

Registration Packet 2024-2025



MADISON
HIGHLAND PREP

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Phoenix, Arizona 85014
Telephone 602-745-3800
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www.MadisonHighlandPrep.org



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Enrollment Application

Academic Year 2024-2025

Student Name:

First: _____ MI: _____ Last: _____

Applying for Grade Level: _____ **Gender (M/F):** _____ **Date of Birth (mm/dd/yyyy):** _____

Last School of Attendance:

School Name: _____ City: _____ State: _____

Primary Parent/Guardian Contact:

Parent Name: _____ Relation to Student: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Parent Address: _____ Parent Employer: _____

City: _____ State: _____ Zip Code: _____

Secondary Parent/Guardian Contact:

Parent Name: _____ Relation to Student: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Parent Address: _____ Parent Employer: _____

City: _____ State: _____ Zip Code: _____

Your responses to the following questions are **not required** for enrollment at Madison Highland Prep; however, help us provide additional support services that could assist your student.

What is the primary language spoken in the home?: _____

Does the student have an IEP or 504?: ☐ Yes ☐ No

Category and Service Type if applicable: _____

Parent/Student Signature: _____ **Date:** _____



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Military Student Identifier

The Every Student Succeeds Act ("ESSA") recognizes military-connected students as a distinct subgroup, and public schools must include the military student identifier question in their enrollment paperwork. The Military Student Identifier ("MSI") is a recently established code where families indicate upon enrollment at a school that their student has at least one parent who is a member of the Armed Forces on active duty.

Name of Student: _____

Date of Birth: _____

Parent(s) Names: _____

Please check "YES" or "NO" next to each question as it applies to your student:

Is the student a dependent of member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on **Active Duty**? _____ **YES** _____ **NO**

Is the student a dependent of member of the **National Guard** (Army, Navy, Marine Corps or Air Force)? _____ **YES** _____ **NO**

Is the student a dependent of a member a **Reserve force** of the United States military (Army, Navy, Marine Corps or Air Force)? _____ **YES** _____ **NO**

Parent's/Guardian's signature below affirms the information provided is accurate and complete.

Parent Signature Date



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REGISTRATION CHECKLIST

In order to assist in the registration process the following items are requested to complete your child's student file:

- ☐ Student Registration Packet (18 pages)
- ☐ Home Language Survey (PHLOTE)
- ☐ Request for Release of Student Records Form
- ☐ Withdrawal Form (if applicable)
- ☐ Arizona Residency Documentation Form

The residency documentation received by the school will be maintained in accordance with the Arizona Department of Education guidelines and must be verified annually. Parent(s) or legal guardian(s) that do not maintain their own residence must submit a notarized "Affidavit of Shared Residency." This form is available in our front office upon request.

- ☐ Immunization Record

*All students entering Arizona public schools are required to be immunized. If the student has a medical condition or personal belief that conflicts with this law, a waiver may be signed and presented prior to the student's first day of school. Immunization/Exemption documentation is required to attend school, but **is not** a requirement for enrollment.*

- ☐ Birth certificate or other proof of identity and age: A.R.S. 15-828

Within 30 days you must submit one of the following documents: A certified copy of the student's birth certificate; or Other reliable proof of the student's identity, including a baptismal certificate, an application for a social security number, or original school registration records. If documentation other than a certified copy of a birth certificate is provided, such documentation must be accompanied by an affidavit explaining the inability to provide a copy of the birth certificate; If a student is in the custody of the Department of Child Safety ("DCS"), a letter from the authorized representative of the agency certifying that the student has been legally placed in custody of the agency. MHP carefully safeguards and maintains confidentiality regarding the status of children in DCS custody.

Optional Forms:

These documents are **not required for enrollment of your child, but necessary to ensure your child receives proper services.*

- ☐ ESEA Title I Eligibility Form
- ☐ Student Housing Questionnaire
- ☐ Academic Records (if applicable, unofficial transcript, most recent report card, etc are requested but not required)
- ☐ Disciplinary Records (from previous school are requested not required)
- ☐ Current IEP (if applicable)
- ☐ Custody Paperwork (if applicable)

Office Use Only:

Packet Received By _____ Date _____



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SAIS ID #: _____

STUDENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	GRADE LEVEL APPLYING FOR __ 9 __ 10 __ 11 __ 12
ETHNICITY: (Optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino		RACE: (Optional: Mark ONE or MORE of the following) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White		AGE: GENDER: 	STUDENT LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY
STUDENT DATE OF BIRTH (MM/DD/YYYY) / /		BIRTH CITY		BIRTH STATE	BIRTH COUNTRY

PREVIOUS SCHOOL INFORMATION

NAME OF SCHOOL LAST ATTENDED	PREVIOUS SCHOOL INFORMATION (City, State, Zip if known)	WITHDRAWAL DATE (MM/DD/YYYY) / /
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PARENT/LEGAL GUARDIAN INFORMATION

PRIMARY CONTACT		SECONDARY CONTACT			
Last Name: _____		Last Name: _____			
First Name: _____		First Name: _____			
Relation: _____		Relation: _____			
HOME ADDRESS		HOME ADDRESS			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
MAILING ADDRESS (If Different From Above)		MAILING ADDRESS (If Different From Above)			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
HOME PHONE [] Check if Primary ()	WORK PHONE ()	HOME PHONE [] Check if Primary ()	WORK PHONE ()		
CELL PHONE [] Check if Primary ()	EMPLOYER: OCCUPATION:	CELL PHONE [] Check if Primary ()	EMPLOYER: OCCUPATION:		
EMAIL ADDRESS		EMAIL ADDRESS			

PERSONS OTHER THAN PARENT WHO CAN ASSUME TEMPORARY RESPONSIBILITY IN CASE OF EMERGENCY

EMERGENCY CONTACT 1 NAME (Last, First) *AUTHORIZED TO PICK UP STUDENT*		EMERGENCY CONTACT 2 NAME (Last, First) *AUTHORIZED TO PICK UP STUDENT*	
HOME PHONE ()	WORK PHONE ()	HOME PHONE ()	WORK PHONE ()
CELL PHONE ()	RELATIONSHIP TO STUDENT	CELL PHONE ()	RELATIONSHIP TO STUDENT

STUDENT BACKGROUND

If parents are separated/divorced, who has legal custody? _____
(If "yes" a copy of the legal paperwork must be provided)

Optional Response to the below is used ONLY to provide continuity of services.

Has your child received Special Services at any school? ___ Yes ___ No
☐ Special Education/IEP ☐ 504 ☐ ELL or LEP

Has your child ever been, or is in the process of being, expelled from another school?
___ Yes ___ No

HOME LANGUAGE SURVEY

- What is the primary language used in the home REGARDLESS of the language spoken by the student?
- What is the language the student first acquired?
- What language is most often spoken by the student?

TO THE BEST OF MY KNOWLEDGE THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY §ARS 13-2407).

X

SIGNATURE OF PARENT/GUARDIAN

DATE

THIS SECTION IS FOR OFFICE USE ONLY

<input type="checkbox"/> Proof of Birth Documentation	Entered into SIS: ____/____/____	Entry Date: ____/____/____
<input type="checkbox"/> Proof of Residency	Entered into SIS by: _____	Entry Code: _____ Withdrawal Date: ____/____/____ Code: _____



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School Records - Birth certificate and Exception
A.R.S. 15-828

15-828. Birth certificate; school records; exception

A. On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

B. If a child is instructed at home pursuant to section 15-802, the person who has custody of the child shall, within thirty days after the home instruction begins, provide to the county school superintendent of the county in which the child resides one of the following:

1. A certified copy of the child's birth certificate.
2. Other reliable proof of the child's identity and age, including the child's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

C. On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the pupil's file and the document that is presented shall be returned.

D. A pupil shall be enrolled in the school or school district, or the county school superintendent shall record the pupil's name, using the name that is printed on the birth certificate, other reliable proof of the pupil's identity, or letter from an agency having custody of the pupil provided pursuant to this section. This subsection does not prohibit a school or school district from calling a pupil by any name the pupil's parent or guardian wishes the pupil to be called.

E. On the failure of a person enrolling a pupil or instructing a child at home to comply with subsection A or B of this section, the school, school district or county school superintendent shall notify that person in writing that, unless the person complies within ten days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten day period, the school, school district or county school superintendent shall refer the case to the local law enforcement agency.

F. The school, school district or county school superintendent shall immediately report to the local law enforcement agency any affidavit received pursuant to this section which appears inaccurate or suspicious in form or content.

G. Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

H. Any disclosure of educational records by the school district or charter school shall comply with the family educational rights and privacy act of 1974 (20 United States Code section 1232g).

I. The provisions of this section do not apply to homeless pupils as defined in section 15-824, subsection C.



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CONSENT FOR MEDICAL/DENTAL EMERGENCY TREATMENT

In the event of a medical emergency, we will attempt to contact the primary guardian first and then the secondary guardian, both listed on the Enrollment Form. In some circumstances, it may be necessary to seek medical treatment before they can be reached. Your permission is needed for your child to receive emergency treatment should a medical emergency occur at school.

STUDENT NAME: _____ **Date of Birth:** _____

- ☐ **Yes, I give permission** for my child to receive emergency medical treatment by authorized pre-hospital personnel and members of the hospital staff, as may, in their professional judgment be necessary or in the best interest of my child. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference			
Medical Insurance Carrier		Policy #	
Family Physician Name		Phone #	
Dental Insurance Carrier		Policy #	
Family Dentist Name		Phone #	

- ☐ **No, I do not give permission** for my child to receive emergency medical treatment.

EMERGENCY CONTACT NAME AND PHONE NUMBER

Emergency Contact Name:	
Emergency Contact Phone Number:	

MEDICAL/ALLERGY INFORMATION

Please list any existing medical conditions:

Please list any known allergies:

Please use this space to explain any special procedures or requests:

PRESCRIPTION MEDICATION

I understand that if my student needs prescription medication or anything other than the recommended dosage for over-the-counter medication, the following stipulations must be met:

1. Whether a prescription medication or an over-the-counter medication, the medication must come in the original container. The pharmaceutical label must be on the container of any prescription drug.
2. The parent must provide signed and written directions to the nurse regarding medication to be administered.
3. All medications shall be kept in the nurse's office. When necessary, provisions may be made for students to carry asthma inhalers when accompanied by a doctor's note.

Legal Guardian Signature		Date	
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Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student *first* speak or understand?

Student Name_____ District Student ID_____

Date of Birth_____ SSID_____

Parent/Guardian Signature_____ Date_____

District or Charter_____

School_____

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

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 05-2023)



STUDENT HOUSING QUESTIONNAIRE

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act. Information on this form is confidential. False claims about living situations may affect enrollment.

Date: _____ Last School attended: _____ Current Grade: _____

Student Name: _____ Birth Date: _____

Do you have more children? ☐ Yes ☐ No

Address of where the student sleep last night: _____

Parent/Guardian/Adult Caring for Student: _____ Relationship: _____

Telephone: _____ Email Address: _____

Is the student's address a temporary living arrangement? YES _____ NO _____

NOTE: **** If You Checked NO, you may STOP here. Thank you. ****

If temporary, is this living arrangement due to loss of housing or economic hardship? YES _____ NO _____

Please "X" all boxes below that best describes where the student sleeps at night, leave those blank that do not apply:

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded.
- ☐ Staying with a friend or relative because of loss of housing, economic hardship or similar reason
(ex: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)
- ☐ In a shelter or transitional housing program (name of shelter or program): _____
- ☐ In an unsheltered location such as: Tent, Car/Truck/Van, abandoned building, streets, campground, park, bus/train station, or another similar place.
- ☐ In a hotel/motel (Name of hotel/motel): _____
- ☐ With an adult that is not a parent or legal guardian, or alone without a parent.
- ☐ None of the above (Please explain): _____

List all other children that stay in the same place

Last Name	First Name	Grade	School	District

The undersigned certified that the information provided above is accurate.

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

Housing type-Check all that apply and date:

☐ Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/motel

1)Unaccompanied youth: YES___ NO___

2) Transportation needed: YES___ NO___

Do not make copies of this form. If Section B is selected, please mail form to LEA Homeless Education Liaison. A copy should not be placed in the student's cumulative file.

School Personnel Who Enrolled the Student: _____



THE MCKINNEY-VENTO ACT

Federal Guidelines

Your preschool and school-aged child(ren) may qualify for certain rights and protections under the Federal McKinney-Vento Act if your family lives in any of the following situations:

- * **In a shelter**
- * **In a motel/hotel**
- * **In a car, park, abandoned building, bus or train station**
- * **Doubled up with other people due to loss of housing or economic hardship.**
- * **In a campground due to the lack of an alternative accommodation**

The AZ Department of Education (ADE) and Local Educational Agencies (LEAs—public schools & charters) have designated points of contact to provide assistance and school stability.

Homeless Education Program



SCHOOL STABILITY SAFETY

Your eligible child(ren) have the right to:

- Immediate school enrollment. A school must immediately enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residency.
- Enroll in: the school he/she attended when permanently housed (school of origin); the school in which he/she was last enrolled (school of origin) ; any school that non-homeless students living in the same attendance area in which the homeless child or youth is actually living are eligible to attend.
- Remain enrolled in his/her selected school for as long as he/she remains homeless or, if the student becomes permanently housed, until the end of the academic year.
- Priority in certain preschool programs.
- Participate in a tutorial-instructional support program, school-related activities, and/or receive other support services.
- Obtain information regarding how to get fee waivers, and low-cost or free medical referrals.
- Transportation services: A homeless student attending his/her school of origin has a right to transportation to go to and from the school of origin as long as (s)he is homeless or, if the student becomes permanently housed, until the end of the academic year.

If you believe your child(ren) may be eligible:

- 1) Contact the school of attendance for your child(ren), speak to the front office staff and request McKinney-Vento services as well as the district liaison contact information.

-OR-

- 2) Visit the ADE website to find your Point of Contact for your LEA:

<http://www.azed.gov/homeless/liaisons/>

If you are having trouble contacting your district liaison and receiving services, please contact:

Silvia Chavez, AZ State Coordinator – Homeless Education Program

Homeless@azed.gov - (602)542-4963



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HIGHLAND PREP

FOSTERING TOMORROW'S STEM INNOVATORS AND LEADERS

Chromebook Acceptable Usage Policy

In order to meet the needs of our students, increase student achievement, and ensure Madison Highland Prep students are college and career ready, MHP has instituted a revised Internet and Chromebook Acceptable Use policy. Students will receive, and be required to use, an MHP issued Chromebook for school related purposes. This process provides enhanced network security and ensures seamless access to all necessary academic resources.

Issuance of an MHP device is a privilege which comes with responsibilities on both the student's and parent's part. Please find the terms and conditions for participation in MHP's Internet and Chromebook Acceptable Usage Policy. Your initials and signatures signify your understanding of, and agreement with the policy and the terms and conditions set forth.

Terms & Conditions:

For MHP Chromebook Users: Madison Highland Prep retains the sole right of possession of the device and related equipment. The device will be issued to students according to the guidelines set forth in this document. MHP retains the right to collect and/or inspect the device at any time and to alter, add, or delete installed software or hardware. The device may be collected at the end of the school year for inventory and maintenance purposes. Students should provide reasonable care for the equipment.

All students and parents must agree to the following Chromebook Checkout Agreement, and pay a damage deposit, prior to being issued their Chromebook. Students are bound to the conditions of the this agreement for the duration of their enrollment at MHP.

I, _____, understand that I will receive a Chromebook and power cord to use for school related purposes during my enrollment at MHP. It is my responsibility to return the Chromebook and power cord issued to me in the same condition that I received my final day of enrollment, unless requested earlier. I understand I will not be issued a Chromebook unless I complete the following:

(Parent [P] & Student [S]: Please initial all items below)

[P] ____ [S] ____ A \$75 refundable deposit is due in order to be issued a Chromebook. The deposit will be used to help cover the cost of any damage to the Chromebook. In case of loss or theft MHP may use the deposit towards replacement of the Chromebook. The deposit will be waived in the event of economic hardship to the pupil. Any student who needs such waiver must contact the school Principal to receive the fee waiver consent form required. I understand I may be responsible should there be additional charges if the laptop or accessories are damaged, lost or stolen. Charges for any damage, loss, or theft will not be waived, even if the deposit is waived due to economic hardship. Approximate costs for common items are:

\$25.00	Charger replacement / Hard Shell Protective Cover
\$50.00	Screen replacement
\$400.00	Device replacement (i.e., lost, stolen, or damaged)*

* Damage to the device other than listed above; including, but not limited to: Keyboards, trackpads, hinges, etc., cannot be repaired and will result in the cost of full device replacement.



MADISON
HIGHLAND PREP

FOSTERING TOMORROW'S STEM INNOVATORS AND LEADERS

- [P] ____ [S] ____ Deposits will be refunded 10 days after return and inspection of HPW issued Chromebook and any equipment or software included in this agreement.
- [P] ____ [S] ____ I understand the hard-shell case must be attached at all times and cannot be removed. Damaged cases must be replaced at the student's expense at any time deemed necessary by Madison Highland Prep. No markers, stickers, or any other material can be applied to the Chromebook itself, and doing so may result in being charged full device replacement (\$400). Students may personalize the hard-shell; however, any personalization must be school appropriate. Administration reserves the right to require the student to remove a personalization to the hard-shell if it is deemed inappropriate. If the case is removed for servicing, the Chromebook must be free of any marks or materials.
- [P] ____ [S] ____ All technology devices issued to students are owned by and are the property of the School. Technology devices are issued for educational use only, and use of a technology device for any purpose other than educational use may result in consequences, up to and including loss of device privileges or other consequences as allowed by the Student Code of Conduct
- [P] ____ [S] ____ Students must password protect their assigned technology device. Students are expected to promptly provide the passwords to the system administrator upon request. Students are not to loan a technology device to other students or borrow a technology device from another student, or share passwords or user names with others.
- [P] ____ [S] ____ I agree to immediately report theft or damage of any kind to the front office.
- [P] ____ [S] ____ I understand in case of theft I may be charged a replacement to cover the cost of a new Chromebook and/or power cord (approximately \$400).
- [P] ____ [S] ____ I understand I will be responsible for covering the cost of repair to my Chromebook in the event of any damage.
- [P] ____ [S] ____ I understand that the privilege of using the Chromebook may be revoked if:
- [P] ____ [S] ____ I do not use the approved Chromebook or exchange my Chromebook with another student
 - [P] ____ [S] ____ I leave the Chromebook in an unsecured area including an unlocked locker or vehicle
 - [P] ____ [S] ____ My laptop is maliciously damaged
 - [P] ____ [S] ____ I damage another student's Chromebook
 - [P] ____ [S] ____ I lend my Chromebook to anyone
 - [P] ____ [S] ____ My Chromebook is involved in recurrent reckless activities
 - [P] ____ [S] ____ I disregard MHP's *Internet and Chromebook Acceptable Use Policy*



MADISON
HIGHLAND PREP

FOSTERING TOMORROW'S STEM INNOVATORS AND LEADERS

[P] ____ [S] ____ I understand that I may use the Chromebook to connect to the Internet at home; however, my family is responsible for acquiring an Internet Service Provider.

[P] ____ [S] ____ I understand that no software, without permission of MHP administration (including games, music, video, etc.), will be downloaded or installed on the Chromebook except printer drivers and Internet Service Provider software as required for necessary academic resources. I also understand that I will NOT save anything to the hard drive.

[P] ____ [S] ____ I understand if I withdraw prior to the end of the school year I must return the device to MHP in the condition I received it before I receive any withdrawal paperwork.

[P] ____ [S] ____ I will not modify, decompile, disassemble, decrypt, or perform any action that would alter or damage the existing software or hardware. Software and hardware remain the property of Madison Highland Prep and the student shall not publish, distribute, or otherwise transfer or make available software or hardware to any other party.

[P] ____ [S] ____ I am responsible for providing my own storage media (i.e. USB, etc.) in order to save any file(s) I created or downloaded. I will not hold MHP liable for the misuse or deletion of any files I inadvertently saved to the hard drive nor for any items left inside any laptop component.

[P] ____ [S] ____ It is my responsibility to bring my Chromebook or personal device to school, fully charged, every day. I understand if I forget my device a replacement device will not be provided and I will be responsible for completing classwork, including notes, assignments, research, etc., through a secondary means (i.e. paper/pencil).

To be completed when MHP Chromebooks is issued:

Chromebook Serial No./Barcode No. _____ with power cord.

Student acknowledgement:

I, _____, accept full responsibility for usage of the device in and outside of the school setting and will abide by all expectations set forth in this policy.

Student Printed Name

Student Signature

Date

Parent acknowledgement:

I, _____, accept full responsibility for supervision of, and when, my child's use of, the device is not in a school setting. I hereby give my permission to have my child use the MHP issued Chromebook.

I have verified the Serial/Barcode Number and accept responsibility for the equipment listed above.

Parent Printed Name

Parent Signature

Date



MADISON HIGHLAND PREP

School Rules and Procedures

The following rules and procedures are enforced at Madison Highland Prep for the purpose of maintaining a safe and caring learning environment:

- 1. Zero Tolerance for Fighting, Harassment, Threats and Intimidation.** Madison Highland Prep strictly enforces a zero-tolerance policy on any fighting, bullying, threats, or intimidation. This includes threats, intimidation, or the commission of acts of violence through any means, including electronically.
- 2. Zero-Tolerance for Gang Association and Gang Activity.** Madison Highland Prep strictly enforces a zero-tolerance policy on any type of gang association or gang activity. This includes hand gestures/signs, language, clothing, belt buckles, writing, numbers, color combinations, etc.
- 3. Zero-Tolerance for Illegal Substances and Weapons.** Any involvement with the possession, use, or sale of any type of drug, alcohol, tobacco, vaping/vape juice/vape pens/electronic-cigarettes, spice or other controlled substance will result in notification to the authorities. Weapons or any other dangerous items are not permitted on campus. Being in possession of a weapon or any other dangerous item may result in disciplinary action up to suspension and/or expulsion from the school.
- 4. Zero-Tolerance for Theft.** Any kind of theft will not be tolerated on campus or in the school community. Theft is grounds for expulsion and criminal prosecution.
- 5. Respect must be shown to teachers, staff members, other adults and students at all times.** Total respect is required at all times by everyone at Madison Highland Prep. This includes the use of respectful language, gestures, actions, and attitude. If a student anticipates a potential problem of any type, the student is expected to seek advice from a school administrator, or appropriate school personnel. This rule prohibits fighting, threats, and other acts of violence and vandalism. Additionally, the student will be held responsible for any destruction he or she does to school property.
- 6. Abuse of Staff.** In order to maintain a safe, orderly school environment, the authority of school staff members acting in their official capacity must be respected. For this reason, any form of verbal or physical abuse of staff will be treated as a serious offense warranting suspension or expulsion. If concern about a staff member's exercise of authority cannot be satisfied in direct, appropriate discussion with the individual, that concern should be brought to the attention of the school administration.
- 7. Students must attend school and arrive promptly.** When arriving on campus, students should report immediately to the school courtyard. Students must attend school and complete all work required at a level that is acceptable by their teacher. A child who is habitually truant or who has excessive absences may be adjudicated an incorrigible child as defined in A.R.S. §8-201. For more information, refer to the school attendance requirements.
- 8. Telephone Calls.** Students may **not** receive or make phone calls and/or text messages during class hours. If you need to contact your son/daughter, please phone the front office and the front office personnel will get a message to the student's classroom teacher. Emergency calls from parents will be taken by the front office and the student will be informed immediately. Teachers are available for phone calls before or after school time.
- 9. Medicine at School.** The school office will not administer medicines and prescription drugs unless given permission and instructions by the parent/guardian of the student. If the student is required to take prescription medicine at school, please provide written instructions and the medicine in its original container to the school office. Any medications not picked up at the end of the school year will be disposed of.
- 10. Toys, Skateboards and Electronic Devices.** To prevent disruption of the learning environment, toys, skateboards, scooters, cell phones, personal electronic games, portable radios, recorders/music players, headphones, and all other personal electronic devices are not permitted in the classroom whatsoever. There is no exception to this rule. Disciplinary action will be taken against anyone who violates this policy. If a student has a need for a recorder in class, a note must be obtained from the teacher and the recorder checked in through the school office. **Madison Highland Prep is not responsible for lost or stolen toys and electronic devices.**

11. Backpacks. Students are expected to assume full responsibility for the contents of their backpacks/bags; students are discouraged from bringing valuables to school. Backpacks/bags may be subject to random search.

12. Academic Honesty. Students are expected to complete their own work on any assignment. Any instance of cheating or plagiarism will be referred to school administration and will result in disciplinary action. Violations of the above or other activities considered inappropriate will result in a failing grade on the assignment and could lead to disciplinary action.

13. Public Display of Affection (PDA). The school recognizes that genuine feelings of affection may exist between students; however, students should refrain from inappropriate, intimate behaviors on campus or at school related activities. Students are expected to show good taste and conduct themselves as ladies and gentlemen at all times. Lewd and/or inappropriate displays of Public Affection such as kissing, touching, etc. will not be tolerated and will result in disciplinary action. **Disciplinary action taken will be determined on an individual basis and the severity of the offense.** The expression of feelings of affection toward others is a personal concern between two individuals and not of others surrounding them. Therefore, let good taste and respect for others be a guideline for appropriate behavior. Being overly affectionate in school is not in good taste and will not be allowed.

14. Anti-Bullying Policy. Madison Highland Prep maintains a zero-tolerance policy towards bullying, harassment, and intimidation. All students, faculty or parents/guardians should notify school administration immediately in the event of any incident of bullying, harassment, or intimidation. Any incident of bullying, harassment, and intimidation brought to the attention of school administration will be looked into and addressed. Any student found to bully, harass, or intimidate another student from the school will face disciplinary action, up to and including suspension or expulsion from Madison Highland Prep. (A.R.S. 15-841) Students who intentionally make a false report of bullying, harassment, or intimidation may also face disciplinary action. (A.R.S. 15-841) Cyber bullying of any kind shall not be tolerated whether on campus or off. Cyber Bullying is the use of information and communication technologies such as e-mail, cell phone, text messages, instant messaging (IM), personal websites, social medias and online personal pooling web sites, whether on or off school campus to willfully and repeatedly harm either a person or persons through the medium of electronic text, photos, or videos.

15. The “Good Neighbor” Policy – Student conduct within the school community. School rules and other reasonable expectations for student behavior are extended to include student conduct while going to and from school. This includes the responsibility to observe traffic and pedestrian laws and the responsibility to act as a good neighbor, respecting the safety, welfare, and property of others while going to and from school. Failure to act as a good neighbor within the school community may result in disciplinary action.

16. Alcohol and Drug Violations. Alcohol or drug violations on or within 300 feet of school property, at school events, or at any time the student is subject to the school’s “good neighbor” policy, will result in disciplinary action by school administration, notification of parents, and possible involvement of the authorities.

17. Use & Possession of Tobacco or Vape on Campus. Possession of tobacco products on the school campus, buildings, parking lots, playing fields, vehicles, and off campus school sponsored events is a petty criminal offense. Tobacco products include: smoking tobacco (e.g. cigarettes, cigars), smokeless tobacco (e.g. snuff, twist), electronic cigarettes (e.g. vaping & vape juice), cigarette papers and pipes. A person who violates this section IS GUILTY OF A PETTY OFFENSE AND A MAXIMUM FINE OF \$300. (A.R.S. 36-798-03) Parents will be notified and students will be disciplined up to and including a formal hearing and long-term suspension recommendation.

18. Field Trips. Each grade will be provided opportunities for educational field trips throughout the school year. Field trips will be planned and requested by teachers and approved by the principal. Students must meet academic and/or behavior expectations to participate in field trips. When planned, permission slips and any information pertaining to the field trip will be sent home for parent/guardian signature. To ensure student safety, verbal permission will not be accepted.

19. Off Campus Events. Off campus events are considered an extension of the Madison Highland Prep campus and any violation at an off campus event will be treated as if the violation occurred on campus.



Expected Behaviors

The following student, parent/guardian, and staff expectations are set forth at Madison Highland Prep for the purpose of promoting a supportive and nurturing learning environment:

Student Expected Behaviors

1. To adhere to the student honor code and code of conduct.
2. To not be disruptive in class or during school activities.
3. To attend school punctually and regularly.
4. To bring a signed note from my parent/guardian to explain any absences or tardiness from school.
5. To accept and complete school assignments neatly and on time.
6. To be courteous, obedient and respectful to their fellow classmates and all school staff.
7. To take good care of all technology, schoolbooks, materials and equipment and agree to pay for any lost or damaged technology, books or equipment.
8. To accept and follow through with assigned consequences for misbehavior.
9. To not bring inappropriate items to school at any time.
10. To be trusted to maintain confidentiality about other students, parents/guardians and staff members.
11. To speak to their teachers about academic and/or social issues any time he/she needs help.
12. To take pride in the school's appearance and help keep the classrooms, common areas, and school grounds clean.
13. To not exhibit any aggressive physical/sexual behavior toward anyone.
14. To be helpful to other students and staff members.
15. To follow Madison Highland Prep's dress code.

Student Honor Code

I promise to be honest, trustworthy, and diligent in my studies, and to complete all work assignments neatly and on time.

I promise to behave appropriately in school, respecting the rights of others, treating them with the same courtesy that I expect for myself.

I will be respectful towards my teachers and all staff members, remembering always that they are here to assist me in becoming the best person I can be.

I promise to give all school letters to my parent/guardian on the day that I receive them, and to return them to my teacher the next school day with my parent/guardian's signature.

Parent Expected Behaviors

1. To assume legal responsibility for the behavior of my student as determined by law and community practice and to ensure that my student is familiar with the code of conduct and discipline policies.
2. To recognize and embrace my role as having a primary responsibility for the education of my child.
3. To teach my student self-discipline and to treat other students, parents/guardians, and staff members with respect.
4. To make sure my student attends school regularly and that the school receives notification of tardiness and reasons for absences, when child cannot attend.
5. To work to the best of her/his ability and to provide the necessary materials and a positive home learning environment for the child to succeed in school.
6. To assist my student in a daily reading routine at home.
7. To read and use information sent home by the school and use the school's website to keep informed of the academic topics to be introduced and studied in the classroom.
8. To check my student homework folder/agenda nightly.

9. To have my student prepared for school and arrive on time and picked up on time each day.
10. To make sure my student is dressed in the designated school dress code.
11. To provide for a healthy lunch each school day for my student.
12. To be responsible for timely payment of any fees (after school programs, school meals, athletics, field trips, etc.).
13. To provide the school with a current telephone number to be reached at during the school day and an email address for school communication.
14. To respond quickly to the school if contacted during the school day.
15. To contact staff or administration with any concerns of major life changes.
16. To obtain a visitors pass in the school office before going to my student classroom. (Visitors are required to be dressed appropriately.)
17. To give notice of at least 24 hours for appointments with teachers.
18. To maintain confidentiality about other students, parents/guardians and staff members.
19. To show consideration for the physical property of the school.
20. To attend all conferences scheduled with teachers and staff members.
21. To advise school staff members at least 1 week in advance of any future absences of my student.
22. To cooperate with teachers and staff members to develop strategies to benefit my student.
23. To ensure my student abides by the Student Expected Behaviors, Student Honor Code, and Code of Conduct.
24. To uphold and understand that no one has the right to interfere with the learning of others regardless of background, race, gender or age and to uphold the understanding that no one has the right to impose physical or mental harm on another regardless of background, race, gender or age.
25. To thoroughly read the Family Handbook, Code of Conduct, Student Expected Behaviors, and Student Honor Code and sign the Parent/School Compact.

Staff Expected Behaviors

1. To ensure students are familiar with the code of conduct and discipline policies.
2. To recognize and embrace my role as having a primary responsibility for the education of our students.
3. To teach each student self-discipline and to treat other students, parents/guardians, and staff members with respect.
4. To model behavior in accordance with school rules and procedures.
5. To work with each student to the best of her/his ability and to provide the necessary materials and a positive learning environment for the child to succeed in school.
6. To show respect for students, parents/guardians, staff members, and school administration.
7. To send home information and use the school's website to keep parents/guardians informed of academic topics to be introduced and studied in the classroom (homework and assignments).
8. To be prepared for school and arrive on time for duty, staff meetings and any other obligations.
9. To make sure students are dressed in the designated school dress code.
10. To work as a team with students, parents/guardians, and staff members for the betterment of each child's education.
11. To maintain communication with school administration regarding any issues that may create difficulties whether it is personal or otherwise.
12. To communicate information about incidents on the day of the incident to the appropriate persons, be they parents/guardians, staff members, or school administration.
13. To let the school office know anytime they will be leaving campus during school hours.
14. To let the school administration know of possible absences, in writing and in a timely manner.
15. To inform at the earliest possible time any staff members that will be affected by my absence.
16. To respond to all e-mails and other correspondence within 24 hours.
17. To maintain strict confidentiality about students, parents/guardians and staff members.
18. To show respect and consideration for school property.
19. To dress in an appropriate and professional manner following the faculty & staff dress code.
20. To cooperate with Parents/Guardians, staff and administration to develop strategies to benefit each student.
21. To ensure students abide by Our Student's Expected Behaviors and Code of Honor.
22. To uphold and understand that no one has the right to interfere with the learning of others regardless of background, race, gender or age and to uphold the understanding that no one has the right to impose physical or mental harm on another regardless of background, race, gender or age.
23. To thoroughly read the Family Handbook, Code of Conduct, Student Expected Behaviors, Student Honor Code, and Parent Expected Behaviors.
24. To thoroughly read the Staff Handbook and sign the Staff Compact.



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STUDENT / PARENT / SCHOOL COMPACT AND HANDBOOK ACKNOWLEDGEMENT

STUDENT COMPACT

I have read or have had read to me and understand the School Rules and Procedures, Student Expected Behaviors, Student Honor Code, and Code of Conduct.

Student Name (Print)

Student Signature

Date

PARENT COMPACT

I have read and understand the School Rules and Procedures, Student Expected Behaviors, Student Honor Code, Parent Expected Behaviors, and Code of Conduct.

Parent Name (Print)

Parent Signature

Date

PARENT/STUDENT HANDBOOK ACKNOWLEDGEMENT

I verify that I have thoroughly reviewed the Madison Highland Prep Student & Parent Handbook located at **www.MadisonHighlandPrep.org** with my student. My student and I understand the beliefs, guidelines and policies of Madison Highland Prep and will abide by the policies set forth within.

Student Name (Print)

Student Signature

Date

Parent Name (Print)

Parent Signature

Date

School

Administrator Signature: _____ Date: _____

Please return the entire Enrollment Packet to the school office.



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CONSENT FOR OFF CAMPUS ACTIVITIES

Please check the boxes of the items you would like to allow your student to participate in and sign below:

Yes No

☐☐

Permission to Participate in Off-Campus Activities

I give permission for my student to participate in school sponsored events during the school year. The school will take all reasonable precautions to insure against the possibility of accidents. I understand the school or the teacher in charge is not liable for accidents occurring to students either on school premises or while on school sponsored events as part of the school's activities.

Information concerning a specific school sponsored event, such as date, time of departure, destination, cost and means of transportation will be sent to the parent/guardian prior to each school sponsored event.

☐☐

Permission to Release News Information

There may be times during the school year when the school, Madison Highland Prep, news media or others wish to photograph or videotape your child at school for use in print, video, internet or other communications.

I give my permission to the school to provide information concerning school activities with my child to the general news media. I also give my permission for my student's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums.

☐☐

Permission to Use Artwork

There may be times during the school year when the school, Madison Highland Prep, news media or others wish to use artwork created by your student at the school for use in print, video, internet or other communications.

I give my permission to the school to use artwork created by my student for promotional purposes in a variety of mediums.

Student's Name (Please print)

Signature of Parent or Guardian

Date



Physical Activities Acknowledgment and Assumption of Risk and Release

Participant's Name _____

Your son or daughter (the "Participant") will be participating in physical activities associated with Madison Highland Prep. Physical activities require each Participant's parent or guardian (and if the Participant is 18 years of age, the participant) to sign this Acknowledgment and Assumption of Risk and Release. By signing this document you:

- (1) Acknowledge that injury may result from the Participant's participation in physical activities;
- (2) Represent to Madison Highland Prep, and their affiliates, schools, officers, employees, and members that the Participant has no injury, illness or other medical condition that would prevent him/her from participating in physical activities or that would make it dangerous, harmful, or inadvisable for him/her to do so;
- (3) Assume the risk of and release and hold Madison Highland Prep harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in physical activity; and
- (4) Agree that neither Madison Highland Prep, nor the facility at which any game, practice or other activity is held, nor any other person involved in organizing or conducting the activity (including coaches, referees, and schools) shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on me, my children, legal representatives, and assigns:

Signature of Parent or Guardian

Date

Signature of Participant (if 18 years of age or older)

Date

ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2024 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA (Title I) Income 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, worker's 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

Name of School

Grade

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

Parent/Guardian Signature _____ Date: _____

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

ESEA (Title I) INCOME Eligibility GUIDELINES

July 1, 2023- June 30, 2024

Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
Each Additional Member Add:	+6,682	+557	+279	+257	+129

Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each Additional Member Add:	+9,509	+793	+397	+366	+183

Note:

If all income is received on the same schedule

Example: alimony = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: alimony = \$100 / month & pension = \$300 / week

Income **MUST** be converted to yearly.

Yearly Income = Monthly	x 12
Yearly Income = Twice Per Month (Bi-Monthly)	x 24
Yearly Income = Every Two Weeks (Bi-Weekly)	x 26
Yearly Income = Week	x 52

DO NOT round the values resulting from each conversion



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Request for Release of Student Records

Student Name: _____

Date of Birth: _____

Applying for Grade Level: _____

****The parent or guardian who has signed below has been informed of this transfer request and grants permission for the below mentioned information to be sent. If this student is a special education student, please forward such records as well****

Please send the following information:

- Birth Certificate (Or other reliable proof of the pupil's identity and age as allowed by A.R.S. §15-828)
- Immunization Records/Health Records/Hearing and Vision Screening Results
- Official Transcript
- Unofficial Transcript
- 8th Grade Diploma/Letter of Promotion
- Official Withdrawal Form & Grades to Date of Withdrawal
- Discipline & Attendance Records
- All Standardized Test Scores (AzM2, AzMERIT, AIMS, PSAT, AZELLA, etc.)
- Special Education Records: including IEP, MET, 504 Plan, Psychological Evaluation, Behavioral Plan, etc.
- Explanation of Grading/Credit System (Please indicate symbols designating honors or advanced classes)

List the three (3) schools the student last attended, with the most current school listed first.

I give permission to:

(Name of last school)

(Name of previous school)

(Name of previous school)

(Address)

(Address)

(Address)

(City, State, Zip Code)

(City, State, Zip Code)

(City, State, Zip Code)

School Phone and/or Email

School Phone and/or Email

School Phone and/or Email

Signature of Parent/Guardian

Date

State Law 15-828 Paragraph G States that NO SCHOOL SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS.

Federal Law 99.31 – No parent or signature required for education records to be sent to another educational agency.



Student Transportation Request Form

Student Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Major Cross Streets: _____

Pick up _____ Drop Off _____

- Free Valley Metro city bus tickets are provided to students each day. Each student will receive 1 all day ticket to ride to school and to return home. Tickets are handed out at the end of the school day by school staff.
- If you would like Valley Metro City bus information, please call: (602) 253-5000 give them your address, Valley Metro will provide you with information on how to arrive to MHP.

Bus Rules

1. Student ID is required for boarding the bus, access will be denied to students without a valid student ID.
2. Respect the driver, other passengers, and their property.
3. Follow directions immediately when asked.
4. All students must remain in their assigned seats.
5. Talk quietly and keep hands to yourself.
6. Be courteous. Use of profanity, vulgar language, or obscene gestures are not allowed.
7. No food, beverages, or gum on bus (water is o.k.).
8. Remain in your seats until the bus comes to a complete stop.
9. Students will only be allowed to exit the bus at their assigned stop, no exceptions.
10. Parents need to call the office, for student to be dropped-off at a different stop.
11. Keep all parts of your body inside the bus.
12. No littering or destruction of the bus.
13. Personal belongings shall be under the passenger's control at all times.
14. No hats are allowed to be worn or displayed while on the bus. (
15. All school rules apply while on the School Bus.

Note: Violation of the bus rules will result in a behavioral referral to the Principal and could lead to suspension of bus privileges.

Student and Parent signature required:

Student (signature): _____ Date: _____

Parent (signature): _____ Date: _____



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CUSTOMER SATISFACTION QUESTIONNAIRE

Thank you for your interest in Madison Highland Prep. We are committed to serving all our customers in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. This information will be used to monitor customer satisfaction and all responses will be kept confidential.

1. How did you hear about us?
- | | | | |
|--|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Flyer | <input type="checkbox"/> Internet | <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> Passed by Madison Highland Prep | <input type="checkbox"/> Postcard | <input type="checkbox"/> MSD School | <input type="checkbox"/> Enrollment Event |
| <input type="checkbox"/> Referral from other School: (School Name) _____ | | | |
2. If you called for information, was the call answered promptly and in a friendly and courteous manner?
- | | | |
|--|--------------------------|--------------------------|
| | <u>YES</u> | <u>NO</u> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
- With whom did you speak? _____
- What date did you call? _____
3. When you came into the office to pick up an information packet and/or for your appointment were you greeted promptly in a friendly and courteous manner?
- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|
- With whom did you speak? _____
- What date did you come in? _____
4. Did you receive the information you requested within a reasonable amount of time?
- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|
5. Were all questions regarding the enrollment process and Madison Highland Prep answered to your satisfaction?
- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If the answer is no to any of the above questions, please explain:

Do you have any suggestions for improving customer service and/or the registration process at Madison Highland Prep? Please list them below:

Thank you for taking the time to complete this questionnaire. Your feedback is important to us.