

**Villa Oasis Check List
Re-Enrollment Packet
2021/2022**

Student Name _____

Last School Attended _____

Packets will not be accepted without:

Proof of Residency (page 6 for examples)

**PERSON TO BE CALLED IN EMERGENCY IF PARENTS ARE
UNAVAILABLE**

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

MEDICAL HISTORY

	NO	YES	Explain/Date
ALLERGIES	_____	_____	_____
CONVULSIVE DISORDERS	_____	_____	_____
CRIPPLING CONDITIONS	_____	_____	_____
CHEST CONDITIONS	_____	_____	_____
CHICKEN POX	_____	_____	_____
DIABETES	_____	_____	_____
EYE, EAR, NOSE DISEASE	_____	_____	_____
HEART CONDITION	_____	_____	_____
MEASLES (RUBEOLA)	_____	_____	_____
GERMAN MEASLES	_____	_____	_____
MUMPS	_____	_____	_____
RHEUMATIC FEVER	_____	_____	_____
STREP INF./SCARLET FEVER	_____	_____	_____
TONSILLITIS	_____	_____	_____
VALLEY FEVER	_____	_____	_____
WHOOPING COUGH	_____	_____	_____
OPERATIONS/SERIOUS ACCIDENT	_____	_____	_____
TUBERCULOSIS OR HEPATITIS	_____	_____	_____
Does student wear glasses	_____	_____	_____
Does student have hearing problems	_____	_____	_____
Current Medication		Daily Dosage	_____

Student's general health: Good ___ Fair ___ Poor ___ (if poor explain) _____

Date of last student physical: (month & year) _____

Is student on AHCCCS? Yes ___ No ___

Kids Care Coverage? Yes ___ No ___

As the parent of _____, I give permission to VOICE to treat my child for emergency health needed during the 2021/2022 school year. I am to be notified in case of emergency and on other occasions when school feels it necessary. I understand I am financially responsible if outside medical assistance is utilized.

Parent/Guardian Signature

Date

No Child will be admitted without Immunization Records

Student Name _____

Permission to Administer Medications at School: Mary C. O'Brien Accommodation School District Registered Nurse or other personnel who have been instructed in giving medications may give the following over-the-counter medications with parental permission.

- YES / NO --Ibuprofen (generic Motrin) 200 mg tablets 1-2 every 6 hours
For pain
- YES / NO --Acetaminophen (generic Tylenol) 500 mg tablets 2 every 4-6 hours
For pain
- YES / NO --Diphenhydramine (Benadryl) 25 mg tablets 1-2 every 4-6 hours
For allergies/allergic reaction
- YES / NO --Antacids (Tums) calcium carbonate 2 chewables
For minor gastrointestinal discomfort
- YES / NO --Cough drops
For coughing or sore throat
- YES / NO --Benzocaine 10% (Ora-jel type)
For relief of toothache pain
- YES / NO --Carmex
For chapped lips or temporary cold sore relief
- YES / NO --Hydrocortizone cream 1%
For minor rash or skin irritation
- YES / NO --Triple antibiotic ointment (Neosporin type) as needed
For minor injuries or conditions
- YES / NO --Pepto Bismol as directed
- YES / NO --Midol as directed
- YES / NO --Claritin as directed
- YES / NO --Loperamide as directed
- YES / NO --Liquid cough medicine (alcohol free) as directed
- YES / NO --Cough/Cold medicine (alcohol free) as directed
- YES / NO --Chloraseptic throat lozenges for minor sore throats
- YES / NO --Refresh optive lubricant eye drops as directed for dry/itchy eyes.
- YES / NO --Glucose Tabs

Allergies-Reactions _____

It is the responsibility of the parent to call the school nurse with any change in information during the school year. Please call (520)450-4450 for the Health Office.

I hereby grant Mary C. O'Brien Accommodation School District permission to give the medications listed above.

I give permission to the school nurse or her designee at Mary C. O'Brien/Villa Oasis to treat my child for any health needs during the school year of 2021/2022. I am to be notified if the nurse feels it is necessary. In case of serious injury or illness, I hereby give authority for Villa Oasis/Mary C. O'Brien to obtain emergency transportation and give authority to any hospital and/or doctor to render immediate aid as might be required for my child's health and safety. It is understood by me that the expense of this service will be accepted by me.

Parent/Guardian Signature

Date

Medical History: ___ Heart disease ___ Hearing/Vision
 Or ___ Seizures ___ Autism
Current Diagnosis ___ Asthma ___ ADHD
 ___ Diabetes ___ Bipolar Disease
 ___ Chicken Pox ___ Surgeries

Mental Health & Medications _____

Other _____

Current Medications _____

Does your child wear or ever worn prescriptive glasses/lenses? YES / NO

Does student have health insurance? YES / NO

Name of Insurance Company _____

Prescription Drugs

In order for prescription medication to be administered at school:

The parent or guardian must provide written permission for school personnel to administer medication and consent for the nurse to obtain an order from the prescribing physician. The forms are in the health office.

The medication must be brought by parent or guardian to the school office in the prescription container as put up by the pharmacist. Written directions from the physician or pharmacist must state the name of the patient, the name of the medicine, the dosage and the time it is to be given.

Do not give medication to the student to bring into the school. This is against district policy and is a safety issue for the students.

In the case of medication for diagnosed anaphylaxis and breathing disorders requiring a hand held device, the parent or guardian must provide written permission for the student to self-administer and carry the medication. In these cases, the student's name on the prescription label is sufficient for the physician's recommendations. If epipen availability is ordered by a physician it is recommended that 2 epipens are available as, in the case of severe allergic reactions, 2 doses are commonly needed. These medications can also be kept in the health office with other locked medications depending on the age, maturity level of the student, and doctor's order.

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)

___ 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.

Villa Oasis Interscholastic Center for Education
3740 N Toltec Rd, Toltec, AZ 85131

Registration-McKinney-Vento Eligibility Questionnaire
2021/2022

Name of Student _____ School _____
Gender _____ DOB _____ Age _____ Student School ID _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 112435. 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 due to loss of housing or economic hardship?
Yes No
2. Is the student an Unaccompanied Youth (not in physical custody of a parent or guardian)?
Yes No

If you answered YES to either of the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living?

- In a motel
- In a shelter
- Temporary living with more than one family in a house or apartment
- Moving from place to place
- Living situation is not adequate (ex. no electricity or running water, etc.) or in a place not designated for ordinary sleeping accommodations (ex. park, car, or campsite)

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

Address _____ City _____

Zip _____

Signature of Parent/Legal Guardian _____

Date _____

Office Use Only

I certify that the above-named student qualified for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date

Return completed form to the Student Service office: Attention McKinney-Vento
Entered into Powerschool by: _____

EDUCATION SUMMARY

HAS STUDENT EVER ATTENDED V.O.I.C.E. YES _____ NO _____

Last school attended _____

Address of last school _____

Last date of attendance _____ Grade (by credits) _____

Has student ever had an IEP/504 Plan? Yes _____ No _____

Dates of Service _____

If student has previously dropped out of school, please complete the following:

Age when left school _____ Reason for leaving _____

Has student ever been retained? Yes ___ No ___ At which grade level(s) _____

Identify special interest, subjects, or hobbies _____

School activities participated in _____

Has student ever been qualified for and/or participated in:

	YES	NO	READING	MATH
SPECIAL EDUCATION SERVICES	_____	_____	_____	_____
CHAPTER 1	_____	_____	_____	_____
LEP/ESL	_____	_____	_____	_____

Hospitalization/Rehabilitation /Incarceration

Facility _____ Date _____

REASON FOR REFERRAL

Referral Made By _____ Date of Referral _____

_____ Attendance (for semester prior to entry at AEP)
Days enrolled _____ Days absent _____

_____ Academic Deficiency

_____ Behavior (Suspended _____ Expelled _____)

_____ Court Order (Probation _____ Parole _____)
Name of Probation Officer _____

_____ Pregnancy

_____ Financial

_____ Other (specify) _____



Villa Oasis Interscholastic Center for Education

3740 N Toltec Rd, Toltec, AZ 85131
Tel (520) 450-4450

Authorization to Release Information

Student Name _____

Grade _____ Date of Birth _____

Parent/Guardian Name _____

I authorize the Villa Oasis High School to release information to and communicate with counselors, counseling agencies, probation officers, and

Name _____

Name _____

Title _____

Title _____

Phone Number _____

Phone Number _____

The following information can be released to the above-named persons.

- Academic records
- Special education records
- Assessments and recommendations by the above-named person/agency
- Verbal communication

Parent/Guardian Signature

Date

Ector Rodriguez
Principal

Jill Broussard
Pinal County Superintendent

Martin Bassett
Associate Superintendent



Villa Oasis Interscholastic Center for Education

3740 N Toltec Rd, Toltec, AZ 85131

Tel (520) 450-4450

Dear Parent and/or Guardian,

This letter is being sent to inform you that, as a part of our ongoing efforts to keep drugs off our school campus, drug dogs will periodically be brought onto the campus throughout the school year. Villa Oasis is a drug free campus and implements a zero-tolerance policy.

The Villa Oasis will be making use of the K-9 units of several local law enforcement agencies including the Eloy Police Department. This will be an ongoing event as the students need to know that we are making this a priority. I am sure you agree that a drug free campus is a safer campus and allows for greater educational opportunities. Please be assured that ALL necessary precautions will be taken to maintain the safety of all students during this process.

While scheduled times will not be provided (for obvious reasons), your ongoing efforts to assist us in this endeavor will be greatly appreciated. You as parents/guardians are the first line of defense. You can assist by discussing with your kids the negative results of drug use including E-Cigarettes and Vape pens. Let them know that you do care. Make sure they are aware that drug dogs will react to residue in hair, clothing, backpacks, personal items as well as contact with skin. Again, talking to your child may make all the difference in the world.

If you have any questions or concerns regarding this issue, please do not hesitate to contact me at the Villa Oasis (520) 450-4450. Again, please understand that we are making every attempt to keep our school safe and drug free in order to promote the education of all our students.

Sincerely,

Mr. Ector Rodriguez
Principal

Student Signature _____ Date _____

Parent Signature _____ Date _____

VILLA OASIS EXPECTATIONS AGREEMENT

ACADEMIC EXPECTATIONS

At the time of the intake interview, enrollment in the Villa Oasis School is open to all students who state they want to attend school at the Villa and that they want to turn their school situation into a positive, productive direction (which means passing and earning credit).

Repeated failure to complete classroom and homework assignments, and repeated disregard for the academic testing will be viewed as insubordination and in direct defiance of the intent of the Villa Oasis Interscholastic Center for Education program.

Any student failing all academic subjects during a 9-week grading period will be placed on academic probation and receive a warning. Continued failure during the following block will result in an academic hearing for review with a possible recommendation for transfer to another educational program.

ATTENDANCE EXPECTATIONS

Students are expected to be in school every day. Parents must see to it that the student attends daily. More than five absences in a given quarter (60 contact hours are required) will result in the loss of credit for that quarter.

ABSENCES WHICH RESULT IN LESS THAN 60 CONTACT HOURS (more than five absences per quarter) IN THE CLASSROOM WILL RESULT IN LOSS OF CLASS CREDIT unless the student makes up the missed time, hour for hour.

DRESS CODE

There is a dress code at VOICE. A student's appearance must not disrupt the school or classroom activities. Bandanas, hair nets, chains and long belts hanging are not to be worn or brought on campus. All students, male and female alike attending VOICE will adhere to the following dress code:

- ❖ Hats will be removed upon entering a building/room
- ❖ Clothing will have no writing or pictures indicating drugs or alcohol, sex, weapons, violence, and no personalized writing or pictures added to any clothing.
- ❖ Pants will not drag inappropriately below the waistline.
- ❖ Underwear will be covered and will not be visible. **Net shirts, half-blouses, short shorts, mini-skirts, spaghetti-strap blouses, tank tops, and sheer clothing are not appropriate for school attendance.** If a student is dress coded, the student will be asked to change their clothing with school provided wear or suitable clothing from home.

No music devices during class time.

Cell phones must be turned off; calls may be placed and received through the office only.

Students are not permitted to have in their possession vape pens and/or e-cigarette devices on campus, school transportation, or any school sponsored event.

POLICY FOR FIGHT PARTICIPATION

All participants identified as participating in a fight by watching, yelling, coaxing, or in any way encouraging students to engage in a conflict will be disciplined through the administration office of the school and face suspension from the academic school program. Students participating in fights may face up to ten days of Out of School Suspension.

Any student who ignores the directions of any staff person to disperse from the scene of fight or conflict will be disciplined through the administration office of the school.

VILLA OASIS INTERSCHOLASTIC CENTER FOR EDUCATION

**DISRESPECT/DEFIANCE OF AUTHORITY CONTRACT
(ARS 15-3058)**

THREATS/VERBAL ABUSE (ARS 15-210/CLASS 3)

All students understand that V.O.I.C.E. is an opportunity to 1) make-up credits to return to their home school, 2) earn credits to receive a diploma, or 3) complete the General Educational Development Test (GED). A student shall be subject to disciplinary action for disrespect, insubordination or causing classroom disruption.

Disrespect – to insult, call derogatory names, dishonor, or abuse verbally or in writing any member of the school or student body.

Insubordination – The act of failing to respond to or carry out a reasonable request by authorized school personnel, breaking any written rules and regulations, or not being in the properly assigned area according to school authorities.

Classroom Disruption – The act of being involved in behavior which disrupts the educational process of other students in the classroom or disregarding the suggestions and corrective efforts of the teacher.

PARENT CONFERENCE REQUIRED

1. I have been instructed that disrespect and defiance of school authority is in violation of Arizona Revised Statute number 15-3058. Threats and/or verbal abuse is a class 3 misdemeanor and in violation of Arizona Revised Statute number 15-210.
2. I have received warnings by school staff and/or received a written disciplinary action report due to behavior in defiance of school authority, threats, or verbal abuse.
3. I understand that any future incidents will result in suspension from V.O.I.C.E. and possible termination from this program.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

E-325 1992 by Arizona School Board Association EEACC [Also JFCC]

STUDENT CONDUCT ON SCHOOL BUSES

Students are required to conduct themselves in the bus prior to boarding the bus, and subsequent to leaving the bus in a manner consistent with established standards for classroom behavior.

When a student fails to practice proper conduct the bus driver will inform the principal of the misconduct which may then be brought to the attention of the parents.

Students who become serious disciplinary problems related to school transportation may have their riding privileges suspended. In such cases, the parents of the students involved become responsible for seeing that their children get to and from school safely.

Students riding on special-activity buses are under the direct supervision of the bus driver in cooperation with sponsor(s). Students who do not conduct themselves properly will be denied the privilege of riding on special-activity buses.

Adopted: date of manual adoption

LEGAL REF: A.R.S. 15-341(A) (I)
A.A.C. R17-4-606 (D)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

VILLA OASIS INTERSCHOLASTIC CENTER FOR EDUCATION

Permission to be Photographed

I give permission for my son/daughter to be photographed for use by the school and/or other limited agencies. This will include but will not be limited to use for extracurricular activities, the school yearbook, newspaper articles, awards, etc.

- Yes, I give permission. No, I do not give permission.

Permission for Field Trips

Our school staff will frequently have the opportunity to take students on various types of school-sponsored field trips. Some may require students to be taken to nearby community business organizations and other outings off school campus. I give my daughter/son permission to attend any school-sponsored project at the Villa Oasis School or off the school campus without separate/individually signed permission slips.

- Yes, I give permission. No, I do not give permission.

Military Recruitment

Military recruiters come to Villa Oasis to talk to the students and ask for student demographics and contact information. I give permission for the release of directory information for military recruitment purposes.

- Yes, I give permission. No, I do not give permission.

Parent/Guardian Signature

Date

Villa Oasis Library Borrower Agreement

I agree to take care of the items I check out of the Villa Oasis Library. I will return them in good condition and in a timely manner. If any of the items checked out to me are lost, I will pay the replacement cost to the Villa Oasis High School.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Verification/Agreement

Please read and review the Villa Oasis Interscholastic Center for Education Student/Parent Handbook with your child. It is important that parents and students understand the expectations and rules for Villa Oasis High School. Your signatures will indicate that you have reviewed and discussed the handbook together and that you join with VOICE in our efforts to keep our school safe and orderly.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

VILLA OASIS INTERSCHOLASTIC CENTER FOR EDUCATION
3740 N Toltec Rd, Toltec, AZ 85131
Phone: (520) 450-4450, (520) 450-4453

Dear Parents and Students:

This year the counseling program at the Villa Oasis High School is sponsoring several prevention workshops and educational seminars for Villa Oasis students. Some of the education will be provided by Horizon Human Services, Military Recruitment/Education, Pinal County Division of Public Health, Central Arizona College, and other local community agencies. It is our goal to provide your son/daughter with the knowledge to lead a successful and healthy life both socially and academically. The workshops and presentations will be geared towards our high school students' needs. Some of the topics will include substance/alcohol abuse, social interactions including conflict resolution, self esteem, dating, sexually transmitted diseases including HIV/AIDS, life skills, healthy relationships, abstinence, prevention, parenting, cultural awareness, future goals/careers and college, and college planning.

We strongly encourage all students to participate in the on-campus presentations as part of their education at the Villa Oasis High School. Although some of the material presented may be graphic in nature, it is information that your son/daughter will need to lead a healthy and productive life.

If you have any questions regarding any of the presentations on campus, please do not hesitate to contact our licensed, school-based counselor, Andrea Arvin, at (520)450-4450 or (520)450-4464. Thank you.

Regards,

Mr. Ector Rodriguez

By signing below, I agree that I have read and understand the above information and give consent for my son/daughter to participate in on-campus workshop/presentations for the 2021/2022 school year.

Parent/Guardian Signature

Date

As a student of the Villa Oasis High School, I have read and understand the above information and give my consent to participate in on-campus workshop/presentations for the 2021/2022 school year. I understand that if I choose to not participate that I will be required to complete other assigned activities.

Student Signature

Date

VILLA OASIS INTERSCHOLASTIC CENTER FOR EDUCATION

3740 North Toltec Road, Toltec, AZ 85131

Phone (520) 450-4450, (520) 450-4453

Dear Parents and Students:

My name is **Andrea Arvin** and I am the school counselor for Villa Oasis Interscholastic Center for Education for the 2021/2022 school year. The counseling and guidance program services can be comprised of individual, group, case/crisis management, in-service trainings, academic/career planning, college prep and workshops for students. Students can be referred to the counselor by teachers, parents/guardians, probation officers, etc. If you have any questions or concerns about the referral, I would be very happy to discuss them with you in further detail. Please feel free to contact me by phone or stop by the main office and ask to speak with me directly. I can be contacted at (520) 450-4450 or at (520) 450-4464, Monday–Friday from 7:45 a.m.–3:45 p.m. I look forward to hearing from you. If your child is receiving behavioral health services from an outside provider, please indicate in the space below where they are receiving the services and permission to coordinate services with the specified provider.

Thank you,

Andrea Arvin, MS, LAC
School-Based Counselor
Villa Oasis Interscholastic Center for Education

____ **Yes**, I give permission for my son/daughter to receive school-based counseling services, which may include individual, group, case/crisis management, in-service trainings, academic /career planning, college prep and workshops for students for the 2021/2022 school year.

____ **No**, I do not give permission for my son/daughter to receive school-based counseling services for the 2021/2022 school year.

Student Name: _____ **DOB:** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

My child is receiving counseling services from _____
Agency

with _____ for _____
Counselor/Case Manager Reason for Counseling Services

I give permission for Villa Oasis to share pertinent information regarding my child with the specified counseling agency and to coordinate services with the specified provider for the 2021/2022 school year.

Parent/Guardian Signature: _____ **Date:** _____

Electronic Information Services User Agreement

Terms and Conditions:

Acceptable Use. I will use the service to support personal education objectives within the educational goals and objectives of the School District. Inappropriate use may result in cancellation of use of information services and/or appropriate disciplinary action. I will not submit, publish, display, or retrieve materials forbidden by statutes, laws, or District policies and regulations.

Personal Responsibility. I will report any misuse of the information service to a parent, teacher, or the system administrator, as appropriate.

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

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

- Be Polite and use appropriate language. I will not send, or encourage others to send, abusive messages.
- Respect privacy. I will not reveal any home addresses or personal phone numbers.
- Avoid disruptions. I will not use the network in any way that would disrupt use of the systems by others.
- Observe these other considerations:
 - ❖ Be brief
 - ❖ Try to use correct spelling and make messages easy to understand
 - ❖ Use short and descriptive titles for my articles
 - ❖ Post only to known groups

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

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information systems, 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

Student Name _____

Signature _____ Date _____

Parent or Guardian Cosigner

As the parent or guardian of this student, I have read this agreement and understand it. I understand that is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the information services. I also agree to report any misuse of the information services to a School District administrator (Misuse may come in many forms but can 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 information services in not in a school setting. I hereby give my permission to have my child use electronic information services

Parent Name _____

Signature _____ Date _____

MARY C. O'BRIEN ACCOMMODATION SCHOOL DISTRICT
Villa Oasis Interscholastic Center for Education (VOICE)

COMPACT FOR TITLE I

We, the VOICE School Community, establish this Compact for Title I in order to foster the improvement of reading, writing and mathematics and to support the success of our students, so all may achieve and function independently. We believe this can be done with the planned partnership of parents, families, students, teachers, and principals.

Parent's and Family's Responsibilities

- To make reading materials available in the home
- To discuss and demonstrate the importance of a well-rounded education
- To allow/encourage time and place for homework assignments to occur during non-school hours
- To become involved in assuring that student attends school on a regular basis
- To allow/encourage student to participate in ALL school related programs
- To become directly involved in student's complete education. This would be done by encouraging student and showing interest on a daily basis
- To attend and participate in programs, committees, and workshops offered through the school
- To participate with the school through volunteer work on campus

Student's Responsibilities

- To improve attendance so programs that have been put into place by school may show maximum results
- To come to school on time with a willingness to learn
- To ask questions when unsure of concepts discussed in the classroom
- To participate in school-based programs
- To cooperate fully in school programs that includes class assignments and homework
- To participate in off-campus events
- To use own time to read books which have been checked out of schools and/or public library
- To take responsibility for self-improvement

The School's Responsibilities

- To maintain a safe and supportive environment which supports education
- To provide quality teaching and leadership to the students and their families
- To set high standards in reading, writing and mathematics by providing a challenging curriculum
- To order new books for the library which are of high student interest (feedback from students, student's suggestions) hoping to spark interest and encourage reading
- To periodically survey students for books they may find of interest and wish to add to the library
- To ask for student volunteers to read new volumes and write a critique
- To take classes, on a weekly basis, to read to kids involved in the Head Start program
- To ensure all students not achieving a passing grade on the AIMS will participate in a quality Reading program
- To brainstorm with content area teachers to find ways to incorporate more reading into the curriculum
- To provide a full-time Reading Specialist on campus to give assistance to classroom teachers
- To have the staff continuously demonstrate and discusses the importance of reading
- To have the school subscribe to magazines and weekly readers which are of high interest level to age group
- To have the school subscribe to Plato computer-based curriculum enrichment programs
- To offer library time during lunch and after school
- To have teachers regularly attend workshops which are aimed at improving their understanding and working knowledge of reading, writing and mathematics instruction and associated concepts
- To continuously monitor and measure each students progress
- To offer after school assistance in reading, writing and mathematics
- To assure that ALL teachers are teaching to the adopted Arizona Academic Standards
- To provide consistent contact with students and parents as to individuals reading, writing and mathematics level/ability/progress (as well as other areas of educational concern) through parent conferences, progress reports, report cards, phone calls, etc.
- To have teachers available for conferences before and/or after regular school hours and/or by specific appointment
- To assure that all instructors maintain the "Highly Qualified Teacher" status as defined by the ADE

Student Signature

Date

Parent/Guardian Signature

Date

**APPLICATION FOR SCHOOL TRANSPORTATION
MARY C. O'BRIEN ACCOMMODATION DISTRICT**

**Villa Oasis High School
2021/2022**

Please print your information

Student Name _____

Siblings Currently Attending Same School

Name _____ Gender _____ Grade _____

Name _____ Gender _____ Grade _____

Student needs bus transportation?

YES NO

Parent Names: Mother _____

Father _____

Pick up/Drop off Address _____

Address City Zip

Mailing Address _____

Home Phone _____ Mobile _____

Emergency Contact _____

Emergency Drop Off _____

Mother's Work Place and Telephone _____

Father's Work Place and Telephone _____

If there are any changes to the address, please inform the Villa Oasis Front Office at 520-450-4450 or the Transportation Department at 520-450-4466.

Parent Signature _____

Date _____