
PPEP TEC HIGH SCHOOL

District Administration Office
1840 E. Benson Highway
Tucson, Arizona 85714
Voice: (800) 573-7737 / (520) 294-6997
Fax: (520) 294-7738
E-Mail: charteradmin@ppep.org

Dear Parents and Students:

Thank you for your interest in PPEP TEC High School! Since it's inception in 1995, PPEP TEC High School has grown to be one of the top-rated and largest charter schools in the State of Arizona.

We believe all students will become life-long learners through successful school experiences that foster self-confidence and promote academic success. Through their experiences at PPEP TEC High School, our graduates will learn to become more aware of the community they live in and will become responsible citizens. To uphold these ideals, the students, parents, staff and administration share a commitment to respect and value student learning.

Please read all of the enclosed information carefully. Enrollment is contingent upon completion of the enclosed enrollment packet. In addition to the forms included in the enrollment packet, we will need the following documents from the last school attended:

- **Official copy of the student's transcripts.** *(All transcripts provided must be in a sealed envelope)*
- **Withdrawal form**
- **Special education records (IEP/Psychological Evaluation/504 Plan),** if applicable
- **AIMS scores,** if applicable
- **Copy of AZELLA (Arizona English Language Learner Assessment) scores,** if applicable

You will also need to enclose a certified copy of the student's **birth certificate** or other proof of birth, and a copy of his/her most recent **immunization records**. Unfortunately, we will not be able to allow enrollment in PPEP TEC High School without all of the required documentation.

If you have questions concerning enrollment, contact the PPEP TEC High School in your area or the District Administrative Office at (800) 573-7737 or (520) 294-6997. When you have completed all forms, return them to the Lead Teacher at the school you are interested in attending or mail them to the District Administration Office, 1840 E. Benson Highway, Tucson, AZ 85714.

Sincerely,

PPEP TEC High School
Administrative Team

**** For more information about us, please visit our website at: www.ppeptechs.org**

Student Enrollment Checklist

SY 2009-2010

Student's Name: _____

Student's Status: First Time Enrollment Name of previous school attended: _____

Re-enrollment from year: _____. **If re-enrolling, last PPEP TEC High School attended:** _____

Location of PPEP TEC High School site you are applying for: _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED FOR ENROLLMENT IN PPEP TEC HIGH SCHOOL: *(Documents may be submitted to the school site in your area, or mailed to the District Administration Office at 1840 E. Benson Highway, Tucson, Arizona, 85714.)*

- Student Enrollment Form** (In this packet)
- Emergency Information Sheet** (In this packet)
- PHLOTE-Home Language Survey** (In this packet)
- Acknowledgement of Two-Week Probationary Period/AIMS Test** (In this packet)
- Student Records Request** (In this packet)
- Affirmation Forms Concerning Expulsion and Suspension / Legal Actions** (In this packet)
- Attendance and Academic Progress Policy / Discipline Policy** (In this packet)
- Permission for Instruction on AIDS and Other Sexually Transmitted Diseases** (In this packet)
- Student Residency Questionnaire** (In this packet)
- Guidelines to Determine Eligible Students/English** (In this packet)
- Migrant Agricultural Student Identification Form** (In this packet)
- Student Internet Contract / Parent Internet Information** (In this packet)
- Parent-School Compact** (In this packet)
- Parental Consent for Participation & Release of Information** – For Special Education Students only (In this packet)
- Guidelines for New Mandatory Reporting Law / Public Notice to Parents / Notice of Privacy Practices** (In this packet)
- Student Enrollment Survey** (In this packet)
- Student's Birth Certificate – Certified Copy** *(Or other required proof of birth)*
- Immunization Records – Verified by a health official**
- Official Transcript – Certified "Official" Copy** *(Must be in a sealed envelope from last school attended)*
- Withdrawal Form** *(From previous school attended)*
- Special Education Records – A) Psychological Evaluation; B) IEP; C) 504 Plan** – *from previous school attended (If applicable)*
- Standardized Testing Results (AIMS, Stanford 9, Terra Nova, if applicable)** *(From previous school attended)*
- AZELLA (Arizona English Language Learner) scores** - *from previous school (If applicable)*

_____/_____/_____
(Name of Parent/Guardian Submitting Enrollment) (Date) (Phone Number)

_____/_____
(Name of PPEP TEC HS Representative Reviewing Enrollment Packet) (Date)

_____/_____
(Name of PPEP TEC HS Special Education Rep. Reviewing Documentation) (Date)

Students must be between the ages of 15-22 and have an 8th grade diploma to be considered for enrollment.

Emergency Information Sheet

GENERAL INFORMATION

PPEP TEC High School Attending: _____

Student's Legal Last Name: _____ **Student's Legal First Name:** _____ **Middle Initial** _____

Student's Date of Birth: _____ **Home Phone Number:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

PARENT/GUARDIAN INFORMATION

With Whom Does the Student Reside? (*Check all that apply*):

Father Mother Step-Father Step-Mother Guardian Other:

Grandfather Grandmother Self

Full Name(s) of Person(s) with Whom Student Resides:

Name: _____ **Home Phone#:** _____ **Work Phone #:** _____

Name: _____ **Home Phone#:** _____ **Work Phone #:** _____

EMERGENCY CONTACT INFORMATION

Primary Contact In Case of an Emergency:

Name: _____ **Relationship:** _____

Home Phone #: _____ **Work Phone #:** _____

Secondary Contact In Case of An Emergency:

Name: _____ **Relationship:** _____

Home Phone #: _____ **Work Phone #:** _____

HEALTHCARE INFORMATION

Allergies (list all): _____ **Medications:** _____

Special Medical Conditions:

Serious Illnesses or Disabilities: Yes _____ No _____ **Specify (Attach copy of Documentation):** _____

Hospital Preference / Address:

Primary Care Physician: _____ **Phone #:** _____

Please note:

It is the parent's/guardian's responsibility to keep the school updated if any emergency information changes. Students will not be enrolled in PPEP TEC High School without accurate Emergency Contact Information.

**PHLOTE – Primary Home Language Other Than English
Home Language Survey**

Student/Estudiante: _____ Grade/Grado: _____

School/Escuela: _____ Date/Fecha: _____

Please answer the following question.

What is the primary language of the student?

(Parent/Guardian Signature)

(Date)

**PHLOTE: Idioma principal en el hogar excluyendo el inglés
Encuesta sobre el idioma en el hogar**

Favor de contestar la siguiente pregunta.

Cuál es el idioma principal del estudiante?

(Firma de Padre o Tutor)

(Fecha)

Acknowledgement of Two-Week Probationary Period

I/We understand that all PPEP TEC High School students are enrolled on a two-week probationary period. I/We understand that if, during that period, it is determined that the newly-enrolled student has failed to follow the PPEP TEC High School discipline matrix, or that PPEP TEC High School is not the appropriate placement for the student, the student may be withdrawn from the program at the discretion of PPEP TEC High School. (The probationary period extends for two weeks beyond the initial orientation period).

Parent Signature

Date

Student Signature

Date

AIMS'S TEST (Arizona's Instrument to Measure Standards)

I/we understand that standardized testing, in the form of TerraNova and AIMS, is required by the State of Arizona. I/we will assure PPEP TEC High School that I/my student will attend school on standardized testing dates.

Parent Signature

Date

Student Signature

Date

STUDENT RECORDS REQUEST

I give my permission for PPEP TEC HIGH SCHOOL to request the student records listed below as they apply to:

Student Name: _____

Student Date of Birth: _____

Parent/Guardian/Student (if age 18 or older)

Date

Bottom portion to be completed by PPEP TEC HIGH SCHOOL

- Official Academic Transcripts
- Immunization Records
- Birth Certificate
- Withdrawal Form
- Special Education Records (IEP & Psych Eval) if applicable
- AIMS/Terra Nova Scores
- AZELLA Scores (if applicable)
- Discipline Records
- Other: _____

To: _____ Fax: _____

Date: _____ Pages: _____ Re: **STUDENT RECORDS REQUEST**

From **PPEP TEC-** _____ **Learning Center**

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

Parent/Student Affirmation Form Concerning Expulsion and Suspension

I hereby affirm that I have **not** been expelled or am not in the process of being expelled from any other educational institution.

I hereby affirm that I am **not** currently on suspension and have not been suspended or am not in the process of being suspended from any other educational institution.

I understand that failure to provide this information may result in revocation of admittance, and I will be withdrawn from PPEP TEC High School.

PPEP TEC High School may deny admittance for suspensions/expulsions.

I understand that written appeals may be submitted to the Superintendent's office for review and consideration.

(Student Signature)	(Date)
(Parent Signature)	(Date)
(School Official Signature)	(Date)

Parent/Student Affirmation Form Concerning Legal Actions

We (Parent/Student) hereby affirm that the student enrolling in PPEP TEC High School is currently:

- Not on probation**
- On probation**

If on probation, please provide the following information:

Probation start date: _____
Probation end date: _____
Probation officer's name: _____
Probation officer's phone #: _____
Probation officer's mailing address: _____

If on probation, I (Parent) **Give** **Do not give** PPEP TEC High School permission to release academic, behavioral, and attendance information to the enrolling student's probation officer.

(Student Signature)	(Date)
(Parent Signature)	(Date)
(School Official Signature)	(Date)

Attendance and Academic Progress Policy

We (Student/Parent) understand that PPEP TEC High School maintains high standards for the attendance and academic progress of its students.

Further, we understand that students who have four or more unexcused absences in one school year and/or do not complete at least two and one half (2.5) academic credits in one semester may be dropped from the PPEP TEC High School program.

(Student Signature)

(Date)

(Parent Signature)

(Date)

(School Official Signature)

(Date)

Discipline Policy

We (Student and Parent) have received and understand the PPEP TEC High School Parent/Student Handbook, including Discipline Policies and Procedures, and the Misuse of Computers and Internet. We (Student and Parent) also understand the consequences should I (Student) violate any of the PPEP TEC Policies.

The signatures below indicate agreement to abide by these policies and procedures.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Student Signature

Date

School Official Signature

Date

**Parent/Student Permission
For Instruction on AIDS and Other Sexually Transmitted Diseases**

- YES** -- I give permission for my son/daughter to receive instruction on AIDS and other sexually transmitted diseases, and understand that this is part of the PPEP TEC High School Health curriculum.

- NO** -- I do not give permission for my son/daughter to receive instruction on AIDS and other sexually transmitted diseases, although I understand that this is part of the PPEP TEC High School Health curriculum.

- I am of the age of majority (18 years or older) and **do not need** parental permission to receive instruction on AIDS and other sexually transmitted diseases, and understand that this is part of the PPEP TEC High School Health curriculum.

(Parent/Guardian Signature) **(Date)**

(Student Signature) **(Date)**

(Student's Date of Birth) **(*Current Age)**

** Student must be at least 18 years of age to submit this form without a parent or guardian's signature.*

Guidelines To Determine Eligible Students

The Arizona Department of Education provides the following FY 2009 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the No Child Left Behind Act of 2001.

Is your family at or below the current income guidelines based on the attached **NCLB Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

NO

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name
Grade

Name of School

I hereby certify that all of the above information is true and correct.

Parent Signature _____

Date: _____

NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.

ADE Revised April 17, 2008

**NCLB Eligibility Guidelines
July 1, 2008 to June 30, 2009**

Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$13,520	\$1,127	\$564	\$520	\$260	\$19,240	\$1,604	\$802	\$740	\$370
2	\$18,200	\$1,517	\$759	\$700	\$350	\$25,900	\$2,159	\$1,080	\$997	\$499
3	\$22,880	\$1,907	\$954	\$880	\$440	\$32,560	\$2,714	\$1,357	\$1,253	\$627
4	\$27,560	\$2,297	\$1,149	\$1,060	\$530	\$39,220	\$3,269	\$1,635	\$1,509	\$755
5	\$32,240	\$2,687	\$1,344	\$1,240	\$620	\$45,880	\$3,824	\$1,912	\$1,765	\$883
6	\$36,920	\$3,077	\$1,539	\$1,420	\$710	\$52,540	\$4,379	\$2,190	\$2,021	\$1,011
7	\$41,600	\$3,467	\$1,734	\$1,600	\$800	\$59,200	\$4,934	\$2,467	\$2,277	\$1,139
8	\$46,280	\$3,857	\$1,929	\$1,780	\$890	\$65,860	\$5,489	\$2,745	\$2,534	\$1,267
For Each Add'l Household Member Add	\$4,680	\$390	\$195	\$180	\$90	\$6,660	\$555	\$278	\$257	\$129

Arizona Department of Education
NCLB Eligibility Indicator

Migrant Agricultural Student Identification Form

PPEP TEC Site Attending: _____

Student Name: _____ **Grade:** _____

Parent(s) Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

***Has your family moved in the last 3 years to seek agricultural work?**

Yes _____
No _____

Are you a dependent of an agricultural worker?

Yes _____
No _____

*Agricultural work includes:

Agricultural activities such as the processing of:

- Crops
- Dairy Production
- Poultry
- Livestock

Cultivation or harvesting of trees

- Soil Preparation
- Planting
- Tending
- Pruning
- Cutting
- Christmas Tree Cutting

Cultivation of fish or fish farms including:

- Shellfish
- Catfish
- Eels
- Oysters
- Clams

Student Internet Contract

I understand and agree that by allowing me the use of the Internet, the school does not create a property right and that the school may revoke my access or privilege for any reason or no reason. I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the previous provisions may result in **automatic expulsion**, the revoking of my user account, and appropriate legal action. I also agree to report any misuse of the information system to the Lead Teacher.

Parent/Guardian Internet Information

Students under the age of eighteen (18) must also have the signature of a parent or guardian who has read this contract.

As the parent or guardian of this student, I have read this contract and understand that the PPEP TEC High School technology and internet services is designed for educational purposes. I understand that it is impossible for the school to restrict access on the system to controversial or inappropriate materials and I will not hold the school responsible for materials acquired on the network. I also agree to report any misuse of the information system to the school administrator. Misuse can come in many forms, but can be viewed as any message sent or received that indicates or suggests pornography or obscenity, unethical or illegal solicitation or activities, racism, sexism, inappropriate language, and other issues described previously.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Student Signature

Date

**THE INTERNET CONTRACT IS ATTACHED AT THE END OF THIS
ENROLLMENT PACKET. PLEASE REMOVE IT AND KEEP IT
ON FILE FOR REFERENCE.**

Parent - School Compact

It is the mission of PPEP TEC High School, in partnership with parents and the community, to empower each student to achieve his or her fullest potential to become a lifelong learner and responsible citizen. We are committed to fostering high expectations and promoting positive attitudes in order to achieve equity and excellence in a safe and nurturing environment.

**Community, Parents, School, and Students
Partners in Each Child's Education = Success for All**

As a teacher, I _____, will strive to:

- believe that each child can learn;
- respect and value the uniqueness of each child and his or her family;
- provide an environment that promotes active learning;
- enforce the rules in the classroom and throughout the school in a fair and consistent manner;
- assist each student achieve the essential academic learning requirements;
- document on-going assessment of each student's academic progress;
- maintain open lines of communication with students and parents;
- see ways to involve parents in the school program; and
- demonstrate professional behavior and a positive attitude.
- Provide opportunities for parents to volunteer and participate in their child's class, and observe classroom activities.
- other _____

As a parent/guardian, I _____, will strive to:

- believe my child can learn;
- show respect and support for my son/daughter, the staff, and the school;
- see that my son/daughter attends school regularly and on time;
- attend parent-teacher conferences;
- support the school in developing positive behavior in my son/daughter;
- talk with my son/daughter about his/her school activities each day; and
- encourage my son/daughter to read at home and apply all their learning to daily life.

As a student, I _____, will strive to:

- believe that I can learn;
- show respect for myself, my school, and other people;
- always try to do my best in my work and my behavior;
- work cooperatively with students and staff;
- obey the PPEP TEC High School rules in the classroom and throughout the school; and
- come to school prepared to learn.

As members of the PPEP TEC High School education community, we are partners in your child's education, as we uphold the intent of this compact.

Student Name: _____

Student Signature: _____

Parent Signature: _____

Teacher Signature: _____

Parental Consent for Participation and Release of Information

FOR SPECIAL EDUCATION STUDENTS ONLY

Dear Parents:

Under a recent change in federal law, PPEP TEC High School will be collaborating with Arizona Health Care Containment System (AHCCCS) in a program that will allow us to bill for medically necessary services related to their special education program. Examples of these services are occupational, physical, or speech therapy, counseling, specialized transportation, nursing services, or aide assistance, which are determined to be medically/educationally necessary by the IEP team.

Whether or not your student is currently AHCCCS eligible, we are requesting that you sign the consent from below in order for us to bill for reimbursement, if appropriate. Signing and returning now will allow us to be reimbursed if your child is currently eligible or ever should become eligible. Therefore, we are attempting to gather consent forms from all parents. If your student never becomes AHCCCS eligible, no billing or reimbursement will be processed.

Please sign this letter allowing us to bill AHCCCS for these services provided at school. The Medicaid reimbursement program will help provide improved quality services for our students. We appreciate your cooperation – Thank You!

If you have questions, please contact the Director of Special Education, at (520) 741-4384.

Students Name: _____ **Date of Birth:** _____

AHCCS I.D. Number (if applicable) _____

If my child, whose name is listed above, is eligible, or should become eligible in the future, for Medicaid Health Coverage, PPEP TEC High School has my permission to release information from education records regarding special education and related services my child receives, to the Arizona Health Care Cost Containment System (AHCCCS) for billing purposes. I understand that the Charter may receive partial reimbursement for some of the special education or related services he/she receives. I also understand that I may revoke my permission at any time.

Signature of Parent or Guardian

Date

Federal Law mandates that Special Education records be destroyed three years after the last fiscal year your child attended PPEP TEC High School.

You will receive a copy of your child’s records at every meeting and you may obtain additional copies at any time. You are encouraged to keep a copy of all your child’s records as they may be of substantial value in social security issues or other educational experiences in the future. You will be notified at least one month prior to the destruction of the records and will have the opportunity to have them sent to you rather than be destroyed.

Your signature below will indicate that you have received this notification.

Signature of Parent or Guardian

Date

Guidelines for New Mandatory Reporting Law

In 2001, the Legislature enacted a Mandatory Reporting Law that assigns a much broader responsibility to all schools. Arizona Revised Statutes §15-341(A)(33) states: A. The Governing Board shall...

33. Report any suspected crimes against persons or property and any incidents that could potentially threaten the safety or security of pupils, teachers, or administrators to local law enforcement. PPEP TEC High School and its employees are immune from any liability for any good faith actions taken in furtherance of this paragraph.

As a result, all schools are obligated to report to law enforcement:

- Any suspected crimes against persons or property; and
- Any incidents that could potentially threaten the safety or security of students or staff.

This new law puts new demands on everyone. There is now a reporting duty that is broad enough to include some threats or acts that previously would have been handled only through disciplinary action at a school level, conflict resolution intervention, or perhaps, even ignored. Virtually any crime is a crime committed against a person or property. Consequently, all incidents involving suspected criminal conduct must be reported.

Public Notice to Parents

Recent legislation requires that PPEP TEC High School must notify all parents that teacher résumés are on file and available for review at the Administrative Offices located at 1840 E. Benson Highway, Tucson, Arizona.

Should you wish to review a teacher's résumé, please contact the Administrative Office at (520) 294-6997.

NOTICE OF PRIVACY PRACTICES

I have received a copy of the PPEP TEC High School "Notice of Privacy Practices," and I understand PPEP TEC High School's policy regarding the protection of my son/daughter's health records.

Parent's Signature/Date

(If Over 18 – Student's Signature/Date

**The Notice of Privacy Practices is attached at the end of this enrollment packet.
Please remove it and keep it for reference**

Student Enrollment Survey

Tell Us What You Think!

Thank you for considering PPEP TEC High School. Please take a few moments to help us continue to offer the academic and technology-based school-to-work programs that will continue to meet your educational needs.

1. What are the main reasons that you want to attend PPEP TEC High School?

(Check all that apply)

- I have a relative who attends a PPEP TEC High School.
- I have a friend who attends a PPEP TEC High School.
- I need to have a flexible school schedule due to my work schedule.
- I need to have a flexible school schedule due to my family schedule.
- I want to be trained in computers for future career opportunities.
- I need to strengthen my academic skills to achieve my post-secondary educational goals (college, trade school, community college, etc.)
- I want to be successful in a nontraditional school setting.
- I like the small class size.
- I like the multiage classroom.
- It's free.
- I want to obtain a high school diploma.
- Other _____

2. Please list your concerns about attending PPEP TEC High School?

1. _____
2. _____
3. _____

3. How did you hear about PPEP TEC High School? (Please check all that apply)

- Friend.
- School counselor.
- Attended Open House.
- TV Ad. What station/program? _____
- Newspaper Ad. Which newspaper? _____
- Newspaper article. Which newspaper? _____
- I saw a flyer. Where? _____
- Recruiter. Name? _____
- Other _____

Thank you!

Please return this form with the enrollment packet to PPEP TEC High School.

THE FOLLOWING PAGES ARE YOURS TO KEEP FOR REFERENCE

Internet & Computer Usage Policies and Procedures

COMPUTER USAGE POLICIES AND PROCEDURES

Personal Responsibility

Students will accept personal responsibility for reporting any misuse of the network to the Lead Teachers. Misuse can come in many forms, but it is commonly viewed as any messages sent or received that indicate or suggest pornography and/or obscenity, unethical or illegal solicitation or activities, racism, sexism, inappropriate language, and other issues described below. A signed copy of the Internet Contract must be on file in the student's folder.

Acceptable Use of Policy

The use of school Internet accounts must be in support of education and research and within the educational goals and objectives of PPEP TEC High School. Students are responsible for upholding this provision at all times when using the electronic information service. Use of other organizations' networks or computing resources must comply with rules appropriate to the network. Transmission of any material in violation of any U.S. law is prohibited. This includes but is not limited to copyrighted material, threatening or obscene material or material protected by trade secret. Commercial activities by for-profit institutions are generally not acceptable. Use of product advertisement or political lobbying is prohibited.

Internet Safety Policy

The use of the information system is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Each person who uses the Internet will participate in a discussion with PPEP TEC faculty member as to proper behavior and use of the network. The PPEP TEC High School Internet Safety Policy includes appropriate web and e-mail virus filtering systems, which meet best efforts standards for reducing access to Internet sites that are harmful to our students. It is the responsibility of the Lead Teacher and student to maintain acceptable procedures including:

- Not accessing inappropriate material on the Internet and world-wide web.
- Downloading information/programs is not allowed.
- Responsibly using electronic mail, chat room, and other forms of electronic communications.
- Unauthorized access, including "hacking" and other unlawful activities.
- Unauthorized disclosure, use, and dissemination of personal identification information.

Student's access to the Internet will be monitored by the Lead Teachers and by the Information Technology Department on a random basis. Any unauthorized or inappropriate access will result in disciplinary action, including dismissal. This policy, set forth as stated, meets the requirements of the National Children Internet Protection Act (CIPA) and the Arizona State Statutes § 34-501-02.

Network Etiquette

Students are expected to abide by the generally accepted rules of network etiquette. These rules include, but are not limited to, the following:

- a) Be polite! Never send, or encourage others to send, abusive messages.
- b) Use appropriate language. Remember that you are a representative of our school on a non-private system. You may be alone with your computer, but what you say and do can be viewed globally! Never use vulgarities or any other inappropriate language. Illegal activities of any kind are strictly forbidden and will result in expulsion.
- c) Privacy! Do not reveal your home address or personal telephone numbers or those of students or colleagues.

- d) Electronic mail (e-mail) is not guaranteed to be private. Everyone on the system has access to mail. Messages relating to, or in support of, illegal activities must be reported to the authorities.
- e) Do not use the network in any way that would disrupt use of the network by others.

Services

PPEP TEC High School makes no warranties of any kind, whether expressed or implied. PPEP TEC High School will not be responsible for any damages suffered while on the system. These damages include loss of data as a result of delays, non-deliveries, or service interruptions caused by the system, or your errors or omissions. Use of any information obtained via the information system is at students' own risk. PPEP TEC High School specifically denies any responsibility for the accuracy of information obtained through its services.

Security

Security on any computer system is a high priority. If students identify a security problem, notify the Lead Teacher at once. Never demonstrate the problem to other users. Any user identified as a security risk may be denied access to the information system.

Vandalism

Vandalism is defined as any malicious attempt to harm or destroy computer, printer, software, network data of another user, or of any other agencies or networks that are connected to the system. This includes, but is not limited to, the uploading or creation of computer viruses. Any vandalism will result in **automatic expulsion** and legal referral.

Updating

The information service may occasionally require new registration and account information to continue the service. Student must notify the Lead Teacher of any changes in student account information.

STUDENT/PARENT COPY

NOTICE OF PRIVACY PRACTICES PPEP TEC High School Effective Date: MAY 4, 2004

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully.

Any questions about this notice should be addressed to the Superintendent at (520) 294-6997.

PPEP TEC Charter High School (hereinafter referred to as PPEP TEC) is dedicated to protecting your student's medical information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. PPEP TEC is required by law to abide by the terms of this notice; however, PPEP TEC does reserve the right to change the terms of this notice. PPEP TEC is required to follow the terms of the notice currently in effect. Any revisions to this notice will be posted at all sites with the effective date indicated, and paper copies of this notice will be provided upon request.

Who Will Follow This Notice

This notice describes PPEP TEC's practice and that of any PPEP TEC workforce member who is authorized to enter information in your child's medical record. Facilities or programs may share medical information for treatment, payment, or PPEP TEC operations purposes described in this notice.

This Notice of Privacy Practices describes how PPEP TEC may use and disclose your student's protected health information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. "Protected health information" is information about your child including demographic information, that may identify you and that relates to your past, present, or related health care services.

You will be asked to sign a consent form at the time of your child's enrollment. Once your consent is obtained, your protected health information may be used and disclosed by PPEP TEC staff members and others outside our offices who are involved in your child's care and treatment for the purpose of providing health care services to your child. Examples of the types of uses and disclosures that are permitted are given below. These are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: PPEP TEC may use and disclose your protected health information to provide, coordinate, or manage your child's health care and any related services. This includes the coordination or management of your child's health care with a third party that has already obtained your permission to have access to your child's protected health information. For example, PPEP TEC would disclose your protected health information to other physicians who may be treating your child, to a physician to whom you have been referred, or to any other physician or health care provider who, at the request of your primary physician, becomes involved in your care by providing assistance with your diagnosis or treatment to your primary physician.

Payment: PPEP TEC may use and disclose your child's protected health information to obtain payment for your child's health care services. This may include the disclosure of medical information to obtain prior authorization, for making a determination of eligibility or coverage, for reviewing services for medical necessity, and for utilization review activities.

Health Care Operations: PPEP TEC may use and disclose your child's protected health information about you for internal operations. These uses and disclosures can include quality assessment activities, employee review activities, licensing and accreditation activities, and conducting or arranging for other business activities.

PPEP TEC may share your information with third party "business associates" that perform various activities (e.g., records storage) for PPEP TEC. Whenever an arrangement between our office and a business associate involves the use or disclosure (or potential use or disclosure) of your child's protected health information, PPEP TEC will have a written agreement that contains the terms that will protect the privacy of your health information.

Appointment Reminders: PPEP TEC may use and disclose protected health information to contact you as a reminder that you have an appointment at one of our facilities/programs.

As Required by Law: PPEP TEC will disclose protected health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: PPEP TEC may use and disclose protected health information about your child when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person.

Health Oversight Activities: PPEP TEC may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities could include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Law Enforcement: PPEP TEC may disclose protected health information if asked to do so by law enforcement officials:

- In response to a court order, subpoena, warrant, summons, or similar process.
- About the victim of a crime if, under certain limited circumstances, PPEP TEC is unable to obtain the person's agreement.
- About criminal conduct at any PPEP TEC program/facility.
- In emergency situations.

Coroners, Medical Examiners, and Funeral Home Directors: PPEP TEC may disclose protected health information to a coroner or medical examiner if necessary to identify a deceased person or to determine the cause of death. Information may also be disclosed to funeral home directors in order to carry out their duties.

Research: PPEP TEC may disclose your child's protected health information to researchers when their research has been approved by the required Review Boards. Such approval ensures that protocols have been established to ensure the privacy of your child's protected health information.

Abuse or Neglect: PPEP TEC may disclose your child's protected health information to an authority that is authorized by law to receive reports of abuse or neglect (e.g., CPS, APS). In addition, PPEP TEC may disclose your child's protected health information if we believe that your child has been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable laws.

Your Rights Regarding Protected Health Information About You

You have the following rights regarding protected health information PPEP TEC maintains about your child:

Right to Inspect and Copy: You have the right to inspect and copy protected health information that may be used to make decisions about your child's care. Usually this includes medical and billing records but does not include psychotherapy notes.

If you request a copy of your records, PPEP TEC may charge a fee for the cost of copying, mailing, or other supplies associated with your request. You will not be allowed to remove your original record.

In certain very limited circumstances your request to inspect and copy your record may be denied. If this occurs, you can request a review of the denial.

Right to Amend: If you feel that protected health information we have about your child is incorrect or incomplete, you may ask that the information be amended. Your request must be submitted in writing to the Superintendent. Additionally, you must provide a reason that supports such a request.

If your request is not in writing or does not include a reason to support the request, PPEP TEC may deny the request. In addition, PPEP TEC may deny the request if you ask that information not compiled by PPEP TEC, or information that is not part of the protected health information maintained by PPEP TEC. PPEP TEC may deny the request if the maintained protected health information is complete and accurate.

Right to an Accounting of Disclosures: You have a right to request a list of disclosures PPEP TEC has made of protected health information about you to others except for purposes of treatment, payment, and operations specified above.

Any request for a list of disclosures must be made in writing to the Superintendent. Your request must state a time period that cannot be longer than six years and cannot include dates prior to May 4, 2004. Your written request should dictate the form in which you wish to receive this list. The first list requested in a 12 month period will be provided free of charge to you. For any additional lists requested you will be charged the cost of providing this information to your child.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information PPEP TEC would use or disclose about you for treatment, payment, or health care operations. To request restrictions, you must make your request in writing to the Superintendent. That request must define what information you want to limit, whether to want to limit use, disclosure, or both, and to whom you want the limits to apply.

PPEP TEC is not required to agree to your request. If the request is granted, PPEP TEC will comply with your request unless the information is needed to provide emergency treatment or to meet orders of the court.

Right to Request Confidential Communications: You have the right to request that PPEP TEC communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that PPEP TEC only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Superintendent. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any PPEP TEC staff member.

Complaints

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing, and you can also file a complaint with the Secretary of the Department of Education.

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to PPEP TEC, will be made only with your written permission. If you provide PPEP TEC permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, PPEP TEC will no longer use or disclose protected health information about your child for the reasons covered by your written authorization. You understand that PPEP TEC is unable to take back any disclosures already made with your permission and that PPEP TEC is required to retain our records of the care that is provide to your child.