

Edkey Schools

Where Every Child is Known

Registration Forms

Please Choose Your School from the Edkey, Inc. Family of Sequoia Schools

Sequoia Charter Secondary 1460 S. Horne, Mesa 480.649.7737	Sequoia Charter Elementary 1460 S. Horne St. Mesa, AZ 480.890.4002
George Washington Academy 1945 1 st St. East, Snowflake 928.440.6228	Sequoia Village Elementary & High School 982 Full House Rd., Show Low 928-537-1208
Sequoia Choice AZ Distance Learning 2331 N. Horne, Mesa 480.461.3222	Sequoia Precision High School 3906 E. Broadway, Phoenix 602.453.3661
Sequoia Deaf School 1460 S. Horne, Mesa 480.890.4001	Kinetic Educational Learning Labs for Youth (KELLY) 1648 D 16 th St., Phoenix 602.712.0500
Sequoia Pathway Academy Elementary 19265 N. Porter House Rd., Maricopa 520.568.9333	Children First Leadership Academy 1648 S 16 th St., Phoenix 602.712.0500
Sequoia Pathway Academy Secondary 19265 N. Porter House Rd., Maricopa 520.568.2112	Sequoia Pathfinder Academy at Eastmark 4816 S. Eastmark Pkwy, Mesa 480.351.8070
Sequoia Lehi School 2331 N. Horne, Mesa 480.397.9890	Sequoia Pathfinder Academy 2906 N. Boulder, Mesa 480.986.7071
AZ Conservatory for Art & Academics K-5 16454 N. 28 th Ave., Phoenix 623.878.0986	American Heritage Academy – Cottonwood 2030 E. Cherry St., Cottonwood 928.634.2144
AZ Conservatory for Art & Academics 6-12 2820 W. Kelton Ln., Phoenix 602.266.4278	American Heritage Academy – Camp Verde 132 General Crook Trail, Camp Verde 928.567.0462

Additional Documentation Required For Enrollment

- ❖ Immunization Records
- ❖ Withdrawal Form From Previous School
- ❖ Last Report Card for Middle School & Elem
- ❖ Attendance Records
- ❖ Legal Guardian or Custody Papers
(if applicable)
- ❖ Certified Birth Certificate
- ❖ High School Transcript
- ❖ Special Education Records (if applicable)
- ❖ Discipline Records
- ❖ Documentation for AZ Residency Form

Student Enrollment Form

2018-2019

Student Information

School Use only:

Date of Entry: _____

Date of Entry into PS & Initials: _____

Student's Legal Name: _____ Birth Date: _____

Last, First, Middle

(mm/dd/yyyy)

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Birth State: _____ Gender: _____ Last Grade Completed 2018-2019: _____ Grade this Year _____

Last School Attended: _____ SAIS # (if known): _____

Last School Attended Address : _____

Last School Attended Phone Number: _____ FAX: _____

In order to continue to provide appropriate services, does your child receive Special Education Services?

(No) (Yes) If yes, date of the last IEP: _____

To continue services, does your child have a 504 Plan? (No) (Yes)

Has your child ever been expelled from a school? (No) (Yes)

Family Information

Please Circle the Best Phone Number to Contact You During School Hours

Parent/Legal Guardian: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Email Address: _____

Parent/Legal Guardian: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Email Address: _____

Names and addresses of other schools your child has attended:

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Parent/Legal Guardian Signature: _____ Date: _____

School Representative: _____ Date: _____

Emergency Release Card

Student's Legal Name: _____ Birth Date: _____ Gender: _____
Last, First, Middle (mm/dd/yyyy)

Circle one: Father/Stepfather/Guardian: _____ Home # _____
Employer: _____ Work # _____ Cell # _____

Please circle the best number to reach this person at during school hours

Circle one: Mother/Stepmother/Guardian: _____ Home # _____
Employer: _____ Work # _____ Cell # _____

Please circle the best number to reach this person at during school hours

Who has legal custody: _____

Please provide a copy of a divorce decree or other court orders that pertain to parenting rights and Responsibilities.

Before/After School Care: _____ Phone: _____

Siblings In The Home: _____

IN CASE OF EMERGENCY: Names of persons who have parental approval to pick up the student from school for any reason by someone other than the parent/guardian given here. The school will not release the student to anyone not listed on this form. The school must have at least 2 contacts.

Contact #1: _____ Relationship: _____ Phone: _____

Contact #2: _____ Relationship: _____ Phone: _____

Contact #3: _____ Relationship: _____ Phone: _____

THIS STUDENT WILL: Walk to school _____ Walk home from school _____ Be dropped off by parent _____
Be picked up by parent _____ Other (Please name) _____

EMERGENCY SCHOOL CLOSURE:

In the case of an emergency school closure, I hereby authorize my child _____ to:

_____ Go directly home as he/she would on any other day.

_____ Go to the home of:

Name: _____ Phone: _____

Address: _____

Parent/Guardian Signature Date / /

Emergency Medical Card

Student's Legal Name: _____ Birth Date: _____ Gender: _____
Last, First, Middle (mm/dd/yyyy)

Specify health problems: _____

(Please attach another sheet if needed for health issues)

Is your child on daily medication: Yes No If yes, what medication and will your student need it administered during school hours?

Recent surgery, accidents or illness (past year)? _____

List any food allergies (**any allergies listed must have documentation from a Doctor**): _____

List any medication allergies: _____

List any other allergies: _____

Family Doctor: _____ Phone: _____

I give permission for a staff member at my child's school to administer over the counter medications or external preparations, in accordance with the directions for use on the container. I will provide medications to the office for my child in the **ORIGINAL** packaging with my child's name clearly written on medications.

Students may not bring medications to school themselves. Parent/Guardian must bring the medicine into the school office and complete a medication form. Prescription medications must be in the original bottle with the name and phone number of the prescribing Doctor.

YOUR CHILD'S SCHOOL DOES NOT PROVIDE ANY MEDICATIONS

A student will be sent home if he/she has a temperature above 100 degrees or higher, is vomiting, or has diarrhea. The student may not return until he/she has been symptom free for at least 24 hrs. without the assistance of medication (i.e. Tylenol).

I, the undersigned parent/guardian, release my child's school or any designated staff from any liability for administering the above preparations. I also give my consent for the above named child to be released to me or my spouse or to the friend/relative I have designated and /or to be taken by ambulance to the nearest hospital in case of emergency.

I understand that my child's school does not provide accident medical/dental coverage for students for injuries or illnesses occurring at school. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness. **TREATMENT IN THE EMERGENCY ROOM WILL REQUIRE YOUR PRESENCE.**

Signature of Parent/Guardian _____ Date _____

Arizona Department of Education
Residency Documentation Form



Student _____ School _____

School District or Charter Holder _____

Parent/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 ONE** of the following documents that displays my name and residential address or physical description of the property where the student resides:

Please provide a **COPY of ONE** of the following documents.

1. _____ Valid Arizona's driver's license, Arizona identification card, or motor vehicle registration
2. _____ Real estate deed or mortgage documents
3. _____ Property tax bill
4. _____ Residential lease or rental agreement
5. _____ Water, electric, gas, cable, or phone bill
6. _____ Bank or credit card statement (with account numbers blacked out)
7. _____ W-2 wage statement (with social security number blacked out)
8. _____ Payroll stub (with social security number blacked out)
9. _____ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe than contains an Arizona address
10. _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Dept. of Economic Security, please black out any account numbers)
11. _____ I am 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 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.

PLEASE COMPLETE THE NEXT FORM ONLY IF STATEMENT #11 APPLIES TO YOU

State of Arizona
Affidavit of Shared Residence



I swear or affirm that I a resident of the State of Arizona and that the persons listed below reside with me at my Residence, described as follows:

Person(s) 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:

Please provide a COPY of ONE of the following documents.

1. _____ Valid Arizona's driver's license, Arizona identification card, or motor vehicle registration
2. _____ Real estate deed or mortgage documents
3. _____ Property tax bill
4. _____ Residential lease or rental agreement
5. _____ Water, electric, gas, cable, or phone bill
6. _____ Bank or credit card statement (with account numbers blacked out)
7. _____ W-2 wage statement (with social security number blacked out)
8. _____ Payroll stub (with social security number blacked out)
9. _____ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe than contains an Arizona address
10. _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Dept. of Economic Security, please black out any account numbers)

Printed Name of Affiant: _____ Signature of Affiant _____

Acknowledgement

State of Arizona County of _____

The foregoing was acknowledged before me the _____ day of _____, 20____

By _____ Notary Public My Commission Expires: _____

NOTE: THIS FORM IS TO BE COMPLETED ONLY IF YOU CHECKED #11 ON THE PREVIOUS FORM

Race and Ethnicity Identification Form

Student Name: _____ Birth of Date: _____

To Parents/Guardians:

Complete and return this form as part of your student's enrollment. Please complete Parts 1 and 2 by marking the circle beside your answers.

Part 1: Ethnicity Designation

Directions: Read the definition below and completely darken the circle that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.)

Persons of Cuba, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic** or **Latino**.

Yes No

Part 2: Race Designation

Directions: Read the description below and marking the circle or circles that indicate this student's race. **You must select at least one race, regardless of ethnicity designation.** More than one response can be selected.

Indicate this student's race. (Select all that apply)

American Indian or Alaskan Native: A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

If American Indian Tribe Name: _____

Asian: A Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American: A person having origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I verify the information on this form is accurate.

I refuse to identify the race and ethnicity of this student

_____/_____/____/

_____/_____/____/

Signature, Parent/Guardian Date

Signature, Parent/Guardian Date

FOR SCHOOL USE ONLY

I am the observer who completed this form due to parent/guardian refusal to identify

_____/_____/____/

Signature, Observer

Date

McKinney-Vento Eligibility Questionnaire

The purpose of this form is to identify and support students who may be eligible to receive services under the McKinney-Vento Homeless Act 42 U.S.C. 11435. The eligibility information on this form is **confidential** and should be reviewed and re-evaluated every school year. More information can be found at <http://www.azed.gov/populations-projects/home/homeless/>

If you have any questions or concerns, please contact the school McKinney-Vento Liaison: _____

Student Name _____

Date of Birth _____ Grade Level _____ Gender _____

Residential Address _____

Question #1 Does the student lack a fixed, regular, or adequate nighttime residence? Yes No

Fixed—stationary, permanent, and not subject to change
Regular—used on a regular (i.e. nightly) basis
Adequate—sufficient for meeting both the physical and psychological needs typically met in home environments.

Question #2 Does the student fall into one or more of the following categories? (check all that apply) Yes No

<p>The student's current living situation is Temporary AND due to hardship</p> <p><input type="checkbox"/> In a shelter</p> <p><input type="checkbox"/> In transitional housing</p> <p><input type="checkbox"/> In a motel/hotel</p> <p><input type="checkbox"/> Temporarily living with family or friends due to financial problems or loss of housing</p> <p><input type="checkbox"/> Moving from place to place due to lack of permanent, adequate housing</p>	<p>The student's current living situation is Substandard or considered inadequate within the context</p> <p><input type="checkbox"/> In a place not designated for ordinary sleeping accommodations such as a car, park, campsite, or public space, or abandoned building</p> <p><input type="checkbox"/> Housing without electricity, running water, cooling/heating, indoor plumbing, etc.</p>	<p>The student is considered an Unaccompanied Youth</p> <p><input type="checkbox"/> The student does not reside in the physical custody of a parent or legal guardian. (No CPS/DCS involvement)</p> <p><input type="checkbox"/> The student is <i>temporarily</i> housed in a group home or foster home while awaiting foster care placement.</p> <p><input type="checkbox"/> The student was <i>initially</i> removed from the home and placed in foster/kinship care during this school year.</p>
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If you answered yes to questions 1 and 2 please answer the following:

Is this living arrangement due to: Economic hardship Loss of housing Temporary

Date Living arrangement began: _____ Date living arrangement is expected to end: _____

If you marked "YES" for both Question #1 and Question #2, your student MAY be eligible for McKinney-Vento services. Eligibility is determined on a case by case basis. Please contact the school McKinney-Vento Liaison with any questions or concerns regarding the rights of homeless students including immediate enrollment, school selection, transportation, or participation in school programs.

Please sign below to confirm that the information on this form is accurate and complete:

Signature _____ Date _____

Homeless Liaison Use Only

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

McKinney -Vento Liaison Signature: _____ Date: _____



Edkey Technology Use Policy

This Agreement is entered into on : _____ (Date)

This Agreement is between: _____ (Student) and Edkey, Inc. hereafter referred to School.

The purpose of the Agreement is to grant access to and define acceptable use of the School's Technology Resources.

Technology Resources are any type of instrument, device, machine, equipment, technology, or software that is capable of transmitting, acquiring or intercepting, any telephone, electronic, data, data, internet, audio, video, or radio transmissions, signals, telecommunications, or services, and include without limitation (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems.

In exchange for the use of Edkey, Inc. Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of School Technology Resources is a privilege that may be revoked by the School at any time.
- B. You have no expectation of privacy when using the School Technology Resources. The School reserves the right to monitor and inspect all use of its Technology Resources, including without limitations, personal e-mail and voice-mail communications, computer files, databases, blogs or any other electronic transmission accessed, distributed, or used through Technology Resources. The School also reserves the right to remove any material from Technology Resources that the School, at its sole discretion, chooses to, including, without limitation, any information that the School determines to be unlawful, obscene, pornographic, harassing, intimidating, disruptive, or that otherwise violates this Agreement.
- C. The School Technology Resources do not provide you a "public forum." You may not use Technology Resources for commercial purposes or to support or oppose political positions or candidates unless expressly authorized in advance by a teacher or administrator as part of a class project or activity.
- D. The School Technology Resources are intended for use only by registered users. You are responsible for your account/password and any access to Technology Resources made using your account/password. Any damage or liability arising from the use of your account/password is your responsibility. Use of your account by someone other than you is prohibited and may be grounds for suspension from Technology Resources and other disciplinary consequences for both you and the person(s) using your account/password.
- E. You may not use Technology Resources to engage in bullying, which is defined as: Any written, verbal, or physical act, or any electronic communication, that is intended or that a reasonable person would know is likely to harm one or more pupils either directly or indirectly by doing any of the following:
 1. Substantially interfering with educational opportunities, benefits or programs of one or more pupils.
 2. Adversely affecting the ability of a pupil to participate in or benefit from educational programs or activities by placing the pupil in reasonable fear of physical harm or by causing substantial emotional distress.
 3. Having an actual and substantial detrimental effect on a pupil's physical or mental health.
 4. Causing substantial disruption in, or substantial interference with, the orderly operation of the school.

F. If you misuse Technology Resources, your access may be suspended and you may be subject to other disciplinary action, up to and including expulsion. Misuse includes, but is not limited to:

Accessing, or attempting to access, material that is inappropriate for minors. Material that is inappropriate for minors is defined as obscene, explicit content or pornography.

Bullying (as defined in paragraph E).

Vandalism, which includes, without limitation, any malicious or intentional attempt to harm, steal, destroy, or disrupt user data, school material, or school hardware or software.

Hacking, which includes, without limitations, gaining or attempting to gain access to, modifying, or obtaining copies of, information belonging to others or information you are not authorized to access.

Unauthorized copying or use of licenses or copyrighted software.

Plagiarizing, this includes the unauthorized distributing, copying, using, or holding out as your own, material that was written or created by someone else, without permission of, and attribution to, the author/creator.

Allowing someone else to use your account or password or not preventing unauthorized access to Technology Resources when leaving them unattended.

Using or soliciting the use of, or attempting to use or discover the account information or password of, another user.

Attempting to or successfully disabling security features, including technology protection measures.

Misusing equipment or altering system software without permission.

Inappropriate use of technology or waste of computer resources. These acts include but are not limited to: sending mass mailings or chain letters, spending excessive amounts of time on the Internet unrelated to school work, playing games, engaging in online chat groups, instant messaging, listening to streaming audio (radio, music, etc.) or streaming video (news casts, TV, movie trailers, etc.) or otherwise creating unnecessary network traffic. Because audio, video, and picture files require significant storage space, file of this, or any other sort, shall not be downloaded unless that are school related.

Using Technology Resources in any way that violates any federal, state, or local law or rule, the School's Code of Conduct/Student Handbook.

G. You must promptly disclose to your teacher or other school employee any content you view or receive over Technology Resources that is inappropriate or that makes you feel uncomfortable, harassed, threatened or bullied, or that contains sexually explicit content. You should not delete such content until instructed to do so by a staff member.

H. It is the policy of the School, as a recipient of certain federal funds, to monitor the online activities of its minor students and provide technology protection measures.

I. It is the policy of the School to prohibit its minor students from:

1. Accessing inappropriate matter on the Internet.
2. Engaging in hacking or other unlawful online activities.
3. Accessing materials that are harmful to minors.
4. It is also the policy of the School to educate students about cyberbullying awareness and response and about appropriate online behavior, including disclosing, disseminating, or using personal information and safely and appropriately interacting with other individuals in social networking websites, chat rooms, by e-mail, and other forms of direct electronic communications.

J. The School does not guarantee that measures described in paragraphs (H) and (I) will provide any level of safety or security or that they will successfully block all inappropriate material from the School's students. You agree that you will not intentionally engage in any behavior that was intended to be prevented by paragraphs (H) and (I).

- K. The School does not warrant or guarantee that its Technology Resources will meet any specific requirement, or that they will be error free or uninterrupted; nor will the School be liable for any damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use Technology Resources.
- L. You are responsible for the proper use of Technology Resources and will be held accountable for any damage to or replacement of Technology Resources caused by your inappropriate use.

Student Signature:

1. I agree to follow this Agreement and all of the rules and regulations that may be added from time to time by the School or its Internet Service Provider.
2. I also agree to follow all rules in the School's Code of Conduct/Student Handbook.
3. As a condition of using Technology Resources, I agree to release the School and its board members, agents, and employees, including its Internet Service Provider, from all liability to my use or inability to use Technology Resources.
4. I understand that data I send or receive over Technology Resources is not private. I consent to having the School monitor and inspect my use of Technology Resources, including any electronic communications that I send or receive through Technology Resources.

I have read this Acceptable Use Agreement and agree to its terms.

Student Signature: _____

School: _____

Date: _____ **Grade:** _____

Parent Signature:

- I have read this Agreement and agree that as a condition of my child's use of Technology Resources, I release the School and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the Technology Resources. I also indemnify the School and its board members, agents, and employees, including the Internet Server Provider, for any fees, expenses, or damages incurred as a result of my child's use, or misuse to the School's Technology Resources.
- I authorize the School to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, and assignment requiring such consent under the Children's Online Privacy Protection Act.
- I understand that data my child sends or receives over Technology Resources is not private. I consent to having the School monitor and inspect any device, instrument, equipment, or software that is capable transmitting, acquiring or intercepting, any telephone, electronic data, internet, audio, video, or transmissions, signals, telecommunication or services my child is using.

Parent Signature: _____ **Date:** _____



Edkey, Inc. Photo Permission

Dear Families,

We have a lot going on at Edkey, Inc. (Sequoia Charter Schools), and we would like to share as much of that as possible with you. One way we can do this is by taking pictures of the students while they are engaged in school activities. Sometimes we take photographs/videos of children either at school or when they are involved in organized activities away from the school site. We may use these photographs and images of children in our prospectus or in other printed publications we produce, as well as on our school and/or teacher website or on school displays. We may also make video, audio, and/or web cam recordings for educational value.

From time to time the media may visit our school and may take photographs, film footage or carry out audio interviews. Students will often appear in these images, which may appear in local or national newspapers, or on televised news programs. Photos for the media and other publicity purposes may also be taken at events where our school is participating. Sequoia Charter Schools is committed to ensuring the safety of all of our students; therefore we observe the following guidelines regarding the use of digital images of students.

- A. Our school home page will never link a student's full name with his or her photographic image. We may identify groups of people, such as "The third grade class working on their science projects."
- B. Parental permission will be required before any student's image is included on the school website. This release form will be signed and kept on file to signify that permission has been granted.
- C. All existing acceptable use policies regarding web searches and email by students are in effect in regard to home page "publishing." All school rules and community standards are in effect during any use of digital technology, including digital cameras, scanners, etc.
- D. It is understood that the school website is accessible to the public, and as such the school cannot assume responsibility for the potential misuse of texts or images included on the site.

This letter explains our policy for use of photographs in further detail. After reading this information please complete and return the form to let us know your wishes. Please keep a note of these for future reference. Please note: consent forms have been sent for each child, not each family

Thank you.

Parents/Guardians

Please fill out this form and return it to the office. Please make sure you circle a "yes" or "no" for each section. If a choice is NOT made, we will assume your answer is "yes."

Yes	No	In-school Displays – including but not limited to bulletin boards, class-made books, or student multimedia projects; students may be identified by first and last name.
Yes	No	School Yearbook – including but not limited to portrait photograph and possibly informal or group photos; students may be identified by first and last name.
Yes	No	Other School Publications – including but not limited to student publications, school anthology, school newsletter or Sequoia newsletter; students may be identified by first and last name.
Yes	No	Outside Publications – including but not limited to the Arizona Republic.
Yes	No	School & Teacher Web Site, Blogs, & Podcasts – including but not limited to main pages, class pages, or special event pages, recordings of students sharing their work, student writing, additional student work; student may be identified by first name only.
Yes	No	School Video & Web Cam Recordings – including but not limited to main pages, class pages, or special event pages; student may be identified by first name only.
Yes	No	Social Media – including but not limited to Facebook, Twitter, Vimeo, and YouTube; students may be identified by first name only.

I have read and understood the above policy on "using photographic images." I understand that my decision on whether to give consent will remain valid throughout my child's time at school and one year after they leave, unless I notify the school to the contrary in writing. The consent will automatically expire after this time. I promise that if I, or members of my family, take photos or video recording of any school event, these will be kept for family use only.

Student Name: _____ Parent/Guardian Name: _____

School: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Family Educational Rights and Privacy Act

Annual Notification for Parents

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

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - o School officials with legitimate educational interest;
 - o Other schools to which a student is transferring;
 - 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, phone number, date and place of birth, honors and awards, sports participation 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, from 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 the 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 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

Arizona Department of Education
Exceptional Student Services
1535 W. Jefferson, BIN 24