



"Educating for Life with the Mind of Heart of Christ"

1200 E. 14<sup>th</sup> Street  
Douglas, AZ 85607  
(Tel). (520) 364-5754  
(Fax). (888) 364-5869

**Loretto Catholic School  
Tuition and Fees  
2020-2021**

**Annual Tuition per student/ Colegiatura anual por cada estudiante: \$6,100.00**

**Monthly Tuition per student/Colegiatura al mes por estudiante: \$610.00  
(Without Scholarship assistance/Sin asistencia de becas)**

**Please stop by or call the front office for more information about Tax Credit Scholarships for tuition/Por favor de pasar o llamar a la oficina para más informacion sobre becas para la colegiatura.**

**FEES:**

Registration Fee/Cuota de Registro (Non- Refundable/No-Retornable)	\$100.00 per year (per child/por estudiante)
Books/Libros:	\$100.00 per year (per child/por estudiante)
RenWeb	\$30.00 per year (per family/por familia)
Lab Tech Fees/Cuota de Tecnología:	\$30.00 per year (per child/por estudiante)
Fundraisers/ Recaudar Fondos:	\$300.00 per year (per family/por familia)

**SERVICE HOURS per Family/Horas de Servicio por Familia**

Single/Family:	<u>25 hours/horas OR \$15.00 per hour quota/cada hora (\$375.00 total)</u>
Cross Guard:	<u>2 Cross guard/ 2 cruzero or \$40.00 per school year/cada año</u>

**Documents Needed to enroll:**

Birth Certificate(Certificado de nacimiento)_____	Baptism(Bautismo)_____
Communion(Comunión)_____	Confirmation(Confirmación)_____
Immunization Records(Vacunas)_____	Physical Form(FormaFisica)_____
School Records (Archivos Escolares) _____	

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(PLEASE PRINT/LETRA DE MOLDE POR FAVOR)



### Student Information/ Información del Estudiante

Student Last Name/ <i>Apellido</i>	First Name/ <i>Nombre</i>	Middle/ <i>Segundo</i>	Gender/ <i>Genero</i> <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth/ <i>Fecha de Nacimiento</i>
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Age/ <i>Edad</i>	Grade/ <i>Grado</i>	Place of Birth/ <i>Lugar de Nacimiento</i>	Does child have sibling(s) enrolled here? <input type="checkbox"/> Yes/ <i>Si</i> <input type="checkbox"/> No <i>Su hijo(a) tiene un(a) hermano(a) en esta escuela?</i> <input type="checkbox"/> Yes/ <i>Si</i> <input type="checkbox"/> No
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Sibling's name/Grade/ <i>Nombre de Hermano/Grado</i>	Sibling's name/Grade/ <i>Nombre de Hermano/Grado</i>	Sibling's name/Grade/ <i>Nombre de Hermano/Grado</i>	Sibling's name/Grade/ <i>Nombre de Hermano/Grado</i>
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Ethnicity/ <i>Ethnicidad</i>	Current Street Address/ <i>Domicilio</i>	City, State, / <i>Ciudad, Estado</i>	Zip Code/ <i>Código postal</i>	Religion/ <i>Religión</i>
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Parish, City/ <i>Parroquia, Ciudad</i>	Previous School Attended, City, State/ <i>Ultima escuela a la que asistió, Ciudad, Estado</i>	U.S. Citizen/ <i>Ciudadano(a) de E.U.</i> <input type="checkbox"/> Yes/ <i>Si</i> <input type="checkbox"/> No
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Email Address:	Does your child require any special medical, physical , education needs? Yes or No <i>Su hijo(a) requiere atencion especial fisica , médica, o de educación? Si o No</i>
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If so, please explain/ <i>Si es "Si", por favor explique.</i>	Who does child reside with/ <i>Con quien vive su hijo(a)?</i>
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### Parent or Legal Guardian Information/ Información de Padres o Tutor Legal

Last Name/ <i>Apellido</i>	First Name, Middle/ <i>Nombre</i>	Relationship/ <i>Relación</i>	U.S. Citizen/ <i>Ciudadano(a) de E.U.</i> <input type="checkbox"/> Yes/ <i>Si</i> <input type="checkbox"/> No
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Primary Telephone Number/ <i>Teléfono Primario</i>	Alternate Tel Number/ <i>Teléfono Alternativo</i>	Employer/Phone Number <i>Empleador/Teléfono</i>
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Last Name/ <i>Apellido</i>	First Name, Middle/ <i>Nombre</i>	Relationship/ <i>Relación</i>	U.S. Citizen/ <i>Ciudadano(a) de E.U.</i> <input type="checkbox"/> Yes/ <i>Si</i> <input type="checkbox"/> No
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Primary Telephone Number/ <i>Teléfono Primario</i>	Alternate Tel Number/ <i>Teléfono Alternativo</i>	Employer/Phone Number <i>Trabajo/Teléfono</i>
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*Educating for Life With the Mind and Heart of Christ*

**Emergency contact information/Informacion en caso de emergencia**

Student name/

Nombre de estudiante: \_\_\_\_\_ Grade/Grado \_\_\_\_\_

Father's name/Nombre del Padre: \_\_\_\_\_

Cell Phone/Numero de celular: \_\_\_\_\_

Work Phone/Numero del trabajo: \_\_\_\_\_

Email address/Correo electrónico: \_\_\_\_\_

Mother's name/Nombre de la Madre: \_\_\_\_\_

Cell Phone/Numero de celular: \_\_\_\_\_

Work Phone/Numero del trabajo: \_\_\_\_\_

Email address/Correo electrónico: \_\_\_\_\_

**Individuals authorized to pick up your child after school or in case of an emergency/  
Personas autorizadas para recoger a su hijo/a después de la escuela o en caso de  
emergencia**

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Name/Nombre	Relation/ Relación	Telephone #/# de teléfono
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Name/Nombre	Relation/ Relación	Telephone #/# de teléfono
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Name/Nombre	Relation/ Relación	Telephone #/# de teléfono
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Father, Mother or Legal Guardian's name/ Nombre de Padre, Madre o Tutor Legal	Signature/Firma	Date/Fecha
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# Health History and Immunization Card

## Historia de Salud y Tarjeta de Vacunación

Child's Name/Nombre de hijo(a)	Date of Birth/Fecha de Nacimiento	Age/Edad	Gender/Genero  M    F
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Street Address/Domicilio	City/Ciudad	State/Estado	Zip Code	Primary Phone/Teléfono Primario	Alt Phone/Teléfono Alt
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Mother or Guardian Name/Nombre de Madre or Tutor Legal	Home Address(#, Street, City, State, Zip Code) <i>If different from above</i> Dirección de Casa(Domicilio, Ciudad, Estado) <i>Si es diferente del anterior</i>
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Primary Telephone Number/Teléfono Primario	Cell <input type="checkbox"/>	Alt Phone/Teléfono Alternativo	Cell <input type="checkbox"/>
	Home/Casa <input type="checkbox"/>		Home/Casa <input type="checkbox"/>
	Work/Trabajo <input type="checkbox"/>		Work/Trabajo <input type="checkbox"/>

Father or Guardian Name/Nombre de Padre or Tutor Legal	Home Address(#, Street, City, State, Zip Code) <i>If different from above</i> Dirección de Casa(Domicilio, Ciudad, Estado) <i>Si es diferente del anterior</i>
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Primary Telephone Number/Teléfono Primario	Cell <input type="checkbox"/>	Alt Phone/Teléfono Alternativo	Cell <input type="checkbox"/>
	Home/Casa <input type="checkbox"/>		Home/Casa <input type="checkbox"/>
	Work/Trabajo <input type="checkbox"/>		Work/Trabajo <input type="checkbox"/>

\*IF MEDICAL CARE IS NECESSARY, CALL:/SI LA ATENCION MEDICA ES NECESARIA, LLAME: \*

Health Care Provider/ Proveedor de atención médica	Name/Nombre	Telephone Number/Numero de teléfono
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I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

Yo doy autoridad a cualquier hospital o médico para prestar ayuda inmediata como era necesario en el momento de su su / salud y seguridad. Entiendo que el costo de este servicio es mi responsabilidad.

In case of injury or sudden illness, I request that this individual be called first/En caso de lesión o enfermedad repentina, solicito que este individuo se llama primero:	Name/Nombre	Relation/Relación
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Does your child have insurance coverage/ Su hijo(a) tiene seguro de salud? Yes/Si  No

Name of Insurance Company/Nombre de seguro de salud: \_\_\_\_\_

**Medical Information**

Is child allergic to food or other substances? Su hijo(a) es alérgico a los alimentos u otras sustancias? Yes/Si  No   
 If yes, name foods or substances to be avoided, describe symptoms, and the procedure to follow if reaction occurs:  
 Si es asi, nombre de alimentos o sustancias que se deben evitar, los síntomas, el procedimiento a seguir, si se produce reacción:

Continued on next page.....  
Continúa en la página siguiente.....

# Health History and Immunization Card Historia de Salud y Tarjeta de Vacunación

child usually susceptible to infections and if so, what precautions need to be taken? ¿El niño(a) es generalmente susceptible a las infecciones y si es así, qué precauciones hay que tomar? Yes/Si No

child subject to convulsions and what should be our procedure if one occurs? ¿Si niño es sujeto a convulsiones, cuál debería ser nuestro procedimiento si se produce? Yes/Si No

child subject to convulsions and what should be our procedure if one occurs? ¿Si niño es sujeto a convulsiones, cuál debería ser nuestro procedimiento si se produce? Yes/Si No

are there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problems, hearing impairment, hernia, etc..) ¿Hay alguna condición física que debe tener en cuenta y qué precauciones se deben tomar(problemas del corazón, problemas en los pies, problemas de audición, hernia, etc.) Yes/No

Additional comments/Comentarios adicionales:

Other specific instructions/Otras instrucciones específicas:

One of these items must accompany your child's Medical History/Immunization Form at all times/Uno de estos elementos debe acompañar a su hijo Historial Médico / Formulario de Vacunación en todo momento:

**I have attached one of the following:/He adjuntado una de las siguientes:**

Copy of current official documented immunization record/Copia del acta de vacunación actual documentado

Religious Beliefs exemption form signed by parent/guardian/ Creencias Religiosas formulario de exención firmada por el padre / tutor

Medical Exemption form signed by physician and parent/guardian/ Formulario de exención médica firmada por el médico y el padre / tutor

Signed laboratory Proof of Immunity form/ Firmado laboratorio formulario de Prueba de Inmunidad

certify that this Medical History and Immunization Record Card is accurate and complete:

Yo certifico que esta Historia de la Medicina y la Tarjeta de Registro de Inmunización es exacta y completa:

Parent or Guardian PRINTED Name/Nombre de Padre o Tutor Legal (Letra de Molde)	Signature/Firma:	DATE/FECHA:
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DIOCESE OF TUCSON CATHOLIC SCHOOLS

Physical Examination Form

THIS SECTION TO BE COMPLETED BY MEDICAL CARE PROVIDER

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_ Gr \_\_\_\_\_ DOB \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Physical Examination:

Known Allergies: \_\_\_\_\_

Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ pounds BP: \_\_\_\_\_ / \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Vision: Uncorrected: B: 20/\_\_\_\_ R: 20/\_\_\_\_ L: 20/\_\_\_\_; Corrected: B: 20/\_\_\_\_ R: 20/\_\_\_\_ L: 20/\_\_\_\_

Eyes \_\_\_\_\_ Heart \_\_\_\_\_ Skin \_\_\_\_\_

Ears \_\_\_\_\_ Lungs \_\_\_\_\_ Spine/Neck \_\_\_\_\_

Nose \_\_\_\_\_ Abdomen \_\_\_\_\_ Scoliosis: Neg: \_\_\_\_\_ Pos: \_\_\_\_\_

Teeth \_\_\_\_\_ Hernia \_\_\_\_\_ Posture \_\_\_\_\_

Throat \_\_\_\_\_ Nervous Sys. \_\_\_\_\_ Orthopedic \_\_\_\_\_

Glands \_\_\_\_\_ Nutrition \_\_\_\_\_ Genitalia \_\_\_\_\_

Other (specify) \_\_\_\_\_

Urinalysis: (if indicated) \_\_\_\_\_

Hgb: (if indicated) \_\_\_\_\_

Cocci: Date: \_\_\_\_\_ Result: \_\_\_\_\_

TB: Date: \_\_\_\_\_ Result: \_\_\_\_\_

Immunizations Given Today:
_____
_____
_____
Please provide a copy of the updated immunization record.

Is this student currently receiving any medications? YES / NO If yes, list meds: \_\_\_\_\_

Does this student have any physical conditions or other restrictions which will limit his/her involvement in a regular school program or school activities? YES / NO If yes, please explain:

I certify that I have on this date examined the above-named student and I have found no medical reason to disqualify him/her from participating in all supervised physical education activities and athletics, with the exception of:

Medical Provider's comments and/or recommendations: \_\_\_\_\_

Medical Provider's Name (printed) \_\_\_\_\_ MD DO PA NP

Medical Provider's Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_

**DIOCESE OF TUCSON CATHOLIC SCHOOLS**  
**Student Health History**

**THIS SECTION TO BE COMPLETED BY PARENT**

Today's Date \_\_\_\_\_

Child's Entering Grade \_\_\_\_\_

Student's Name \_\_\_\_\_  
 Last First M.I. DOB \_\_\_\_\_

Known Medication Allergies \_\_\_\_\_

Known Food Allergies \_\_\_\_\_

Has your child ever had any of the following?

Condition	Yes, Date	No	Condition	Yes, Date	No	Condition	Yes, Date	No
Allergies (Seasonal)			Hearing Problems			Rheumatic Fever		
Anemia			Heart Problems			Scoliosis		
Asthma			Hepatitis			Seizures		
Back Pain			Hernia			Sinus Problems		
Chicken Pox			Hives			Strep Throat		
Concussion			Joint Pain/Arthritis			Stomach Problems		
Diabetes			Kidney Problems			Tuberculosis		
Eczema			Menstrual Cramps			Valley Fever		
Emotional Problems			Migraine Headaches			Vision Problems		
Fainting			Mononucleosis			Other		

	Description	Year	Description	Year
Operations				
Operations				
Sprains				
Fractures				

Does your child wear glasses or contact lenses? \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

If your child is currently under a doctor's treatment, please explain and give doctor's name: \_\_\_\_\_

Medications now taking \_\_\_\_\_

*If medications are to be given at school, complete "Parent Consent for Giving Medications at School" form. This must be accompanied by a medical order, according to Diocesan Medication Policy, before any medications can be given at school.*

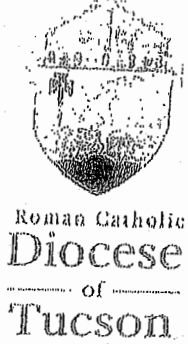
Does this student have any physical conditions or restrictions which will limit his/her involvement in school activities?

Yes / No. If Yes, explain \_\_\_\_\_

Is there anything else we should know about your child's health or physical condition? \_\_\_\_\_

Name of Medical Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Roman Catholic  
Diocese  
of  
Tucson

**\*Name of School\***  
**School Health Services**  
**Emergency Medication Consent Form**  
(Albuterol Administration)

**Parent's Consent Form for Giving Albuterol in an Emergency**

Name of Child \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Best Contact Number \_\_\_\_\_

This consent is for the administration of albuterol in the case of an asthma exacerbation (or respiratory distress) for symptomatic children who do not have a prescription for albuterol.

Possible Symptoms:

Albuterol may be given for Asthma Exacerbation which includes one or more of the following:

- Coughing, wheezing, noisy breathing or decreased breath sounds, or whistling in the chest
- Difficult breathing, tightness in chest, shortness of breath, or chest pain
- Complaints of discomfort when breathing
- Shallow breathing, breathing hard and fast
- Nasal flaring (front part of nose opens wide to get in more air)
- Can only speak in short sentences or not able to speak
- Blueness around the lips or fingernails
- Chest retractions, use of accessory muscles
- Fast pulse

It will be given as set out in the attached School Health Services Policy Procedure for Giving Albuterol in an Emergency

There are complications involved with this treatment including nervousness, shaking (tremor), headache, dizziness, mouth/throat dryness or irritation, sore throat, cough, nausea, vomiting, dizziness, sleep problems (insomnia), hoarseness, runny or stuffy nose, muscle pain, or diarrhea.

- I give my consent to administer Albuterol.
- I do not give my consent to administer Albuterol.
- My child already has a consent form on file and Albuterol at school.

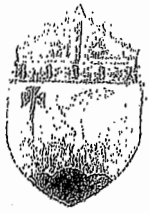
\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Grade/ Room #





Roman Catholic  
**Diocese**  
 of  
**Tucson**

**\*Name of School\***  
**School Health Services**  
**Emergency Medication Consent Form**  
 (Epinephrine Administration)

**Parent's consent form for giving Epinephrine in an emergency**

Name of Child \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Best Contact Number \_\_\_\_\_

**This consent is for the administration of Epinephrine for symptomatic children who do not have prescribed Epinephrine.**

**Anaphylaxis:** A life-threatening allergic reaction. In the most extreme case, the airway is blocked because of swelling around the voice box and because of a spasm of the windpipe and air passages of the lung. There may also be rapid and dramatic drops in blood pressure (circulatory collapse) leading to the loss of consciousness and/or shock. The faster the beginning of symptoms, the more severe the reaction. Symptoms of anaphylaxis vary, but those involving the skin (hives, itching, skin redness) are most common. A majority of cases also involve swelling of the lips and tongue as well as of the airways (tightness in the throat, shortness of breath). Anaphylaxis may also involve the gastrointestinal system (nausea, stomach pain, vomiting, diarrhea, coughing), the cardiovascular system (fast heartbeat, chest pain, low blood pressure) or the central nervous system (headache, confusion). This reaction can be potentially triggered by:

- Insect venom: honeybee, wasp, hornet, yellow jacket; ants, deer flies, black flies, kissing bugs, etc.
- Drugs: penicillin and other antibiotics; local anesthetics like lidocaine, Novocain; pain medications such as aspirin; hormones such as insulin.
- Foods: egg white, milk, shellfish and other seafood, nuts and peanuts.
- Inhalants: pollens and strong odors, glue, typewriter whiteout, gasoline, etc.

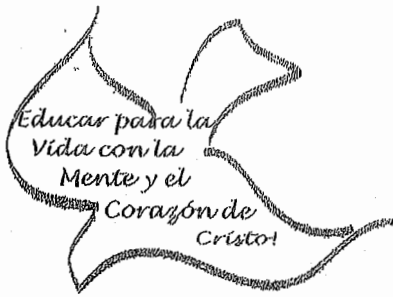
- I give my consent to administer Epinephrine.
- I do not give my consent to administer Epinephrine.
- My child already has a consent form on file and Epinephrine at school.

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

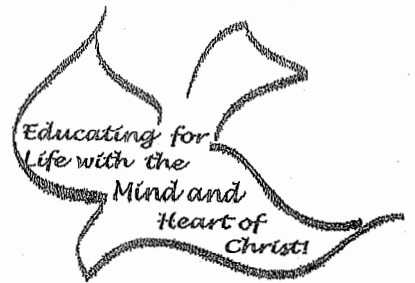
\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Teacher

\_\_\_\_\_  
 Grade/ Room #



PERSONAL SAFETY EDUCATION



At Loretto Catholic School, we make every effort to provide a safe environment for our students. The Diocese of Tucson mandates that we adhere to the Safe Environment Program. Personal safety is integrated into the curriculum and held during regular class periods. Please visit our diocesan website at [www.diocesetucson.org](http://www.diocesetucson.org) and click on the CHILD, ADOLESCENT, & ADULT PROTECTION section. The safe Environment Program is explained with many resources made available to you to help provide a safe environment for your child (ren). The teaching of Personal safety needs to be in the house as well as at school. Thank you for your most needed cooperation.

*En la Escuela Católica Loretto, hacemos todo lo posible para proporcionar un ambiente seguro para nuestros estudiantes. La Diócesis de Tucson exige que se adhieran al Programa de Ambiente Seguro. La seguridad personal está integrada en el plan de estudios y se mantiene durante períodos de clases regulares. Por favor visite nuestro sitio web diocesano en [www.diocesetucson.org](http://www.diocesetucson.org) y haga clic en donde dice "CHILD, ADOLESCENT, & ADULT PROTECTION section". El Programa de Ambiente Seguro se explica con muchos recursos a su disposición para ayudar a proporcionar un ambiente seguro para su hijo (a). La enseñanza de la seguridad personal tiene que empezar en la casa, así como en la escuela. Gracias por su cooperación más necesitada.*

\_\_\_\_\_  
Name of Parents or Legal Guardian/Nombre de Padres O Tutor Legal

\_\_\_\_\_  
Child's Name/Nombre de hijo(a)

\_\_\_\_\_  
Child's Name/Nombre de hijo(a)

\_\_\_\_\_  
Child's Name/Nombre de hijo(a)

\_\_\_\_\_  
Child's Name/Nombre de hijo(a)

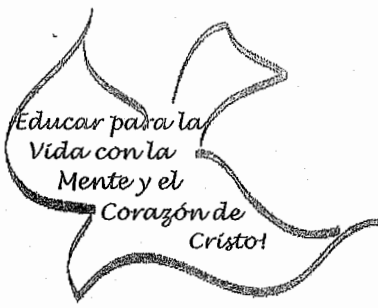
I (We) support the Diocese of Tucson safe Environment Program, as it is integrated into the curriculum at Loretto Catholic School.

*Yo (Nosotros) apoyo (apoyamos) el Programa de Ambiente seguro, de la Diócesis de Tucson, ya que se integra en el plan de estudios en la Escuela Católica Loretto.*

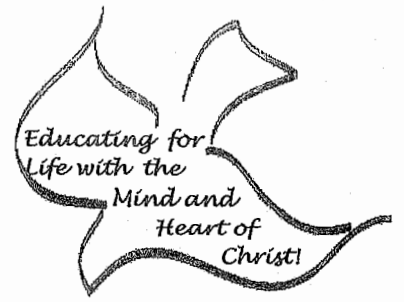
\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Parent or Legal Guardian Signature

*Active Catholic Christians\*\*\* Effective Communicators\*\*\* Life Long Learners\*\*\* Self Respecting Citizens*



Parental Consent for Usage of Child's Photo



Loretto Catholic School now has a web page [www.lorettoschool.org](http://www.lorettoschool.org). We would like to use that page to not only promote Loretto Catholic School but to also highlight our students as much as possible. To highlight our children, we need your permission to use your child's picture and/or projects in our yearbook, newspaper, school newsletter, parish bulletin and on our Loretto Catholic School web page, Carmelite Sisters web page, etc. If your child's picture is used in our newsletter, newspaper, and or web page, only their first name and grade will be printed. If your child's picture is used in our parish bulletin or Diocesan Newspaper, only their first and last name will be used.

*La Escuela de Loretto tiene ahora una página web [www.lorettoschool.org](http://www.lorettoschool.org). Nos gustaría utilizar esa página, no sólo para promover nuestra escuela, pero también para poner de promover nuestros estudiantes tanto como sea posible. Para resaltar nuestros hijos, necesitamos su permiso para usar la imagen de su hijo (a) y / o proyectos en nuestro anuario, boletín periódico de la escuela, parroquia boletín y en nuestro página web, Hermanas Carmelitas de páginas web, etc. Si la imagen de su hijo es utilizado en nuestro boletín de noticias, periódico, y/o página web, sólo su nombre de pila y el grado se imprimirá. Si la imagen de su hijo se utiliza en nuestro boletín parroquial o periódico diocesano, sólo su nombre y apellido se usará*

This permission form will remain in effect until the named child leaves Loretto Catholic School and/or parent or legal guardian requests in writing otherwise.

*Este permiso se mantendrá vigente hasta que el niño nombrado deja Loretto Escuela Católica y / o el padre o tutor legal solicita por escrito de otra manera*

\_\_\_\_\_ I give Loretto Catholic School permission to use my child's picture and name as indicated above  
*Yo doy permiso Loretto Escuela Católica a utilizar la foto de mi hijo y el nombre como se ha indicado anteriormente*

\_\_\_\_\_ I do NOT give Loretto Catholic School permission to use my child's picture and name as indicated above  
*Yo NO doy permiso Loretto Escuela Católica a utilizar la foto de mi hijo y el nombre como se ha indicado anteriormente*

Print Child's Name/*Nombre de estudiante*: \_\_\_\_\_

Grade/*Grado*: \_\_\_\_\_

Parent/Legal Guardian's Signature/*Firma de Padre o Tutor Legal*: \_\_\_\_\_

Date/*Fecha*: \_\_\_\_\_



Loretto Catholic School  
 1200 14th Street  
 Douglas, AZ 85607  
 (520) 364-5754 Fax 888-364-5869

Date of Request: \_\_\_\_\_

Parent or Legal Guardian's Authorization for release of information:  
*Autorización del padre o tutor legal para la divulgación de la información:*

<u>Student's Name/Nombre de Estudiante</u>	<u>DOB/Fecha de Nacimiento</u>	<u>Grade/Grado</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize/ Por la presente autorizo:

Previous school/Escuela anterior: \_\_\_\_\_  
 Address/Domicilio: \_\_\_\_\_  
 City and State/Ciudad y Estado: \_\_\_\_\_  
 Telephone/Teléfono: \_\_\_\_\_

To release all academic, medical and psychological records to Loretto Catholic School. This may include and not limited to any information on file as a result of evaluation or studies for the above named child (ren). This request includes educational assessments, individual intellectual and emotional assessments, school, academic, history, and cumulative records.

*Doy permiso para que todos los registros académicos, médicos y psicológicos sean remitidos a la Escuela Católica Loretto. Esto puede incluir, sin limitación, cualquier información en el expediente, como resultado de la evaluación o estudios para el niño arriba mencionado (s). Esta solicitud incluye evaluaciones educativas, individuales evaluaciones intelectuales y afectivos, escolares, académicas, la historia, y los registros acumulativos.*

I understand that this information is in compliance with The Family Educational Rights and Privacy act of 1974 and will help in planning the educational program for my child (ren) I also understand that confidentiality will be maintained.

*Yo entiendo que esta información se encuentra en el cumplimiento de los Derechos Educativos de la Familia y la Ley de Privacidad de 1974 y le ayudará en la planificación del programa educativo para mi hijo (a) Entiendo que se mantendrá la confidencialidad*

Signature of Parent or Legal Guardian/Firma de Padre or Tutor Legal \_\_\_\_\_ Relationship/Relación \_\_\_\_\_ Date/Fecha \_\_\_\_\_

### Arizona Public School Attendance Form

Unless your household is exempted from this requirement, (the student is entering kindergarten, is a renewing student or transferring from another STO or is part of a military household stationed in Arizona), either this form must be completed or the student's report card indicating that the student attended for at least 90 days in the prior school year must accompany this application. Make copies of this form if you have more than two students.

This form is to be completed by a representative of the public school or district in which the student attended in the 2019-2020 school year.

Student name:	
Name of Public School and District:	
First day of the 2019-20 school year (mm/dd/yy)	Last day of the 2019-20 school year (mm/dd/yy)
Dates that this student attended during the 2019-20 school year (mm/dd/yy – mm/dd/yy):	Grade:
Student was enrolled for one full semester of the 2019-20 school year:    Yes    No	
If NO, student was enrolled for _____ days of the 2019-20 school year.	
Name and Title of Individual Completing Form:	
Signature and Date:	

Student name:	
Name of Public School and District:	
First day of the 2019-20 school year (mm/dd/yy)	Last day of the 2019-20 school year (mm/dd/yy)
Dates that this student attended during the 2019-20 school year (mm/dd/yy – mm/dd/yy):	Grade:
Student was enrolled for one full semester of the 2019-20 school year:    Yes    No	
If NO, student was enrolled for _____ days of the 2019-20 school year.	
Name and Title of Individual Completing Form:	
Signature and Date:	

**Submit Form along with All Pages of the Completed Application and Required Documentation to:**

**Mail:** AAA Scholarship Foundation, P.O. Box 15719, Tampa, FL 33684-5719, or

**Email:** [AZdocs@aaascholarships.org](mailto:AZdocs@aaascholarships.org), or

**Upload (if online application has not yet been submitted):** [https://webportalapp.com/sp/aaasf\\_20](https://webportalapp.com/sp/aaasf_20)

**Questions? Call 1-888-707-2465 or Email [AZdocs@aaascholarships.org](mailto:AZdocs@aaascholarships.org)**



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.