

ESTRELLA EDUCATIONAL FOUNDATION DISTRICT



SCHOOL YEAR ENROLLMENT

20____ - 20____



Student Name _____ Grade _____ Date _____
Last Name First Name

Welcome to MIT !

The faculty and staff of MIT thank you for choosing us. If you have any questions about the enrollment process, please call us at: 602.477.2780

School Enrollment

☐ MIT STEM² High School ☐ MIT STEM² Online High School

Enrollment Requirement

Parent / Guardian **can assist to obtain the following documentation** from the previous school prior to submitting the Enrollment Packet. It is against the law for any school to deny the release of unofficial records of any students to parent or guardian.

Transportation

Charter schools are not required to provide transportation to students, but part of MIT's commitment is to help families with transportation based on funding, feasibility, room and distance. MIT has bus routes into the general areas of surrounding communities. Families are encouraged to pick up or drop off their students.

Important: Please complete every section of the enrollment packet and review the information carefully

Registration Process

Obtain copies or originals of the following:

1. Complete Enrollment Registration and Provide a proof of residency

2. After Enrollment:

- ☐ Birth Certificate - Within 30 days (or other reliable proof of the pupil's identity and age as allowed by A.R.S. §15-829)
- ☐ Immunization Records/Exemption form (required when student is in attendance)
- ☐ 8th Grade Diploma
- ☐ Attendance History (from Previous school)
- ☐ Discipline Records (from Previous school)
- ☐ Most Recent Report Card
- ☐ Unofficial Transcripts
- ☐ Withdrawal Slip
- ☐ Current IEP (if applicable)
- ☐ Custoday Paperwork (if applicable)

3. Forms to be completed by parent/guardian:

- ☐ Student Enrollment Form
- ☐ School Records - Birth certificate and Exceptions: A.R.S. 15-828
- ☐ Application for Free and Reduced Meals
- ☐ Arizona Residency Documentation Form
- ☐ Consent for Medical/ Treatment And Medical Information Form
- ☐ Home Language Survey (PHLOTE)
- ☐ McKinney-Vento Eligibility Questionnaire
- ☐ Request for Release of Student Records/ESS Form
- ☐ Student Behavior Contract
- ☐ Student / Parent / School Compact And Handbook Acknowledgement
- ☐ Technology/Internet Use Policy

ESTRELLA EDUCATIONAL FOUNDATION DISTRICT



SCHOOL YEAR ENROLLMENT

20__ - 20__



*Please read carefully and then proceed to fill out and check in the boxes appropriately

Student Information

Last Name		First Name	Middle Name	Grade
<input type="checkbox"/> Male <input type="checkbox"/> Female Gender		Date of Birth: (mm/dd/yyyy)	Birth Place	
Street Address (Please include apartment number if applicable)		City	State	Zip Code

Ethnicity We are required to provide yearly information to the Office of Civil Rights and the Office of State Attendance Records. Hispanic/Latino ☐ Yes ☐ No

New Federal Regulations for Race/Ethnic Data:

Race ☐ White ☐ Asian ☐ Native American/Alaska Native ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander

Parent/Guardian Name No.1		Relationship to Student	
<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings allowed <input type="checkbox"/> Financial Responsible <input type="checkbox"/> Release To: _____			
Phone Number	Cell Phone Number	Work Phone Number	
Email Address			

Parent/Guardian Name No.2		Relationship to Student	
<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings allowed <input type="checkbox"/> Financial Responsible <input type="checkbox"/> Release To: _____			
Phone Number	Cell Phone Number	Work Phone Number	
Email Address			

Do you give permission for MIT to send automated calls to the home/cell number provided? ☐ Yes ☐ No

Please specify who the student lives with: ☐ Mother ☐ Father ☐ Aunt ☐ Uncle ☐ Guardian ☐ Grandparents ☐ Other: _____

Are there Custody Issues? ☐ Yes - Please furnish all legal documents ☐ No

Please read carefully : Disclosure of this information does NOT result in any changes to your child's eligibility for enrollment.

Has your child been in Special Education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student been in a Bilingual or ESL program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you marked yes for any of the above questions, please provide the Registrar with documentation.

Has this student been retained? ☐ Yes ☐ No Has this student been identified as Gifted? ☐ Yes ☐ No Gifted Programs? ☐ Yes ☐ No

*** For School Use Only ***

Start Date	Entry Code	SAIS #	School ID #	Teacher
Address Verification <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Withdrawal/Report Card <input type="checkbox"/> Yes <input type="checkbox"/> No Records Requested <input type="checkbox"/> Yes <input type="checkbox"/> No				
McKinney Vento <input type="checkbox"/> Yes <input type="checkbox"/> No If there are custodial issues were documents provided? <input type="checkbox"/> Yes <input type="checkbox"/> No				
AZELLA Tested <input type="checkbox"/> Yes <input type="checkbox"/> No Test Date: _____				
Open Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No IEP Provided <input type="checkbox"/> Yes <input type="checkbox"/> No 504 Provided <input type="checkbox"/> Yes <input type="checkbox"/> No				
System Entry Date	Clerk's Initials			



Emergency Information

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

The following people may pick up my child in case of emergency (Don't Include Parents)

Name	Relationship	Phone Number	Email

Family Information

Name of Siblings	Date of Birth	Grade

What is the primary language of the parent(s)? _____

Will you need an interpreter during Parent/Teacher Conferences, meetings with the principal and/or during special education meetings? ☐ Yes ☐ No

Migrant Survey

Have you moved along with or to join a parent, spouse or guardian within the past 36 months? If no, do not answer the next two questions. ☐ Yes ☐ No

Was the primary purpose of the move to obtain (or try to obtain) work that is temporary or seasonal, in agricultural activities including dairy work? ☐ Yes ☐ No

Was the agricultural work a primary means of livelihood for you and/or your family? ☐ Yes ☐ No

I understand and certify that all of the above information provided is true and correct.

Parent/Guardian Signature

Date



Medical Information

1. Is there any medical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairments, hernia, etc)? If so, please describe: ☐ Yes ☐ No

2. Is your child allergic to food or other substances? If yes, name food or substances to be avoided and procedures to follow if reaction occurs: ☐ Yes ☐ No

3. Is your child usually susceptible to infection? If so, what precautions need to be taken? ☐ Yes ☐ No

4. Is your child subject to convulsions? What should be our procedure if one occurs? ☐ Yes ☐ No

5. Is your child on any medications at home? If so, please list them: ☐ Yes ☐ No

6. Does your child have a prescribed Epi-Pen? ☐ Yes ☐ No

7. Will your child need to take medication during school hours? ☐ Yes ☐ No

Consent Form for Over the Counter Medication Administration

State law requires that a parent/guardian provide consent for minors to receive care and treatment for minor injuries and illnesses. Do you give consent to the school to provide care and treatment to your child? ☐ Yes ☐ No

Dear Parent/Guardian:

There are certain procedures that need to be followed should it become necessary for your child to be given over the counter medications during school hours. Please read and sign below if you wish your child to be given these types of medication at any time during the school year.

All medications will be given by following manufacturer's directions, unless written Doctor Orders are given. No over the counter medication administered by mouth will be given during the last 4 hours of school.

I have read and understand the above and I request that MIT personnel assist my child, _____ by administering him/her the over the counter medication he/she needs. I give permission for the following types of over the counter medication to be administered to my child:

- | | |
|---|---|
| <input type="checkbox"/> Tylenol/Acetaminophen (Generic Tylenol) | <input type="checkbox"/> Pepto-Bismol (Antacids) |
| <input type="checkbox"/> Topical Ointment (antibiotic/burn ointment, first aid cream) | <input type="checkbox"/> Benadryl, Claritin, Tylenol Sinus (Antihistamines) |
| <input type="checkbox"/> Cough Drops, Sore Throat Lozenges | <input type="checkbox"/> Anbesol (Tooth Gel) |
| <input type="checkbox"/> Cold Medication (Children's Pedia-Care, Dimetapp) | <input type="checkbox"/> Carmex, Chapstick (for chapped lips) |
| <input type="checkbox"/> Children's Motrin (Ibuprofen) | <input type="checkbox"/> Eye drops, eye wash |

Parent/Guardian Signature

Date



Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name

Grade

Date of Birth: (mm/dd/yyyy)

Has your child ever had chickenpox? (Please check one answer) ☐ Yes - Go to #1 ☐ No - Go to #2 ☐ Don't Recall - Go to #1

1. Please answer the following questions: (Please check only one answer per question)

a. Was your child in "face-to-face" contact with other children who had chickenpox? ☐ Yes ☐ No ☐ Don't Recall

b. Did your child have a rash on his/her body? ☐ Yes ☐ No ☐ Don't Recall

c. Did the rash "itch"? ☐ Yes ☐ No ☐ Don't Recall

d. Did "scabs" appear toward the end of the rash? ☐ Yes ☐ No ☐ Don't Recall

e. When did your child have chickenpox? Month / Year Age

2. If your child has not had chickenpox, has he/she had the chickenpox (Varicella) shot? (Please check one answer)

☐ Yes ☐ No ☐ Don't Recall

****If you answered YES, please take your child's immunization record to the school nurse so the date of the vaccine can be recorded in your child's health record.**

****If you answered NO or DON'T RECALL, please take your child to their doctor or the local health clinic to get the chickenpox vaccine, then take their immunization record to the school nurse so the date can be recorded in your child's health record.**

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

Parent/Guardian Signature

Date



Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

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

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

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

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

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



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.



State of Arizona Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

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

By _____

My Commission Expires:

Notary Public



ESTRELLA EDUCATIONAL FOUNDATION DISTRICT



Release of Student Records

3900 S 55th Avenue, Phoenix, AZ 85043
Phone: 602.477.2780 Fax: 602.272.0309
Email: cvaldez@mitglobalonline.org

We are requesting the release of the following records for use in providing appropriate educational service and updating previous reports for the named student below:

- Medical:** ☐ Birth Certificate ☐ Immunization Records
- Education:** ☐ Withdrawal Form ☐ Report Cards ☐ Official Transcripts (Mail) ☐ Unofficial Transcripts (Email/Fax)
☐ Language Survey ☐ Gifted Results ☐ Attendance Profile ☐ Standardized Test Scores
☐ Discipline Records
- ELL and Migrant Program Information:** ☐ Program Information ☐ Test Scores ☐ Student Screening Report
- Special Education Program Information:** ☐ Most Current IEP ☐ Most Current Evaluation
☐ Most Current 504 Accommodation Plan

Student Name

Date of Birth: (mm/dd/yy)

Maricopa Institute of Technology

Enrolling School

Grade

Student ID No.

I hereby authorize **(previous school district):**

School District

School Name

Address

City, State, ZIP

Phone

Fax

Parent/Guardian Name

Parent/Guardian Signature

For Official Use Only

1st Request

2nd Request

3rd Request

Record Received Date

☐ No Previous Records

Requested by

Date



Student Behavior Contract

Last Name

First Name

Middle Name

Date of Birth: (mm/dd/yyyy)

Grade

The student contract is between Maricopa Institute Of Technology, the parent(s), and the student listed above. The purpose of this contract is to ensure that the student understands and follows the rules of the school. Failure to follow the areas identified below by the student may result in disciplinary consequences up to recommendation for expulsion.

If your student demonstrates inappropriate behavior in violation of school rules, you will be contacted for a conference to discuss your student's behavior and the applicable discipline process.

Student Signature (Required)

Date

Parent/Guardian Signature (Required)

Date

School/District Administrator Signature (Required)

Date



Student Handbook Acknowledgment

Student ID Number

Student Name (last name, first name, middle initial)

Parent Name (last name, first name, middle initial)

I acknowledge the Attendance Policy, Student Conduct/Discipline Procedures and Penalties, Due Process Rights of Students, Use of Technology Resources in Instruction, and Student Records as stated in the student handbook.

I acknowledge that I have read all of the documents in Maricopa Institute Of Technology Student Handbook. I will abide by the conditions and rules within this handbook.

Student Signature

Date

Parent Signature

Date



Title I School Wide Project Compact Letter

Part of our government grant for Title 1 requirements (due to our school's high percentage of free/reduced lunches) is to have a staff/student/parent contract. This contract ensures we work as a team to improve our students' success at school. Thank you for all you do to support us in making our school a safe place for all children to learn and grow.

In our commitment to put kids first, we will:

As a teacher,

- Have the responsibility to provide high quality curriculum and instruction in a supportive and effective learning environment that enables students to meet the standards,
- Commit to participate in ongoing professional development to implement Project Based Learning
- Believe that all children are capable to success, NO EXCEPTIONS!
- Be accessible and communicate with parents through, individual parent/teacher conferences (twice a year), report cards (quarterly), progress report (four times a year), classroom newsletter (quarterly), open communication by phone calls (respond within 24 hours or same day depending on situation), email, web-site, walk-in opportunities (volunteers, visits and observations),
- Provide a safe school and classroom environment,
- Support student learning compassionately and enthusiastically,
- Respect the cultural differences of others.

As parents/guardians, we want our children to have the best possible education and realize that strong school systems are essential, we as parents/guardians, join the staff in supporting our children's success in school by:

- Making every attempt to get our child to school on time every day
- Reading and signing our child's agenda each day
- Reinforcing school rules and policies as they help my child learn, remain safe and gain self-control
- Providing a minimum of one uninterrupted hour a day which will be devoted to a learning activity, homework or studying.
- Reading and signing our child's homework/agenda each day

As a Student,

- Work hard and do my best in class
- Attend school regularly
- Help keep my school safe
- Ask for help when I need it
- Respect and cooperate with other students and adults

Parent Signature

Date

Student Signature

Date

School/District Administrator Signature

Date



Student Media Release

One form per student is required

Maricopa Institute Of Technology occasionally publishes pictures and videos of students involved in school activities. Publications may include class newsletters, school newsletters, brochures, flyers, newspapers and the Maricopa Institute of Technology website, and/or Facebook page, etc.

Please note:

- Any picture or video of a student posted to the website or Facebook page, whether individual, group or individual, group or team will not include personal information i.e. name grade etc.
- Some of these pictures or videos may be action or candid shots taken during participation in an event. Other pictures or videos may be staged for specific purposes.
- Group shots such as class or team pictures may be posted to the website and may be identified by team or class name, but no individual names will be included.

- ☐ **YES, I hereby consent to authorize Maricopa Institute of Technology to use and produce any and all photographs and videos taken of this student for Maricopa Institute of Technology without compensation to me. ALL PROOF and PRINTS will be Maricopa Institute of Technology property solely and completely.**
- ☐ NO, I withhold permission for Maricopa Institute Of Technology to use my student's pictures or video for any Maricopa Institute of Technology publications as noted above.

Student Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



A STEM² Advanced Academics Program

Last Name

First Name

Student SAIS ID#

Parent/Guardian Name (Print)

Understand that the MIT STEM2 Program, including Pre-AP/AP, and Dual Enrollment, has expectations within the accelerated educational environment that each student must maintain throughout the school year. Students may remain in the MIT STEM2 Program by maintaining an individual course average of 70 or higher during each grading cycle in each of the Pre-AP/AP, and Dual credit classes: Math, Science, Social Studies, and Language Arts. A student earning an average less than 70 may remain in the course only after the growth plan committee's careful consideration of the student's best interest. The MIT Program expectations are:

- Complete assignments: classwork, homework, special projects;
- Bring necessary materials to class;
- Maintain a high degree of organization;
- Participate and remain on-task in class;
- Maintain regular attendance in accordance with school policy;
- Refrain from excessive tardiness in accordance with school policy;
- Adhere to the student code of conduct; and

Students who do not meet the program expectations are placed on the MIT Growth Plan for a minimum of one grading cycle. The growth plan helps students meet program expectations within an accelerated educational environment, by identifying individual student problems and by providing a course of action to enable the student to meet academic standards. The growth plan is reviewed each grading cycle that it remains in place, and it is the documentation used to determine if the student should continue in the advanced level course.

This agreement is in the best interest of the student. We agree to adhere to the program expectations and policies as outlined in this agreement.

Student Signature

Date

Parent/Guardian Signature (Required)

Date



Military Student Identifier

The Every Student Succeeds Act ("ESSA") recognizes military-connected students as a distinct subgroup, and public schools must include the military student identifier question in their enrollment paperwork. The Military Student Identifier ("MSI") is a recently established code where families indicate upon enrollment at a school that their student has at least one parent who is a member of the Armed Forces on active duty.

Military Connected Student

Name of Student

Date of Birth

Parent(s) Names

Please check the box that applies to you

Student is a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard.

- ☐ Student is a dependent of a full-time member of the National Guard, or Reserve force of the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- ☐ Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force).
- ☐ None of the above.

Parent/Guardian signature below affirms the information provided is accurate and complete.

Parent/Guardian Signature

Date



McKinney-Vento Eligibility Questionnaire

Name of Student

Grade

Parent(s) Names

This questionnaire is intended to address the McKinney-Vento Act, Title X, and Part C of No Child Left Behind. Answers to these questions will help determine for which services a student may be eligible. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Will your child need to take medication during school hours? ☐ Yes ☐ No

2. Is your temporary address due to loss of housing or economic hardship? ☐ Yes ☐ No

IF YOU ANSWERED "NO" TO BOTH QUESTIONS, YOU MAY STOP HERE. THANK YOU.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home:

Names	Names
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

1. Where is this student presently living? (Check one box)

- ☐ Doubled up with relatives or friends
☐ In a motel
☐ In a shelter
☐ Moving from place to place
☐ In a place not considered traditional "housing" (campground, car, public place, etc.)

2. Do you also have pre-school children at home? ☐ Yes ☐ No

3. Are you a high school student who is currently living on your own? ☐ Yes ☐ No
(Unaccompanied youth also qualify for services under this law.)

Parent/Guardian Signature (Required)

Date



RIGHTS OF HOMELESS STUDENTS

This school shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth is applied to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program.
- In a hotel/motel, campground, or similar situation due to lack of alternatives.
- At a bus station, park, car, or abandoned building.
- In temporary or transitional foster care placement.

According to the McKinney-Vento Homeless Act, eligible students have rights to:

Immediate enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school.

School Selection: McKinney-Vento eligible students have a right to select from the following schools:

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled in his/her selected school for the duration of homelessness, or until the academic year upon which they are permanently housed.

Participate in programs in which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.

Transportation Services: A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond quickly and it must be a written response. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making a decision, providing notice of any appeal process, and filling out dispute forms. You have the right to appeal a decision to the state level.

For more information, refer to <http://www.azed.gov/schooleffectiveness/specialpops/homeless> or contact:

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