



# Queen Creek Virtual Academy: Intended Full-Time Equivalency Enrollment Statement (AOI)

**one form per student** (complete digitally and return to [qcva@qcusd.org](mailto:qcva@qcusd.org) or drop off at Queen Creek Junior High School )

Date	Last Name	First Name Middle Name	Grade	Date of Birth

**I confirm that my child, \_\_\_\_\_, intends to enroll in Queen Creek Virtual Academy. (This form will remain in effect for each year the student is in the program.)**

I understand we are committing to a full year and transfer approvals will only be granted at the semester break. Providing false information on this form may result in the application being denied or admission being revoked. The signatory affirms that the student will abide by the rules, standards, and policies of the School and Queen Creek Unified School District.

### Queen Creek Virtual Academy Full-time Equivalency Enrollment Statement

Maintain full-time enrollment with QCVA by completing 25 hours a week and turning in my time log weekly. I understand I may be dropped from the program if I do not complete a minimum of 25 hours each week: Yes\_\_\_\_ The parent understands, the student will be responsible for self-reporting accurate hours as documentation and student accounts may be locked if documents are not submitted in time: Yes \_\_\_\_

Make adequate progress, or I will be dropped for inactivity after 10 consecutive days of minimal or no activity: Yes\_\_\_\_

Student must participate in in-person state testing: Yes \_\_\_\_

QCVA students will not be issued devices. I understand, the family is responsible for providing a computer: Yes\_\_\_\_ (Secondary Students) Must finish complete 100% of the coursework by the provided date and take an in-person final in order to stay on track for graduation: Yes \_\_\_\_

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. Type your name in the signature box provided.

Signature of Parent/Guardian

Parent/Guardian Name (First, Last)

Parent/Guardian Phone

Parent/Guardian Email

OFFICE USE ONLY

SAIS ID#

<b>Initial FTE:</b>	<b>Date of Enrollment: Signature</b>
<b>Change to FTE</b>	<b>Date of Change: Signature</b>
<b>Change to FTE</b>	<b>Date of Change: Signature</b>
<b>Notes:</b>	

Dear Secondary Parent/Guardian and Student:



Research shows that more than 90% of those who pass their online courses are students who met or exceeded the minimum time requirements. It is with the intent to first, allow the student to have the best chance of passing classes, and second, to satisfy the education laws of the state of Arizona that the Queen Creek Virtual Academy requires you to agree to the stipulations outlined below:

## Student Contract [Grades 7-12]

As a student enrolled in Queen Creek Virtual Academy:

- I, \_\_\_\_\_, agree to work a **minimum of 25 hours per week** (offline and online activity) in my courses. This amount of time averages 5 hours per weekday. I will log any offline minutes and with parent/ guardian approval **submit weekly timesheets** verifying my time. **\*Warning: Students may be locked out of the platform if timesheets are NOT submitted.**
- I agree to **promptly join the appropriate Google Classrooms**
- I agree to **attend virtual help sessions** and **reach out to facilitators** when I need support. • I agree to **check** my district-issued **email daily** for communication.
- I agree to **stay on pace and complete 100% of the coursework** by the course end date. (Current Year Data supports- All students that completed 100% of the coursework, passed their class with a 60% or higher)
- In accordance with the Department of Education, Queen Creek Virtual Academy requires each student to complete a minimum of 5400 minutes (90 hours) per year. This information will be logged weekly by each student and to set virtual students up for success they are required to log 1500 minutes (25 hours) per week
- The QCUSD Student Code of Conduct applies in full for Queen Creek Virtual Academy.
- I **MUST** participate in state-mandated testing in accordance with ASRS 15-808-B, and I must demonstrate sufficient academic achievement (passing a majority of courses) in accordance with ASRS 15-808-G, or I may be removed from Queen Creek Virtual Academy.

I understand that participation in Queen Creek Virtual Academy is a choice, and failure to uphold the above contract may result in withdrawal from the program.

---

(Student Name- Please Print) (Student Signature) (Date)

---

(Parent/Guardian Name- Please Print) (Parent/Guardian Signature) (Date)



# Queen Creek Unified School District

## Consent for Medical Treatment and Medical Information Form

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

I hereby give my consent for my child to receive treatment in the health office by Queen Creek Unified School District staff during the period of July 2023-May 2024. I understand medication of any kind is not to be sent with a child to school. Only an adult may bring in medication to the health office.

### Health History

Has your child ever been diagnosed by a physician with any of the following conditions?

- |  |   |
|--|---|
| <input type="checkbox"/> No medical conditions | <input type="checkbox"/> Skin Problems            |
| <input type="checkbox"/> ADD/ADHD              | <input type="checkbox"/> Vision Problems          |
| <input type="checkbox"/> Severe Allergies      | <input type="checkbox"/> Hearing Problems/Aids    |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Bladder Condition        |
| <input type="checkbox"/> Heart Problems        | <input type="checkbox"/> Suppressed Immune System |
| <input type="checkbox"/> Bleeding Disorder     | <input type="checkbox"/> Concussion History       |
| <input type="checkbox"/> Epilepsy/Seizures     | <input type="checkbox"/> Stomach/GI               |
| <input type="checkbox"/> Depression            | <input type="checkbox"/> Diabetes                 |
| <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Other                    |

If you checked any of the above, please explain in detail:

\_\_\_\_\_

Please list any allergies to medication, food, or insects.

\_\_\_\_\_

What kind of reaction occurs with this allergy?

\_\_\_\_\_

Health screenings include hearing and vision may be given during the school year. I understand that important medical information will be shared with school personnel as needed for the safety of each student. I have read this form and certify that I understand the content. If I do not want any of the services or screenings above, I will provide that in writing.

I authorize my child's health care provider to speak with the health office staff regarding my child's health and medication(s).

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

### **In order for a student to receive medication during school hours:**

1. Prescription medication must be prescribed by the student's physician. The healthcare provider medication form must be signed by the healthcare provider as well as the parent and presented to the school at the time medication is given to the health office.
2. Prescription medications must be in the original pharmacy container, labeled with the student's name, date, medication, dose, time to be taken at school, and length of treatment if applicable (ask the pharmacist to prepare a special container for school use).
3. Only the parent or legal guardian may bring the medication to school. Students are NOT allowed to transport medication EXCEPT an asthma inhaler, Epi-pen, and/or diabetic medications and supplies (with a current prescription for the student). A prescription label MUST BE ON the medication, AND written documentation that authorizes possession and self administration of the medication must be on file.
4. Medication will be administered in the presence of the school nurse and/or health assistant, or in their absence, by the person designated by the school principal.
5. All over-the-counter medication must be approved by the Food & Drug Administration and be kept in original container with label and package directions. Only district approved OTC medication can be administered without a doctor's prescription. A physician's order will be required to give medications for more than 3 days in a row or 5 days per month.

### Medications

Is your student currently on medication?  Yes  No

Will medication be given during school hours  Yes  No

(If medication is to be given at school, a signed consent by parents and health care provider must be completed and returned to health office prior to giving medication.)

Medication name and dose:

\_\_\_\_\_

What is medication used for?

I give Queen Creek USD staff permission to administer the following medications to my child following package directions and physician standing orders if medication is available in the health office. I also agree with the above QCUSD medication administration policy. Choose either YES or NO for district approved medication (if available) to be given to your child:

- |     |    |   |
|-----|----|---|
| Yes | No | Tylenol (acetaminophen)                               |
| Yes | No | Advil or Motrin (ibuprofen)                           |
| Yes | No | Anti-itch lotion (calagel, caladryl, cortisone cream) |
| Yes | No | Cough Drop  |
| Yes | No | Neosporin (triple antibiotic cream)                   |
| Yes | No | Benadryl (diphenhydramine)                            |

Parent/Legal Guardian Name

Phone Number

Parent/Legal Guardian Signature

Date

# 2023-2024 QCUSD Family Handbook Acknowledgement of Receipt

This form is to be returned to the designated teacher or school staff member within two (2) school days of the date the form is received by the student. The Family Handbook can be found at [www.qcUSD.org](http://www.qcUSD.org).

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

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

School (please check the student's school of enrollment):

- Desert Mountain Elementary
- Faith Mather Sossaman Elementary
- Frances Brandon-Pickett Elementary
- Gateway Polytechnic Academy
- Jack Barnes Elementary
- Katherine Mecham Barney Elementary
- Queen Creek Elementary
- Silver Valley Elementary
- Schnepf Elementary
- Newell Barney Junior High
- Queen Creek Junior High
- Crismon High School
- Eastmark High School
- Queen Creek High School
- Queen Creek Virtual Academy

## Family Handbook

Student and Parent/Guardian: I have been provided access to and/or received the QCUSD Family Handbook. I acknowledge that I have been given the opportunity to read and review it with my child/parent/guardian. I understand that I am expected to comply with all provisions that apply to me. I understand that I may contact the school administration if I have any questions pertaining to the information in the Family Handbook.

## Technology Acceptable Use Policy

Student: I have read and agree to abide by the Technology Acceptable Use Policy rules and guidelines. I understand that access to computers and internet resources is provided for educational purposes only and I must not use the technology resources to send or request offensive or illegal material. I understand that if I violate the rules and guidelines for technology resources, my access privileges may be revoked and school and/or legal action may be taken as a consequence.

Parent/Guardian: I have read the Technology Acceptable Use Policy rules and guidelines. I understand that school access to computers and internet resources is provided for educational purposes only. While the District has taken precautions to minimize access by students to inappropriate material, I understand that it is impossible for the District to completely restrict access to such material and will not hold the District responsible if my child accesses such material either directly or indirectly. I hereby give permission to the District to permit my child to use District owned computer and internet access.

## **Student Violence, Harassment, Intimidation, Bullying, & Hazing Policies**

Student and Parent/Guardian: I have read the information, including what is related to Student Violence, Harassment, Intimidation, Bullying, and Hazing, in the Family Handbook and understand the consequences for violating these policies.

## **Equal Educational Opportunity and Non-Discrimination**

Student and Parent/Guardian: I understand that in accordance with Governing Board Policy 1-201, the rights of a student to participate fully in classroom instruction shall not be abridged or impaired because of race, color, religion, disability, pregnancy and parenting, sex, national origin, veteran's status, genetic code, political affiliation, or any other reason not related to the student's individual capabilities.

## **Bus Rules and Consequences**

Student and Parent/Guardian: I have been provided access to and/or received the QCUSD Family Handbook where the rules and consequences for bus behavior are described. I acknowledge that I have been given the opportunity to read and review the bus rules and consequences with my child/parent/guardian. I understand that I am expected to comply with all provisions that apply to me whenever I am a passenger in District-provided transportation. I understand that I may contact the Director of Transportation or the school administrator if I have any questions pertaining to the information in the Family handbook.

Rules posted on all QCUSD buses:

1. Observe the same conduct as expected in the classroom.
2. Be courteous; no yelling, screaming or profane language.
3. Be on time at the pick-up location. No running, pushing or shoving on or off the school bus.
4. Do not eat or drink on the bus. Water bottles, used appropriately, are allowed.
5. Remain seated while the doors of the bus are closed.
6. Do not vandalize the bus. Skateboards, longboards, and scooters are not allowed on the bus.
7. The driver or aide is authorized to assign seats. Follow the direction of the driver or aide at all times.
8. Stay sitting in your seat, facing forward.
9. Keep all body parts and objects inside the bus and to yourself. Do not throw items on or off the bus.
10. No glass bottles, pets, insects, reptiles, weapons, chemicals, or drugs/alcohol/tobacco are allowed on the bus.

My signature below attests that I have been provided access to and/or received a copy of the Family Handbook Technology guidelines, Bullying, Harassment, Intimidation, and Hazing Policies, Student Violence Policy, Bus Rules and Regulations, and the Equal Educational Opportunity Policy of Queen Creek Unified School District. I have been provided the opportunity to read and review them with my child/parent/guardian. Failure to sign this form does not preclude students from the responsibilities and/or consequences outlined in the Family Handbook.

---

Parent/Guardian Signature

---

Date

---

Student Signature

---

Date