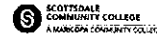


**APPLICATION DEADLINE: MAY 1, 2023**



**SALT RIVER JR. ACE—2023 Summer College Experience Application**  
*This is a collaborative program with SRPMIC and Scottsdale Community College*

**Open to Current 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> graders**

**Program Dates for All Grades: June 5<sup>th</sup> to June 15<sup>th</sup>, 2023**

**Program Times for All Grades: (8:00 a.m.—3:00 p.m.)**

**ALL DAY at Scottsdale Community College**

**Mandatory ORIENTATION: Please Choose Only One Date Below for Orientation**

- **Saturday, April 29<sup>th</sup>, 2023, 10:00 a.m. – In Person Orientation** (Scottsdale Community College Campus: 9000 E. Chaparral Rd., Scottsdale, AZ 85256) **Location: Indigenous Cultural Center ICC 222** (east side of campus)
- **Thursday, May 25<sup>th</sup>, 2023 - Virtual Orientation** (online) **LINK:** <https://tinyurl.com/JA-Orientation>  
**Virtual Session Time: 6:00 p.m.** **Or DIAL IN: 412-664-5196 | Conf ID 973 011 423#**

**REQUIRED FORMS CHECKLIST (FILL OUT FORMS COMPLETELY—PLEASE CHECK BACK AND FRONT OF ALL PAGES)**

- Letter to Student with Student Pledge Form
- Salt River Jr. ACE Application
- Salt River Jr. ACE Pick Up Authorization
- MCCC Student Emergency Information Form
- MCCC Talent Release Form & Student Behavioral Contract (2 forms)
- MCCC General **AND** Travel Assumption of Risk and Release of Liability (2 forms)
- SR Schools Release Opt Out Form
- SR Schools Student & Parent Transportation Agreement
- SR Schools School Bus Transportation Form
- SR Household Literacy & Culture Survey
- MCCC Under 18 Release Authorization
- MCCC Non-Credit Student Information Form
- NEW STUDENTS MUST PROVIDE PROOF OF IDENTIFICATION; (DOCUMENTS NOT REQUIRED FOR RETURNING STUDENTS)**
  - Tribal Certificate of Indian Blood, **OR** Tribal or Bureau of Indian Affairs Affidavit of Birth
  - Birth Certificate

**Jr. ACE CONTACTS: (PLEASE COMPLETE APPLICATION and TURN IN TO A CONTACT LISTED BELOW)**

**Early College**  
Scottsdale Community College  
9000 E Chaparral Road  
Scottsdale, AZ 85256  
(480)423-6656  
[elaine.chen@scottsdalecc.edu](mailto:elaine.chen@scottsdalecc.edu)

**Chris McIntier**  
Salt River Schools  
Special Projects  
(480)362-2522  
(480)577-1170 (cell)  
[chris.mcintier@saltriverschools.org](mailto:chris.mcintier@saltriverschools.org)

**Davina Leon**  
Salt River Schools  
Higher Education  
(480)362-2551  
[Davina.Leon@saltriverschools.org](mailto:Davina.Leon@saltriverschools.org)

**Ana Cuddington**  
American Indian Program  
Scottsdale Community College  
Indigenous Cultural Center-203  
(480)362-6531  
[ana.cuddington@scottsdalecc.edu](mailto:ana.cuddington@scottsdalecc.edu)

**OFFICIAL USE ONLY: (Application Received by)**

SR or MPS  
Schools: \_\_\_\_\_  
\_\_\_\_\_ Sign/Date

SR Jr. ACE: \_\_\_\_\_  
\_\_\_\_\_ Sign/Date



Dear Potential Jr. Ace Student and Family,

Jr. ACE is about to begin and we are currently looking for students to attend our summer program. Please note that you must be a SRPMIC member OR reside within the SRPMIC OR attend SPRMIC Schools OR be a returning student or sibling to attend this program. This program is for students who are currently in the 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> grades.

Each student is expected to participate fully which includes a mandatory orientation that both parent/guardian and student must attend. Orientation dates are below and by filling out this paperwork you understand that not attending the orientation may hinder the student's eligibility. If you cannot attend on the given dates please call 480-423-6450 to reschedule for another time.

We look forward to working with your child at this summer college experience!

Salt River Jr. ACE-Early College

**Student Pledge (Must be signed)**

Upon acceptance into the Salt River Jr. ACE Program, I, along with my parent or legal guardian, will attend a **MANDATORY** Summer Program Orientation. I will officially be a college student with the obligations and privileges of any other student at Scottsdale Community College (SCC). Classes taken at SCC will become a part of my permanent academic transcript with the college. If accepted, I agree to participate in all aspects of the Salt River Jr. ACE Program. By signing below I agree to make this commitment. By having my parent or legal guardian sign below means that they are in agreement to my commitment.

X \_\_\_\_\_ X \_\_\_\_\_  
Student Signature Date Parent or Legal Guardian Signature Date

**Orientation:** Student and Parent/Guardian must attend one orientation session from the dates and times below:

**Scottsdale Community College (SCC)**  
9000 East Chaparral Rd.  
Scottsdale, AZ 85256  
**IN PERSON** Orientation  
Saturday, April 29<sup>th</sup>, 2023, 10:00 a.m.  
Indigenous Cultural Center-ICC222/east side of campus

-or-

**Scottsdale Community College (SCC)**  
**Salt River Schools:**  
**ONLINE** Orientation  
Thursday, May 25<sup>th</sup>, 2023, 6:00 p.m  
LINK: <https://tinyurl.com/JA-Orientation>  
Or DIAL IN: 412-664-5196 | Conf ID 973 011 423#





# SALT RIVER Jr. ACE APPLICATION

New or Returning Student: New  Returning  **Current Grade Level:**  5<sup>th</sup> grade  6<sup>th</sup> grade  7<sup>th</sup> grade  8<sup>th</sup> grade

Name of School currently attending: \_\_\_\_\_

Participating in SRES Summer School? Yes  or No

Participating in any other Summer Program? Yes  or No  If yes, please list: \_\_\_\_\_

## STUDENT INFORMATION

Tribal Affiliation:				DOB (M/D/Y):	
Full Name: (Please Print)	Last	First	M.I.	AGE:	

SRPMIC Group Home? Yes  No

Male  Female

Home/ Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Phone:	Email		

- Will the student be a first generation college student (where neither parent has completed a four year degree)? Yes  No
- Adult T-shirt size (1 per student) Small  Medium  Large  X-Large  2X Large  3X Large
- Are there any siblings that are currently applying and will be part of this summer program? Yes  No  If yes, please give the names and grades they are currently in: \_\_\_\_\_ Current Grade Level:  5<sup>th</sup> grade  6<sup>th</sup> grade  7<sup>th</sup> grade  8<sup>th</sup> grade  
 \_\_\_\_\_ Current Grade Level:  5<sup>th</sup> grade  6<sup>th</sup> grade  7<sup>th</sup> grade  8<sup>th</sup> grade
- Have any family members participated in a Hoop of Learning, ACE or Jr. ACE Programs? Yes  or No  please list : \_\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

Mother  Father  Legal Guardian Pick up? Yes  No  Lives with student? Yes  No

Full Name: (Please Print)	Last	First	M.I.
Home/ Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Home Phone:	Best Time to call?		
Work Phone:	Best time to call?		
Cell Phone:	Best time to call?		
Personal Email:	Other Email:		

Mother  Father  Legal Guardian Pick up? Yes  No  Lives with student? Yes  No

Full Name: (Please Print)	Last	First	M.I.
Home/ Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Home Phone:	Best Time to call?		
Work Phone:	Best time to call?		
Cell Phone:	Best time to call?		
Personal Email:	Other Email:		

# PICK UP AUTHORIZATION

Child's Full Name: _____ (Please Print) Last First M.I.	Date of Birth: _____
--	----------------------

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Authorization Form if your child will be dropped off or picked up at SCC during the program times of 9:30 am-3:00 pm. If this form is not thorough and complete, we the Salt River Jr. ACE Program **will not** release your child to anyone who you have not included on this Pick-up Authorization Form. All of the precautions for releasing students are to insure the safety of your child and are not meant to cause intentional inconvenience for parents/guardians or caregivers while on the Scottsdale Community College Campus.

- **ALL STUDENTS** must be picked up and dropped off at the American Indian Program office: Indigenous Cultural Center Building (ICC-203) during scheduled program times (8:00-3:00) at SCC.
- We cannot accept phone call pick-up changes if it will be someone not on your authorized list.
- Picture I.D. is required for all individuals picking up a child.
- Please notify the people on your list that photo I.D. will be requested by Jr. ACE staff or receptionist prior to releasing your child.

I authorize the persons (including caregivers) listed below to pick up my child from the Salt River Jr. ACE Program at Scottsdale Community College.

<b>Full Name:</b> _____ (Please Print) Last First M.I.	<b>Relationship:</b> _____
Home Phone: _____	Cell Phone: _____
<b>Full Name:</b> _____ (Please Print) Last First M.I.	<b>Relationship:</b> _____
Home Phone: _____	Cell Phone: _____
<b>Full Name:</b> _____ (Please Print) Last First M.I.	<b>Relationship:</b> _____
Home Phone: _____	Cell Phone: _____
<b>Full Name:</b> _____ (Please Print) Last First M.I.	<b>Relationship:</b> _____
Home Phone: _____	Cell Phone: _____
<b>Full Name:</b> _____ (Please Print) Last First M.I.	<b>Relationship:</b> _____
Home Phone: _____	Cell Phone: _____
<b>Full Name:</b> _____ (Please Print) Last First M.I.	<b>Relationship:</b> _____
Home Phone: _____	Cell Phone: _____

By signing below, I verify that I have read and agree to the Student Pick-up policies described on the Pick-up Authorization Form, and authorize the Salt River Jr. ACE Program to release my child to the above listed persons.

Parent or Legal Guardian Signature	Date
------------------------------------	------



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT  
 2411 West 14th Street, Tempe, AZ 85281-6942

## Student Emergency Information Form

Name of Activity \_\_\_\_\_ Date \_\_\_\_\_

**Student's Name\*** \_\_\_\_\_

**Student ID Number or Social Security Number\*** \_\_\_\_\_

**Student Home Phone\*** \_\_\_\_\_ **Student Cell Phone** \_\_\_\_\_

Student Email Address \_\_\_\_\_

**Primary Name of Emergency Contact** \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

**Secondary Name of Emergency Contact** \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

History of Diabetes or Epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any medical conditions that you would like us to be aware of?
Allergies to Sulfa, Penicillin, etc.?	<input type="checkbox"/> <input type="checkbox"/>	_____
Is your child on daily medication?		_____

Can your child participate in regular Physical Activities? Yes No

Do you need any special accommodations (wheelchair accessibility, sign language interpreter, vegetarian meals, etc)?

\_\_\_\_\_

I understand that MCCCDC employees are not authorized to dispense, store or hold in possession student medications (i.e. insulin, epi-pens, inhalers, etc.), including but not limited to all other prescription medication, non-prescription medication, vitamins and supplements. Students are permitted to carry and self-administer medication for asthmatic, diabetic or severe allergic reaction (anaphylaxis). Special storing mechanisms (i.e. coolers) for medications must be provided by the student. I further authorize MCCCDC/Scottsdale Community College to obtain emergency transportation and medical treatment necessary in the event of injury or illness while I am at the educational site and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

\_\_\_\_\_  
**Parent/Guardian Signature\*** **Print** **Date**

\_\_\_\_\_  
**Student Signature\*** **Print** **Date**

*The original copy of this completed form must be in the possession of the instructor/staff member on the trip  
 A copy of this this completed form is to be in the possession of the Early College Programs office prior to the trip.*

I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance or performance on video tape, audio tape, film, photograph or any other medium.
- Use my name, likeness, voice, and biographical material in connection with these recordings.
- Copy the recording, in whole or in part and distribute it, including through podcasts on the Internet, solely for educational and promotional purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate in perpetuity.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_

Parent / Guardian

Signature (if under 18): \_\_\_\_\_ Witness: \_\_\_\_\_

I understand that I will not receive any compensation for the distribution of my appearance or performance through MCCCC. I also understand that MCCCC is not obligated to broadcast or distribute my appearance or performance, and that any use that MCCCC may make of my appearance or performance is at its sole discretion.

I am /  I am not the owner of the intellectual property in the work that I performed or will perform ("Work"). The name and description of the Work that I own is: \_\_\_\_\_ As the owner, I give MCCCC a nonexclusive license to use the Work or excerpts of the Work as performed by me for broadcast on MCCCC at no additional cost beyond any fees that the Maricopa County Community College District has paid or will pay me for my appearance.

Name of Event: Salt River Jr ACE Program Date of Event: 6/5/2023-6/15/2023

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent / Guardian

Signature (if under 18): \_\_\_\_\_ Witness: \_\_\_\_\_

*The Maricopa County Community College District will provide the signer with one copy of the tape of the appearance or performance at no charge, if requested. Additional copies may be requested for a charge.*

MC-TRF (08/29/19)

The Maricopa County Community College District (MCCCC) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.

**Maricopa County Community College District  
Student Behavioral Contract  
Rules and Responsibilities**

This trip is funded by the college. As a college-funded activity, participating individuals are required to abide by the policies and procedures established by the Student Code of Conduct as well as by the Governing Board of the Maricopa County Community College District for in-state and out-of-state travel. Participants are also required to follow the policies and procedures set forth by the college, district, and the organization hosting the event.

Travel costs (transportation, per diem for meals, lodging and registration) are provided by the college. Participants are responsible for their own snacks, souvenirs, and personal expenses.

**A. Adherence to Policies and Procedures**

All participating students will be required to adhere to established policies and procedures. The "honor system" will apply to all aspects of this trip. This means that you regulate your own behavior and discourage others from actions that violate district policies and procedures as well as this contract.

**B. Participation in Activities**

All attendees are required to participate in each activity listed on the daily agenda. No deviations to the schedule will be made by students without the approval of their advisor(s). Participants are expected to respect the time and effort of others by being on time and actively participating in all scheduled activities.

**C. Use of Drugs and/or Alcohol**

The use of non-prescription drugs and/or alcohol is strictly forbidden according to the policies of the Maricopa County Community College District.

**D. Behavior**

As students as well as members and/or officers of a student organization or athletic team, participants are expected to conduct themselves in a manner which

1. reflects positively on themselves, the club/organization/team, the college, and the district
2. reflects commitment to integrity in personal, social and academic involvements, and
3. is respectful of others and worthy of respect from others.

**E. Dress**

Participants are expected to dress appropriately for any and all occasions.

Any student violating this behavioral contract may be sent home and may be required to reimburse the college for the full cost of the trip. In addition, any student violating this behavioral contract will be subject to further discipline as outlined in the Student Code of Conduct.

Furthermore, officers and athletes may be removed from the student organization or team.

I have read the above provisions and agree to abide by them for the entire duration of this college-sponsored trip.

Student's Printed Name	SCC College	Salt River Jr ACE Program Activity or Program
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Student Signature	Date
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**GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY**

*For Students*

**Caution: This is a release of legal rights. Read and understand it before signing.**

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I, \_\_\_\_\_, ID/MEID# \_\_\_\_\_ freely choose to participate in the Salt River Jr ACE Program \_\_\_\_\_ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

**RISKS INVOLVED IN PROGRAM:** (Specific hazards in this Program's activity.)

**Possible hazards and/or risks associated with participation in this activity are as follows: bodily harm and/or injury resulting from exposure to heat, cold, or rainy weather conditions; extensive walking, possible stair climbing, and possible exposure to wet sidewalks; damage or loss of personal property; extended period of sitting; possible exposure to food allergens depending upon certain individual's medical and health conditions; possible injury and/or death during outdoor/nature events while participating in this event.**

**HEALTH AND SAFETY:** I understand it is my responsibility to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.



**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Participant

Date

Signature of Parent/Legal Guardian (if student is a minor)

Date



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT  
2411 West 14<sup>th</sup> Street, Tempe, AZ 85281-6942

**TRAVEL ASSUMPTION OF RISK & RELEASE OF LIABILITY**

*For Students*

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I, \_\_\_\_\_, ID/MEID# \_\_\_\_\_, freely choose to participate in the Salt River Jr ACE Program \_\_\_\_\_ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

**SPECIFIC HAZARDS OF TRAVEL:** (List all specific dangers endemic in this Program's area of travel.)

**Possible injury and/or death during transportation to/from this activity.**

**INSTITUTIONAL ARRANGEMENTS:** I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

**INDEPENDENT ACTIVITY:** I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

**HEALTH AND SAFETY:** I understand that it is my responsibility to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in his Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I

sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

**TRAVEL CHANGES:** If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date



## STUDENT RELEASE OPT-OUT FORM

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student ID#: \_\_\_\_\_

THE PURPOSE OF THIS FORM IS TO GIVE THE PARENT OR GUARDIAN AN OPPORTUNITY TO OPT OUT OF ANY OF THE ITEMS LISTED BELOW. IF SALT RIVER SCHOOLS DOES NOT RECEIVE THIS FORM WITHIN FOURTEEN (14) CALENDAR DAYS FROM YOUR RECEIPT OF THIS FORM, SALT RIVER SCHOOLS WILL ASSUME CONSENT TO THE RELEASE OF THE CATEGORIES OF INFORMATION CONTAINED IN THIS FORM.

**SIGNATURE REQUIRED ONLY IF YOU DO NOT WANT YOUR CHILD TO BE PHOTOGRAPHED OR FILMED.**

**If you agree to allow your child to be part of the Salt River Schools media efforts, you do not need to sign this form.**

### Student Information Release

This gives consent for the release of student information/imagery as it applies to school-related activities, such as: yearbook, marquee information, parent organizations/committees, athletics, student-led news media production, musical and art programs, honors and awards, drama productions, graduation/commencement, etc. *This release shall not apply to confidential student records, such as test scores, transcripts, and evaluations.* Consent will remain in effect for the current school year or until permission is revoked by parents/guardians, requesting in writing such a revocation. Information may include: student name; parent name; tribal affiliation(s); school/class/grade level/teacher's name; weight and height, if the student is a member of an athletic team; awards received; extracurricular participation; and honors and achievements.

I DO NOT Give Consent      \_\_\_\_\_ Initial

### Student Media (Photo/Video/Voice) Release

*(All school-sponsored activities and promotions, except athletics.)*

There are times when Salt River Schools may be featured in various media. Journalists, photographers and/or film crews from TV, radio stations, internet, newspapers or magazines may wish to photograph and/or film your child in relation to a story about our schools or students. Classrooms might also participate in video-conferencing on the internet. Salt River Schools may also promote its business, activities and programs using student imagery/voice. Salt River Schools are also visited by Community and public organizations or partners who are providing services to students; these organizations or partners may wish to photograph your child and may want to use the photograph and/or your child's name and the name of the school in their publications and informational materials. Students have the right to refuse participation and Salt River Schools' staff will work to ensure media representatives respects these wishes as much as possible. If no refusal is made, your student's name, grade and other (non-confidential) information may be included in the final media product. Unless otherwise noted, all rights and copyrights to media materials (photographs, videos, etc.) and related projects are the property of the outlet that recorded the media (i.e. Salt River Schools owns the photos and videos its staff or contracted vendors record of students at school events and sites).

This gives consent for the student's photo/video/voice to be used by representatives of the media and for use in various media, such as newspapers, television, radio broadcasts, internet podcasts, press releases, school/Division newsletters, Division website and social media sites (i.e. Facebook, YouTube, Instagram and LinkedIn, etc.), school plays and contests. This does not include athletic events, which are considered public events.

I DO NOT Give Consent      \_\_\_\_\_ Initial

The information I have provided on this form is accurate and true. I hereby certify that I am the parent or legal guardian (with legal custody, if separated or divorced; copy of Court paperwork must be on file) of the above named student.

Student's Name (Printed): \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent & Student Transportation Agreement

Students will have a safer trip if drivers can concentrate on driving, not discipline. Therefore, it is important to note that riding the school bus is a **privilege not a right**, for that reason, students are expected to abide by the following school bus rules and regulations:

1. Students must follow all instructions and requests provided by the bus driver.
2. Students must follow all bus safety procedures.
3. Students must board and exit the bus properly and safely. Students must not go under the bus for any reason.
4. Students must take their assigned seats, if applicable, and remain in their seats. The bus driver reserves the right to move a student's seat if that student is acting in a disruptive manner. Students will keep the aisles clear and keep entire body inside the bus.
5. There will be absolutely no tampering with bus equipment, doors, windows, gears, etc. at any time—especially when waiting for departure.
6. Students will keep their hands off others.
7. Students must be polite and courteous to one another. Bullying will not be tolerated (verbal, physical, cyber, etc.). Students shall talk quietly, and not use vulgar or abusive language.
8. The following behavior will not be tolerated:
  - Throwing objects outside/inside the bus.
  - Eating any food or gum chewing.
  - Fighting, tripping, shoving, cursing, yelling or shouting.
9. Students are allowed to bring bottled water, which must be kept in their bag. No other types of drinks are allowed.
10. Students must depart the bus at their designated bus stop unless a note is signed by parent/guardian, has been turned into the Student Transportation Department.
11. Students are prohibited from carrying weapons, tobacco, alcohol, drugs or anything else prohibited by school on the bus. Students, who violate this rule, may be reported to the Police department.
12. Students must follow all student code of conduct as described in the applicable Student Handbook and the Article 4 – Student Policy, the Article 7 – Student Transportation Policy, where all policies are located online at [www.saltriverschools.org](http://www.saltriverschools.org).
13. **Student Liability:** Students who violate policies and rules of conduct may be denied bus-riding privileges. Students who harm persons or damage any school property may be suspended or expelled from school. Students may also be reported to the Police Department.
14. **Parent Liability:** Students and bus riders who damage community property will be held liable for those damages, according to state/tribal law. In the case of minor children, their parents/guardians are liable. Parents/guardians may be billed for the cost of damage. SRO 5.5-101.
15. **Consequences** - When a student chooses to deviate from appropriate behavior, the steps for consequences will be as follows:

- a. **First Infraction:** The student will receive a warning, which will include a telephone call home to parent/guardian by the school personnel or bus driver.
- b. **Second Infraction:** The student will be suspended from bus privileges for one (1) school day.
- c. **Third Infraction:** The student will be suspended from bus privileges for (5) five school days.
- d. **Fourth Infraction:** The student will be suspended at least twenty (20) school days (approximately one month) or the remainder of the semester, whichever is longer.

**Note:** The student is required to attend school on the days of bus suspension. Absences during bus suspension are not excused absences. The parent must make all necessary arrangements to make sure that the student attends school.

We, Student and Parent/Guardian, have read and understand the Parent & Student Transportation Agreement and understand that riding the bus is a privilege and bus driving privileges may be revoked if Student does not follow the Article 4 – Students Policy, Article 7 - Student Transportation Policy, the Student/Parent Handbook and its bus rules. We understand that the policies and handbooks are available online at [www.saltriversschools.org](http://www.saltriversschools.org).

By signing below we agree to abide by all of the above policies, rules and regulations. We clearly understand that infractions may result in suspension and/or termination of student transportation services.

<b>Print Student Name</b>	<b>Student Signature</b>	<b>Date</b>
<b>Print Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>



## School Bus Transportation Form

Please read the following information, complete all applicable fields, and submit directly to your school registrar to ensure transportation on the first day of school. The registrar will send your request form to the Education Transportation Department. **\*NOTE: Only Kindergarten & Early Childhood Education Center students are eligible for door-to-door pick-up\***

Student Name: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

### INDICATE IF STUDENT WILL OR WILL NOT REQUIRE BUS SERVICES: (CHECK BOX)

<input type="checkbox"/> <b>WILL NOT</b> require bus service (sign & date below)
_____
Parent/Guardian Signature _____ Date _____

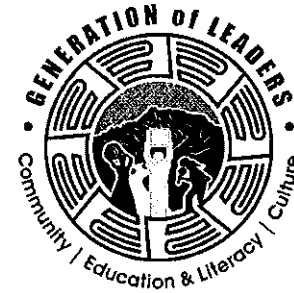
<input type="checkbox"/> <b>WILL</b> require bus service (check one)
<input type="checkbox"/> AM ONLY <input type="checkbox"/> PM ONLY <input type="checkbox"/> BOTH AM & PM
<b>PROVIDE PLACE OF RESIDENCE BELOW. (REQUIRED)</b>
Home Address: _____
(Cross Roads, Street): _____
_____
<b>INDICATE AN ALTERNATE PICK-UP AND DROP OFF IF NEEDED. (OPTIONAL)</b>
Alternate Address: _____
(Cross Roads, Street): _____
_____
Signature below indicates the home address listed above is the true residence of the student named above. I understand that I/we are obligated to file a new application if we change any of the above addresses. I understand the rules for safe bus riding and accept the responsibility to ensure my child(ren) understand and abide by the Parent & Student Transportation Agreement.
_____
Parent/Guardian Signature _____ Date _____
<b>*** Processing may take up to five (5) business days. Transportation Services will notify you of your start date of services. ***</b>

Questions? Call the School Bus Coordinator at 480-362-2127 or the Transportation Manager/Facilities Liaison at 480-362-2121.

# Household Literacy & Culture Survey

Participation in this survey is *OPTIONAL* but strongly encouraged and will *not* be considered in making enrollment decisions.

Native Youth Community Projects (NYCP) is a four-year grant awarded to Salt River Schools. Our goals and objectives focus on education and literacy, culture, and Community.



Thank you for taking the time to complete this survey. All responses are confidential and will help us provide the appropriate literacy and cultural resources to the Community.

1. About **how many books and magazines** are available to read in your household?

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 0     | <input type="checkbox"/> 26-50  |
| <input type="checkbox"/> 1-10  | <input type="checkbox"/> 51-100 |
| <input type="checkbox"/> 11-25 | <input type="checkbox"/> 100+   |

2. During a typical week, how often do you or a family member **practice literacy** with a child (this could look like **reading** a book/magazine to a child, **telling a story** to a child from memory or making it up on the spot, or even **singing** a song to or with a child).

- 7 days (every day)     3-6 days     1-2 days     never

3. During a typical week, how often do you **read for your own enjoyment**?

- 7 days (every day)     3-6 days     1-2 days     never

4. On a scale of 1-5, with 1 being "Not Important" and 5 being "Very Important," how important is it for students to **continue their education** beyond high school?

- 1 (not important)     2     3 (neutral)     4     5 (very important)

5. On a scale of 1-5, with 1 being "Not Familiar" and 5 being "Very Familiar," how familiar are you with the **scholarship and college/career opportunities** available to Community members (for instance from the Salt River Higher Education Program)?

- 1 (not familiar)     2     3 (neutral)     4     5 (very familiar)

6. What types of **Native language and culture activities** do you and your family participate in? Mark all that apply.

- Language learning/practicing/use
- Arts & crafts
- Reading/listening to culturally relevant stories
- Creating culturally relevant media (books, social media, etc.)
- Family/Community traditions and ceremonies
- Other (please specify) \_\_\_\_\_

7. **How often** do you and your child(ren) participate in the Native language and culture activities?

- Daily     Weekly     Monthly     A couple times per year     Never

Thank you for your time. For more information, please email [Literacy@SaltRiverSchools.org](mailto:Literacy@SaltRiverSchools.org)

Office Staff: Once the survey is complete, please return to Trinidad Yazzie at SRHS. Do not file in the student file.





This form is for all students under the age of 18, except for foster youth (see information below signatures). Students under 18 years old must have consent from a parent/guardian to enroll at the Maricopa Community College in credit, clock hour, or non-credit courses. This form is proof of and fulfills the following requirements: student information release, registration by proxy, financial responsibility, and for text messaging/ automated communication. **Consent is valid until rescinded by the parent/guardian, the student fully matriculates, or until the student turns age of 18.** Legally required notifications with opt out provisions will still be sent.

Please complete this form in its entirety, so as not to delay enrollment.

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
College: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Social Security Number (Optional): \_\_\_\_\_ \*SS number will be kept confidential

**Student Information Release Authorization**

The student agrees to the exchange of academic information between the participating institutions, including but not limited to college grade reports, transcripts, and any other pertinent documents. The student gives permission to release Maricopa Community College student information to their parents/guardians in accordance with Federal Law. This does not disturb the annual notifications with opt out provisions from occurring through standard notification practices.  YES  NO Choose 4-digit PIN for account access: \_\_\_\_\_ Note: Share PIN with your parent/guardian.

**Registration by Proxy Authorization**

Students under the age of 18 who are unable to register on their own may have a parent/guardian register for them "by proxy." However, in order to comply with federal laws dealing with the confidentiality of official student records (Family Education Rights and Privacy Act of 1974), a release must be granted to authorize Registration by Proxy. I consent to the parent/guardian named above to initiate enrollment actions on my behalf.  YES  NO

**Consent to Contact**

I give permission to the Maricopa Community Colleges to contact my child via SMS text messaging and automated calls or other methods of communication for official business to the phone number(s) in my student's account.  YES  NO

**Financial Responsibility**

As the parent/guardian of a minor student, I approve the enrollment in any Maricopa Community College course until the students turns 18 years old. I also acknowledge I have read the Maricopa County Community College District Tuition and Fees Policy and the Maricopa Refund Policy below.

I understand that tuition and fees are added to a student account as a result of enrolling in classes. Once registered and enrolled, if not dropped by the 100% refund deadline, I am responsible for all tuition, fees, and fines charged to my child's student account. Failure to attend class does not absolve me of the financial obligation as described above. Failure to resolve past due balances may result in an impact of services, including holds on my child's student account restricting future registration, other services, and forwarding of any unpaid past due balances to collection agencies.

I understand that I am responsible for all tuition, fees, and fines that may be incurred related to my under age 18 student's enrollment at the Maricopa Community Colleges. I understand an email outlining my financial responsibility will be sent annually.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students who are under 18, and in foster care, may enroll for classes at MCCCCD schools without a guarantee of funding from a parent or guardian. In order to prove status in foster care, students must provide documentation that shows they are a current ward of the court. Accepted documentation includes, but is not limited to: a signed letter on DCS letterhead, initial dependency hearing documentation, a Notice to Provider, or a signed letter on group home letterhead. Upon receipt, the signature of a parent or guardian will be waived.

**Please note:** All students are enrolled in the ALERT notification system in order to receive Emergency Alerts concerning health and safety of people on campus/sites via text messaging. Please ensure your student provides a current cell phone number.

The Maricopa County Community College District (MCCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District. The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.



Check the box in front of the college or skill center identifying where you plan to attend.

- Chandler-Gilbert   
  Estrella Mountain   
  GateWay   
  Glendale   
  Mesa   
  Paradise Valley   
  Phoenix  
 Rio Salado   
  Scottsdale   
  South Mountain   
  Southwest Skill Center   
  GateWay – Central City / Deer Valley

**APPLICANT INFORMATION**

Student ID# \_\_\_\_\_ Term of Enrollment  Fall  Spring  Summer Year \_\_\_\_\_

Legal Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Legal Sex  Female  Male  Other  
MM/DD/YYYY

Gender Identity  Man  Woman  Trans male/trans man  Trans female/trans woman  
 Genderqueer/Gender non-conforming  Other Identity

SSN# \_\_\_\_\_ Your Social Security Number (SSN#) will not be used as your primary student Identification number and will be kept confidential. Individuals that wish to gain full access to Maricopa's secure online self-service resources must provide both the Social Security Number and Date of Birth. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credit, and must be used by applicants for federal and state aid, as well as Veteran's Administration benefits.

**CONTACT INFORMATION**

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Cellular \_\_\_\_\_

By checking this box, I give permission to the Maricopa Community Colleges to send SMS text messages and automated calls or other methods of communication by submitting this form. **NOTE:** All students and employees are enrolled in the text message ALERT notification system. In order to receive Emergency Alerts concerning health and safety of people on campus / sites via text message, please be sure to provide your current cell phone number.

Email Address Home \_\_\_\_\_ Other \_\_\_\_\_

**DEMOGRAPHIC INFORMATION  
RACE/ETHNICITY\***

	Primary Y/N	Percentage	Ethnic Group / Tribe
Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
American Indian / Alaska Native	_____	_____	_____
Asian	_____	_____	_____
Black or African American	_____	_____	_____
Native Hawaiian or other Pacific Islander	_____	_____	_____
White	_____	_____	_____

\*Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.

**INFORMATION RELEASE - FERPA**

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)?  Yes  No

