews, review of medical, developmental, or educational records, or the administration of an instrument identified by the test publisher as appropriate for use as a screening tool. Screening does not include detailed individualized comprehensive evaluation procedures.

13. What is the time frame for conducting screening for possible disabilities?

Screening shall be completed within 45 calendar days after entry into preschool, kindergarten, or for newly enrolled school-aged children without appropriate records of screening, evaluation, or progress in school. Screening is also required after receiving parent notification of a possible disability for children aged 3 through 21 years.

14. Does the PEA have to notify parents of a concern resulting from a screening?

Yes, the parents must be notified of any concern found during screening within 10 school days. Additionally, the PEA must include procedures they will utilize to follow up on the student's needs; consideration of screening results could lead to a full and individual evaluation or provision of other services.

Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

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. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school corrects records which 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 (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - 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, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#). Or you may contact the Family Compliance Office at the following address:

Family Policy Compliance Office
U.S. Department of Education 400
Maryland Avenue, SW
Washington, D.C. 20202-8520

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 Arizona Department of Education
U.S. Department of Education Exceptional Student Services
400 Maryland Avenue, SW 1535 W. Jefferson, BIN 24
Washington, D.C. 20202-5901 Phoenix, AZ 85007

INFORMATION FOR PARENTS



IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference.
 - * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.