




FOOTHILLS ACADEMY

C O L L E G E P R E P A R A T O R Y



PUTTING THE PIECES TOGETHER
FOR A SOLID EDUCATIONAL
FUTURE SINCE 1993



TUITION-FREE

HIGH TEST SCORES

AdvancED (NCA-CASI) ACCREDITED

GRADES 7-12



ENROLLMENT PACKET



REQUIRED ENROLLMENT DOCUMENTS

The enrollment packet is considered complete once the following items have been received:

1. Completed Student Enrollment Form (Form #1, Page 1) *INCLUDING* parent/guardian *and* student signatures
2. Completed Parent/Guardian Questionnaire (Form #2, Page 2)
3. Completed Student Information Form (Form #3, Page 3 and 4)
4. Copy of Birth Certificate
5. Copy of current Immunization Record (including *most recent* updates)
6. Completed Arizona Residency Documentation Form and attached document of proof
7. Completed PHLOTE Home Language Survey Form
8. Copy of IEP/504 and Gifted documents, if applicable, and any documentation related to discipline and special education
9. Middle school students:**
 - MOST RECENT report card
 - MOST RECENT standardized tests (AIMS/TerraNova/or equivalent)High school students**
 - MOST RECENT report card
 - MOST RECENT high school transcript, including work in progress
 - MOST RECENT standardized tests (AIMS/TerraNova/PLAN/SAT/ACT or equivalent.)
10. Completed Assessment (to be scheduled by the front office)

Upon receipt of the first (9) nine items, a student will be scheduled for an assessment, which assists in determining the student's academic level. Once the assessment has been taken, the file is considered complete on that date and the student is ready for enrollment.

A completed Enrollment Packet does not guarantee enrollment. Space availability is limited based upon enrollment at each grade level and total school enrollment.

** It is the responsibility of the parent/guardian to make available for review by the administration, all required documents, including those relating to discipline and special education before enrollment can be confirmed. Enrollment may be voided if this information relevant to enrollment is not disclosed.*

***It is the responsibility of the parent/guardian to make sure the most current Report Card, high school Transcript and standardized test results as you receive them are sent to Foothills Academy.*

All materials should be mailed to:

Foothills Academy College Preparatory
Office of Admissions
7191 E. Ashler Hills Drive
Scottsdale, AZ 85266
Phone: 480-488-5583 Fax: 480-488-6902
www.foothillsacademy.com

Foothills Academy is a non-profit organization and does not discriminate on the basis of age, race, color, religion, national origin, gender, sexual orientation, or disability in the administration of its educational policies, admission policies, athletic and other programs administered by the school or in its hiring and employment practices.

FOOTHILLS ACADEMY COLLEGE PREPARATORY Date Received _____

1. STUDENT ENROLLMENT FORM (The following information must be completed by Parent/Guardian)

Student Name: First Middle Last Jr., II, III or IV

Nickname: _____ Student Email Address: _____

SS # _____ (optional) Enrolling in Grade Level: _____ For School Year: _____

Cohort Year: 20____ (Normal graduation year based on the year of student's *first* entry into 9th grade)

Previous School _____ City _____ State _____

Special Ed: _____ 504: _____ IEP: _____ Gifted: _____ (Please include most recent copy of documentation)

Sex: circle M or F mo day year State of Birth: Country of Birth: Tribal Name (if applicable):

Date of Birth: ____/____/____

Please check ETHNICITY (if Hispanic or Latino) and RACE

ETHNICITY: Is Hispanic or Latino RACE (please check all that apply): American Indian or Alaskan Native; Asian;
 Black or African-American; Native Hawaiian or Other Pacific Islander; White

PLEASE ANSWER ALL 3 QUESTIONS: (State of Arizona requirement-AZ Admin Code R7-2-306(B)(1), (2)(a-c).

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? _____

HOW DID YOU HEAR ABOUT FOOTHILLS ACADEMY? _____

PARENT/GUARDIAN INFORMATION: (Legal custody confirmation required below)

Relationship (Please circle)	Adult Name	Contact Priority	OK to Pick up	Legal Custody (Circle) Yes No	Lives With	Receives Mailings
Mother/Stepmother				(Circle) Yes No		
Father/Stepfather				(Circle) Yes No		
Guardian				(Circle) Yes No		

Residence Address _____

City _____ Zip _____

Mailing Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____ **Mother/Stepmother**

Cell Phone _____ **Father/Stepfather**

Email Address(es) **Mother** _____ **Father** _____

Place of Employment - **Mother/Stepmother** _____ Phone _____

- **Father/Stepfather** _____ Phone _____

(MUST HAVE PARENT/GUARDIAN SIGNATURE) _____ Date _____

2. PARENT/GUARDIAN QUESTIONNAIRE
(PLEASE PRINT OR TYPE)

Student Name _____ Enrolling for Grade _____

Names and ages of all of student's siblings:

Please relate anything about your son or daughter that you feel would give us insight into him or her as it would be relevant to the student's experience at Foothills Academy.

What talents and energies do you feel you can contribute to Foothills Academy?

(Mother/Stepmother/Guardian) _____

Father/Stepfather/Guardian _____

Has your child ever been expelled or received a long-term suspension? Yes No

Are there any suspensions or expulsions pending? Yes No (If so, please explain below)

Did your child leave his/her previous school in good standing (academic, behavioral)? Yes No (if no, please explain)

It is the responsibility of the parent/guardian to make available for review by the administration, all required documents, including those relating to discipline and special education before enrollment can be confirmed. Enrollment may be voided if this information relevant to enrollment is not disclosed.

Does your child have a health problem of which the school should be aware? Yes No (If yes, please explain)

Has your son/daughter ever participated in a Special Education program? Yes No

If so, where? _____ Type of Program? _____

If your son/daughter has participated in a Special Education program, please include the **most current** copy of his/her IEP with this application. This information will be used for placement purposes only.

Has your son/daughter had a psycho educational evaluation in the past three years? Yes No

If so, when? _____

Please note: Students will not be denied admission to Foothills Academy based on this information.

3. STUDENT INFORMATION FORM

STUDENT: PLEASE COMPLETE IN YOUR OWN HANDWRITING

Student Full Name _____

Home Address _____

City and Zip Code _____

Mailing Address _____

City and Zip Code _____

Telephone # _____

Gender _____ (M/F)

Date of Birth _____

State of Birth _____

Current Grade in School _____

Name of Present School _____

School Address _____

City _____ State _____ Zip _____

School Telephone _____ Years Attended _____

Did you leave your previous school in good standing? (if no, please explain)

List the names, addresses and years of other schools attended, if any.

QUESTIONS:

Please answer the following questions. You may attach additional sheets of paper if you need more space.

List your special interests (music, dance, sports, animals, books, etc.).

STUDENT INFORMATION FORM (continued)

STUDENT NAME _____

List any honors, awards or achievements you have received or accomplished.

Describe any work or volunteer experiences you have had

What did you do last summer?

What skills or qualities do you have that you are most proud of?

What do you see yourself doing as an adult?

Student's Signature _____ Date _____



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 _____

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.



Arizona Department of Education
Arizona Residency Documentation Form

Student _____

School FOOTHILLS ACADEMY COLLEGE PREPARATORY

School District or Charter Holder FOOTHILLS ACADEMY

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



Grades K through 6
 4720 E. Lone Mountain Road
 Cave Creek, AZ 85331
 480-292-9819



Grades 7 through 12
 7191 E. Ashler Hills Drive
 Scottsdale, AZ 85266
 480-488-5583

IMPORTANT INFORMATION

FA Support Fee:

The annual Foothills Academy Support Fee (FASF) is \$575.00 for each student who attends Foothills Academy. Families with two or more students enrolled or enrolling receive a discounted FASF of \$500 per student. If enrolling after the first semester, this fee is prorated to one half (1/2) these amounts, i.e. \$287.50 per student or \$225.00 (with sibling discount). Top-notch faculty, innovative programs and small class sizes are some of the reasons you may have chosen Foothills Academy for your student. These critical components require funding beyond that which is provided by the State of Arizona. Public Charter schools must support the expenses of owning, leasing, operating and maintaining their own buildings and facilities from the state funding received per student, in addition to classroom expenses. Payment of the Support Fee is critical in providing funds to help bridge the gap between what is received from state funding and what it actually costs to operate the school.

The importance of prompt payment of this fee cannot be emphasized enough.

Some items your FASF money helps fund, include:

- Portable computer labs – laptop maintenance/upgrading/replacement
- Audio/Visual equipment – maintenance/upgrading/replacement
- Online classroom support, courseware
- Student Information System maintenance/Homework and Grades online
- Website maintenance, community relations projects
- Copier and printing costs
- A portion of programs, such as:
 Performing Arts (Music, Dance, 5th Period Band), Art, Yoga, Weight Training, Publications/Improv,
 PE, Library needs and maintenance

Please note that additional fees will be required for field trips, special school projects, after school clubs and individual athletic team participation.

Uniform Policy:

ALL students in grades K – 12 are required to wear uniforms. Students must be in uniform on their first day of school. The Uniform Code can be viewed on our website at www.foothillsacademy.com. Please review it carefully before purchasing as it will be strictly enforced. All uniform pants, shorts, skirts, jumpers (worn at FA Elementary only), official logo shirts and sweatshirts, PE t-shirts and black PE shorts (FA College Prep only) must be purchased ONLY at:

“CLEATS” **

20221 N. 67th Avenue – Ste. E-5, Glendale, AZ

Phone 623-537-3376

or ordered on the website at: www.ivcfa.info

***A portion of the proceeds from each sale will benefit the school and its programs.*

Annual Notification to Parents Regarding Confidentiality of Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school within 45 days of a request made to the school administrator. Schools are not required to provide copies of records unless it is impossible for parents or eligible students to review the records without copies. Schools may charge a fee for copies.
- Parents or eligible students have the right to request in writing that a school correct records that they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions:
 - o School officials with legitimate educational interest
 - A school official is a person employed or contracted by the school to serve as an administrator, supervisor, teacher, or support staff member (including health staff, law enforcement personnel, attorney, auditor, or other similar roles); a person serving on the school board; or a parent or student serving on an official committee or assisting another school official in performing his or her tasks;
 - A legitimate educational interest means the review of records is necessary to fulfill a professional responsibility for the school;
 - o Other schools to which a student is seeking to enroll;
 - o Specified officials for audit or evaluation purposes;
 - o Appropriate parties in connection with financial aid to a student;
 - o Organizations conducting certain studies for or on behalf of the school;
 - o Accrediting organizations;
 - o To comply with a judicial order or lawfully issued subpoena;
 - o Appropriate officials in cases of health and safety emergencies; and
 - o State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, sports participation (including height and weight of athletes) and dates of attendance unless notified by the parents or eligible student that the school is not to disclose the information without consent.

The Individuals with Disabilities Education Act (IDEA) is a federal law that protects the rights of students with disabilities. In addition to standard school records, for children with disabilities education records could include evaluation and testing materials, medical and health information, Individualized Education Programs and related notices and consents, progress reports, materials related to disciplinary actions, and mediation agreements. Such information is gathered from a number of sources, including the student's parents and staff of the school of attendance. Also, with parental permission, information may be gathered from additional pertinent sources, such as doctors and other health care providers. This information is collected to assure the child is identified, evaluated, and provided a Free Appropriate Public Education in accordance with state and federal special education laws.

Each agency participating under Part B of IDEA must assure that at all stages of gathering, storing, retaining and disclosing education records to third parties that it complies with the federal confidentiality laws. In addition, the destruction of any education records of a child with a disability must be in accordance with IDEA regulatory requirements.

For additional information or to file a complaint, you may call the federal government at (202) 260-3887 (voice) or 1-800-877-8339 (TDD) OR the Arizona Department of Education (ADE/ESS) at (602) 542-4013. Or you may contact:

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

This notice is available in English and Spanish on the ADE website at www.ade.az.gov/ess/resources under forms. For assistance in obtaining this notice in other languages, contact the ADE/ESS at the above phone/address.

MEDICAL EMERGENCY FORM

IMPORTANT: Please complete BOTH pages of this form and return it to the school office immediately.

Student's Name _____
Last First Middle Initial

Date of Birth _____ Grade in School _____

Mailing Address _____

Parent Email Address _____

IT MAY BE NECESSARY TO COMMUNICATE WITH A PARENT/GUARDIAN DURING THE SCHOOL DAY BECAUSE OF AN ACCIDENT OR SUDDEN ILLNESS OF A STUDENT. PLEASE COMPLETE THE FOLLOWING:

 Father's Name () - Work Phone () - Home Phone () - Cell Phone

 Mother's Name () - Work Phone () - Home Phone () - Cell Phone

 Family Physician Phone #

 Dentist Phone # Orthodontist Phone #

 Hospital Preference Phone #

**PLEASE GIVE NAMES OF TWO INDIVIDUALS RESIDING LOCALLY, WHO WILL ASSUME THE RESPONSIBILITY OF YOUR CHILD IN CASE OF AN ILLNESS OR ACCIDENT UNTIL YOU CAN BE REACHED.
 PLEASE NOTIFY THESE INDIVIDUALS OF THESE ARRANGEMENTS. ANY CHANGES SHOULD BE GIVEN IN WRITING.**

1. OK to pick up?
Y/N

Name Address () - Home Phone # () - Cell Phone #

2. OK to pick up?
Y/N

Name Address () - Home Phone # () - Cell Phone #

Health Insurance Plan (i.e. Blue Cross, Kaiser, etc.) _____
Group/Policy Number _____

IMPORTANT: YOU MUST COMPLETE THE INFORMATION ON THE NEXT PAGE OF THIS FORM AND SIGN AND DATE WHERE INDICATED.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of _____ a minor, I hereby authorize the Principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to initiate paramedic/ambulance care or transport for said minor and to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Foothills Academy, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I further understand that all cost of paramedic/ambulance transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

I understand that Foothills Academy does not provide medical insurance for student injuries but does offer student accident/health insurance for voluntary purchase. Insurance information is available in the office upon request.

If your child has an existing medical condition that requires daily medication, please label the medication with the student's name and clearly written instructions on how to administer and leave it with the school office personnel. This applies to medications for temporary health issues as well.

My child is allergic to the following medications:	
Other medications used:	
I GRANT PERMISSION TO GIVE MY CHILD ACETAMINOPHEN (TYLENOL), IBUPROFEN (ADVIL), PEPTO BISMOL Yes ___ No ___	
My child has the following health concerns:	
My child wears: Contact Lenses ___ Eye Glasses ___ Hearing Aid ___	

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Parent Commitment Letter

The parents' role in the education of their children is critical. A strong partnership between parents and the school community is essential for each child's success. In our ongoing effort to strengthen this necessary partnership, we ask that you read, understand, and sign the following commitment statement.

Please initial each item below in the space to the left to acknowledge you have read and understand each one:

While my child is enrolled as a student at Foothills Academy, I, as parent/guardian agree to the following:

- read and discuss with my child the annual Student/Parent Handbook distributed the first week of school;
- make certain my child is properly prepared each day with textbooks, necessary school supplies and completed assignments;
- provide or make arrangements for daily lunch for my child;
- make certain that my child is dressed according to the school's Uniform Code;
- complete and return all the forms included in this packet;
- provide necessary student records and immunization updates;
- eliminate tardies and absences except in cases of illness;
- provide prompt and timely drop-off and pick-up of my child every day. I understand that supervision of my student *prior to or after* the times stated below is not the responsibility of Foothills Academy with the exception of after school tutoring or other school sponsored activities.
 - For FACP: Drop off no earlier than 7:45 a.m. or after; pick up no later than 3:00 p.m.
 - For FAEP: Drop off no earlier than 8:00 a.m. or after; pick up no later than 3:15 p.m.
- arrange for pick-up of my child within one hour of notification of illness or discipline sanction;
- abide by and support school disciplinary policies and decisions;
- follow the complaint or grievance procedure and chain-of-command outlined in the Student/Parent Handbook and discussed at orientation meetings;
- arrange for and supervise nightly homework and study;
- provide remediation services and tutoring (beyond what is provided at Foothills) to the extent necessary for my child's success;
- visit our website (www.foothillsacademy.com) daily for calendar updates, FAPTO and FAePTO news, and school information if access to the internet is available;
- read and respond (when asked) to all school communications and check email at least once daily;
- promptly notify the school office of any changes in phone numbers (home, work, cell), address, email;
- complete sibling enrollment application process by February 1 for the following school year;
- volunteer (when possible) for FAPTO, FAePTO, school day, or at home school projects.

 Parent Signature

 Date



Grades K through 6



Grades 7 through 12

PARENT AUTHORIZATION FORM

For as long as my child is enrolled as a student at Foothills Academy:

I give permission for Foothills Academy to publish and/or broadcast my student's name and/or photograph for purposes such as news releases, publication of Director's List and Principal's List, academic and athletic awards and recognition, etc. I understand that the name and/or photo could additionally be used for purposes such as school flyers and/or brochures, school event publicity, Foothills Academy website, and school yearbooks.

Circle one: YES NO

I give permission for my student's name, my name, address, telephone and email address to be used by the **Foothills Academy Parent Teacher Organizations** (FA PTO-Grades 7-12, and/or FAePTO-Grades K-6) for purposes of **contacting parents via email or mail regarding FA PTO/FAePTO events and activities, and parent/student directories.** (Directories are prepared for use by the Foothills Academy parents ONLY and any use of their content for purpose of solicitation is prohibited.)

Circle one: YES NO

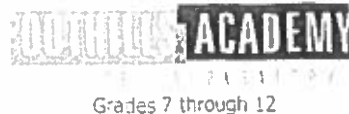
Personal education information is confidential and will not be available for public inspection.

Parent/Guardian Signature

Date _____

Name of Student _____

(If student is over 18 years of age, he/she is required to sign.)



PARENT CONSENT FOR STUDENT TO PARTICIPATE IN ALL FOOTHILLS ACADEMY ACTIVITIES

I understand that a significant part of Foothills Academy curriculum falls under the headings of field experiences and special projects. These activities may involve leaving campus on foot.

I understand that these activities are part of instruction and that students are under the supervision of school personnel. As always, students are expected to conduct themselves in a manner consistent with the "Conduct at Activities" and "Rules" sections of the annual Foothills Academy Student/Parent Handbook.

Due to the frequency of these activities, I further understand that it is impractical to obtain parental permission for each individual off-campus activity. I also understand and expect Foothills Academy to notify parents of those activities extending outside school hours or far beyond school boundaries; a special notification and permission slip will be sent home.

In general, having read and understood the above, while my child is enrolled as a student at Foothills Academy, I hereby give my permission for him/her to participate in all field experiences, special projects, and field trip activities. I further agree to release Foothills Academy from all liability associated with these activities.

Parent/Guardian Signature

Date

Student Name _____
(Please print name)

FOOTHILLS ACADEMY DRIVING, PARKING & PARKING LOT AGREEMENT

While my student is enrolled at Foothills Academy, I agree, for my student and myself, to abide by the following driving and parking lot regulations. I understand that not doing so will jeopardize my student's school parking privilege.

1. **ALL** school related traffic (students, parents, faculty, etc.) **must** approach Foothills Academy from the **east** utilizing Ashler Hills Drive from Scottsdale Road.
2. There is absolutely **NO** school access from the **west** utilizing Ashler Hills Drive.
3. **ALL** traffic exiting the school parking lot **must turn right** or **east** on Ashler Hills Drive to Scottsdale Road.
4. Student parking is available for **SENIOR DRIVEN CARPOOLS ONLY** on a first come, first served basis. ALL Seniors who choose to park at school are required to carpool, *providing transportation to Foothills Academy for at least one other Foothills Academy student.* This policy will be **STRICTLY** enforced.
5. There is absolutely **NO PARKING** at any time on Ashler Hills Drive, Scottsdale Road, or Calle de las Estrelas, or adjacent to the red painted curbs in the parking lot. Improperly parked cars will be towed at owner's expense — **NO EXCEPTIONS.**
6. NO student parking is allowed in **Reserved** or **Visitor** marked parking spaces.

Parking Lot Drop Off and Pick Up Rules:

I will ...

- 1. **drop off** and **pick up** my student at the bridge or *east* of it **ONLY** and in the inner and outer lanes **ONLY** (*east* is the side of the parking lot closest to Scottsdale Road.) I will not **STOP in the middle lane to drop off or pick up my student;**
- 2. always pull as far forward as I can;
- 3. **be cautious**, as students need to cross all lanes in several areas in order to reach the outer lane;
- 4. refrain from talking on my cell phone or texting while in the parking lot for drop off and pick up;
- 5. follow the pick up times as listed in the Parent/Student Handbook, **NOT COME EARLY TO PICK UP MY STUDENT** which blocks the flow of traffic, cars back up behind and are not able to pull forward, and the system collapses;

Parent/Guardian Signature

Date

Student Signature (if driving to school)

Date



FOOTHILLS ACADEMY INFORMATION TECHNOLOGY SYSTEM

USER AGREEMENT

INTRODUCTION

Foothills Academy's information technology system (ITS) policy covers all school-owned devices and networks, as well as teacher and student owned devices while used on campus, regardless of whether Foothills Academy ITS is utilized.

Foothills Academy reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage.

RESPONSIBLE USE

- A. Foothills Academy grants access to the ITS for educational purposes only.
- B. All users must practice network etiquette - being polite, respectful, and courteous of others.
- C. It is strictly prohibited to use the Foothills Academy ITS.
 - in a manner that violates the law or encourages others to violate the law.
 - to access, create, distribute, or redistribute material which is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.
 - to access, create, view or transmit abusive, offensive, harassing, threatening, or otherwise objectionable or illegal content:
 - to access, create, view or transmit pornographic material.
 - to access another person's account or create messages that misleads others into believing that someone other than you is communicating;
 - in a manner constitutive of or promoting *cyberbullying*.
 - in a manner that causes harm to others or damage to their property including websites.
 - to publicly post or transmit pictures of students without obtaining prior permission from all individuals depicted or from parents of depicted students who are under the age of 18
 - to publicly post messages that were sent to you privately.
 - to publicly post your personal contact information.
 - to forward or redistribute a message or e-mail address to third parties without expressed permission.
 - to access, create, view, transmit, or receive confidential, trade secret information, or copyrighted materials (i.e. music, movies, other media) without permission.
 - in commercial transactions. Students may not sell or buy anything over the Internet.
 - to download or stream movies, music, or other non-school related items on a school-owned or student's personal computer or telephone.
 - to use unauthorized internet websites or services (e.g. instant messenger, P2P file sharing).

SCHOOL-OWNED COMPUTERS

1. Students may check out and use campus computers only with permission of school personnel.
2. No food or drink is allowed while using a school computer.
3. No programs may be loaded onto a computer.
4. Work cannot be stored on FA computers.
 - FACP students will use Google Drive to access and store files.

- FAEP students may use portable storage devices as long as their home computer system is protected and maintained with appropriate virus protection. Should a student bring in a device with a virus, the student will no longer be allowed to use portable devices and will be required to email or use the cloud to access and retrieve documents.
5. Student will use headphones/earbuds if his/her work requires audio output. Student must supply his/her own headphones/earbuds.
 6. Report any malfunction immediately. Students are not to try to fix FA computer problems on his/her own.
 7. All use of Foothills Academy ITS will be monitored by the teachers and administration for compliance with these rules.

STUDENT-OWNED PORTABLE ELECTRONIC DEVICES USED AT SCHOOL (Grade 5 and up)

1. Students are expected to bring and use portable electronic devices for completing school assignments. (Devices include laptops and tablets and must have accessibility to the school's WiFi. Smart phones do not meet the requirements needed for word processing and educational collaborative software.)
2. The Information Technology System Policy for Foothills Academy technology also applies to all portable electronic devices brought onto campus. Any violation of these rules may result in the loss of the student's privilege to bring a portable electronic device to school.
3. While on campus, students are to access the internet using FA WiFi.
4. Students/Parents are responsible for maintenance and repair of student-owned electronic devices.
5. Foothills Academy will not be held responsible for the loss, theft or destruction of any student-owned portable electronic device.
6. Use of portable electronic devices in the classroom is up to the discretion of the teacher as to how and when the device may be used.
7. Foothills Academy reserves the right to review files on any portable electronic device brought into the school.

Cell Phone Policy

Foothills Academy students will be allowed to possess cell phones on campus. Student use of cell phones on campus is subject to the rules outlined below.

- Cell phones must be turned off and not visible on campus during the school day, unless specifically allowed by school personnel. Cell phones will only be permitted during class periods when the "Cell Phones Permitted" sign is visible from your instructor.
- Cell phone use will be permitted before school, during lunch time, and after school.
- Cell phones may not be connected to the school's Wi-Fi.
- Placing a cell phone on vibrate or texting is not considered off and is prohibited.
- Using a cell phone to record or video tape without instructor permission is prohibited.

Cell Phone Policy Offense

- 1st Offense- Cell phone is taken by teacher and returned to the student at the end of the school day.
- 2nd Offense- Cell phone is taken by teacher and given to the office. Cell phone may only be picked up by parent/guardian.
- 3rd Offense- Same as offense #2 but includes a \$10 Administration handling fee.

FAILURE TO HONOR THE POLICY

Access to Foothills Academy ITS is a privilege, not a right. Violation of this policy may result in disciplinary action, including possible suspension or termination of ITS privileges, school discipline, and civil and/or criminal action. A user violates this Policy by his or her own action or by failing to report any violations by other users that come to the attention of the user.

STUDENT AGREEMENT

Every student and parent/guardian must read and sign below.

By signing the Foothills Academy Information Technology Policy (the "Policy"), you agree to follow the rules outlined. You also agree to report any misuse of the network in a timely manner to school personnel. "Misuse" refers to any violations of this Policy or any other use that is not included in the Policy, but has the effect of harming another, his or her property, or the School.

I have read the above procedures and precautions and understand what they mean. While enrolled in Foothills Academy I agree to abide by the Policy. I understand that an infraction may result in the loss of ITS access and possible further disciplinary, civil, or criminal action may be taken.

Student Name (PRINT CLEARLY)

Student Signature

Parent/Guardian Name (PRINT CLEARLY)

Parent/Guardian Signature

Date

Date



Grades K through 6



Grades 7 through 12

Foothills Academy Student Athlete

Waiver and Hold Harmless Agreement

While enrolled as a student at Foothills Academy, I understand and accept the risks for personal injury inherent in competitive athletics. I also state that I am in good health and physically competent to participate in competitive athletics and will not hold Foothills Academy liable for any incident, injury or worsening of any medical condition resulting from my participation in school athletics.

I understand that I may be transported by a Foothills Academy van (driven by a licensed driver covered by Foothills Academy insurance). As a Foothills Academy athlete, I am expected to exhibit appropriate behavior at all times, including while being transported to and from the athletic event. Vehicles are to be left clean and free from trash and food. All alternative transportation arrangements must be made by/between the student and/or parent. Alternative transportation is all transportation other than via a Foothills Academy van. Foothills Academy assumes no liability for alternative transportation arrangements.

I agree not to sue Foothills Academy, or its employees, volunteers and/or agents.

Name _____

Address _____

Phone Number _____

Student Signature _____

Date

If under 18 years of age, Parent/Guardian must fill out and sign below:

Parent/Guardian Name _____

Address _____

Phone Number _____

Parent/Guardian Signature _____

Date

Armed Forces Recruiting

Important Notice to Parents-Armed Forces Recruiter Access to Students & Student Recruiting Info

The "No Child Left Behind Act of 2001" passed certain new requirements with respect to Armed Forces Recruiter Access to Students and Student Recruiting Information:

- **Duty to Provide Information to Military Recruiters:** Unless the parent requests otherwise, School Districts or Charter Schools must provide upon request by military recruiters access to high school student's names, addresses and telephone listings.
- **Consent:** Either the high school student or the parent of the student may request that the student's name, address and telephone listing not be released without prior parental consent. Schools are required to notify parents of this option to make a request and shall comply with the requirement.
- **Access to Students:** If parents do not send written notification of "opting out" each School District or Charter School shall provide military recruiters the same access to high school students' records as is provided generally to higher education institutions, community colleges, and prospective employers.

If you do not want your student's name, address and telephone listing released to Armed Forces recruiters, YOU MUST SIGN AND RETURN THIS FORM.

Your statement of objection will be placed in your child's records, and we will not release this information to military recruiters without your written consent.

DO NOT RELEASE MY STUDENT'S INFORMATION

As parent/guardian of _____
(please print student's name)

I do not give permission for Foothills Academy College Preparatory to release any information regarding the above student to any branch of the US military.

Parent's Name (please print) _____

Parent's Signature _____

Date _____