

**PARENT CHECKLIST FOR CHRONIC HEALTH CONDITION
HERITAGE ACADEMY (please initial each item)**

- _____ 1. A scholar with a chronic health condition must reapply and complete the program certification process each semester.
- _____ 2. Chronic illness does **NOT EXEMPT** the scholar from the district/state graduation or promotion requirements.
- _____ 3. The scholar is obligated to complete all required class work satisfactorily to receive course credit. A scholar may fall so far behind that it is nearly impossible to catch up; classes that include lab components can seldom be duplicated in a home setting. Under these circumstances, the scholar's best option may be to withdraw from the course or take an online class.
- _____ 4. The parent is responsible for meeting with each teacher to establish a homework schedule.
- _____ 5. The parent is responsible for returning all homework in accordance with agreed schedule. Subsequent homework assignments will be released **only** if previous work has been returned.
- _____ 6. Students who are absent from school due to illness (whether a chronic health condition or otherwise) are **not** eligible to participate in competitive sports, dance, orchestra, drama, choir, band, etc. including evening performances, that fall on a day the student is absent.
- _____ 7. If your scholar becomes ill or needs to leave school, he or she must check out through the Main Office. If your child leaves without checking out, the absence will be recorded as unexcused.
- _____ 8. Parents must call in **each absence** to the school and specify the reason for the absence. Absences which are not related to the diagnosed health problem should be reported as such and are considered separately. Certification of the scholar's health condition is not intended to be used to excuse absences that are unrelated to the diagnosed health problem. Misuse will result in revocation of the student's participation in the program.
- _____ 9. The scholar's certification for the chronic health condition program is effective on the date indicated **by the physician**. Certification is **not** retroactive and will not be used to excuse any absences occurring prior to that date.

I understand and agree to the guidelines listed above.

Student's Name: _____ Date: _____

Student's Signature: _____

Parent/Guardian's Name: _____ Parent/Guardian's Phone: _____

Parent/Guardian's Signature: _____ Date: _____

**HERITAGE ACADEMY
CERTIFICATE OF CHRONIC HEALTH CONDITION**

School Year 20____ - 20____

Student Name: _____ Birth Date: _____

School (circle one): Gateway / Laveen / **Maricopa** / Mesa Grade: _____ Student #: _____

Number of school days absent this year: _____ as of this date: _____

I authorize Heritage Academy and my Health Care Provider to exchange information provided in this Certificate of Chronic Health Condition. I acknowledge a new form is required each semester or as health conditions change.

Parent Name Parent Signature Date

Health Care Provider – Please Review These Instructions Before Completing This Form

The purpose of this form is to enable a health care provider to certify that a Heritage Academy student qualifies as a student with a chronic health condition.

Certification is appropriate **only** if the student will be unable to attend school frequently or for substantial periods due to recurring illness, disease, injury (accident), or surgery complications. Certification is **not** appropriate if the health condition is not sufficiently debilitating to prevent the student from attending school.

By state law, this certification may be provided **only** by a licensed medical doctor, osteopathic physician, podiatrist, naturopathic physician, chiropractor, physician’s assistant, or registered nurse practitioner.

HEALTH CARE PROVIDER – PLEASE COMPLETE THE FOLLOWING:

Student’s diagnosed health condition: _____

Is the student’s health condition active currently? ___no___yes Comment: _____

Is the student currently able to attend school? ___no___yes___yes, with these accommodations: _____

Is the student currently able to participate in physical activity? ___no___yes___yes, with these accommodations: _____

Total number of school days student is anticipated to miss due to this condition. _____

Comment: _____

If you are able, please indicate when the student’s health condition is expected to end: _____

Health Care Provider Name Printed Licensing Title

Health Care Provider Signature Date

Phone: _____ Fax: _____

Business Name and Address: _____



Dear Parent/Guardians:

Your scholar, has been identified with a chronic health condition. The purpose of this letter is to review the Chronic Health Conditions policy so that you and your scholar understand what you may expect from Heritage and what Heritage will expect of you and your scholar.

First, let me review some basic procedures:

- If your child will be absent, you must call in the absence to the office. This must be done **each day** that your child will be absent. Please tell the office if the absence is not related to your scholar's chronic health condition. If your scholar becomes ill or needs to leave school, you must sign him or her out at the Front Desk. If your child leaves without checking out, the absence will be recorded as unexcused.
- Absences resulting from a chronic health condition do not exempt the student from the district/state graduation or promotion requirements. Your scholar will not be disqualified from earning course credit because of excessive absences **if** his or her absences are excused because of the chronic health condition.
- However, your scholar will remain obligated to complete all required class work satisfactorily. It is your scholar's responsibility to request homework and return it in the time frame agreed upon by the scholar and the teacher(s).
- Subsequent homework assignments will be released only if previous work has been returned. Parent/guardian agrees to return completed homework to the school for absences during the current school year.
- Students who are absent from school due to illness (whether a chronic health condition or otherwise) are not eligible to participate in competitive sports, dance, orchestra, drama, choir, band, etc. including evening performances, that fall on a day the student is absent.

It is very important that you and your scholar understand and follow these procedures. Please review them with your scholar. If you feel that your scholar needs additional accommodations, you may request a conference with your scholar's teacher(s) to establish a plan that addresses homework assignments.

If you have any questions or concerns about these procedures, please contact me at 520-367-3800

Sincerely,

Mrs. Titus, Principal

**HERITAGE
ACADEMY**
Teacher/Parent/Scholar Homework Agreement

HAG HAL HAM **HAMC**

School _____

Student Grade Level _____

- Scholar will remain obligated to complete all required class work satisfactorily. It is the scholar's responsibility to request homework and return it in the time frame established by this agreement.
- Subsequent homework assignments will be released only if previous work has been returned. Parent/guardian agrees to return completed homework to the school for absences during the current term.

This homework agreement is between:

Student Name

Student #

Date

Parent/Guardian Name

Phone #

Date

Teacher name

Class Name

Class Period

From (date): _____ To (date): _____

STUDENT SECTION:

I promise to complete my homework and return it to my teacher on time.

If I do not understand the homework, I will email my teacher at

_____ [@heritageacademyaz.com](mailto:_____@heritageacademyaz.com) with questions within one (1) school day of receiving the homework.

TEACHER SECTION:

I promise to give scholar all assignments needed to obtain credit for the course. I will allocate enough time needed for each assignment to be completed.

If student wishes to receive homework via email, I will send it to the following email:

STUDENT EMAIL: _____

PARENT/GUARDIAN EMAIL: _____

Assignments given via (i.e. Google Classroom, email., etc.): _____

DUE ON: _____

PARENT/GUARDIAN SECTION:

I (we) promise to work with our scholar to make sure his/her homework assignments are completed and returned to the teacher on time. I (we) agree that (initial each statement):

- _____ I will return completed homework to the school for absences in accordance with agreed upon timeline
- _____ I will contact my child's teacher if I have questions or concerns about my child's homework.
- _____ I will return homework due **before** any subsequent homework assignments will be released.

In addition, I understand that my son/daughter will not be eligible to participate in any competitive sports, dance, chorus, band & orchestra, or other extracurricular activities on any day which he/she is absent during the time he/she is covered by the chronic health condition program.

Date of Instructional Agreement

Parent/Guardian's Signature & Date

Teacher's Signature & Date

I understand that I will not be able to participate in any competitive sports, dance, chorus, band or orchestra, or any other extracurricular activities on any day which I am absent during the time I am covered by the chronic health condition program.

Scholar's Signature & Date