



Dear Parent/Guardian,

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 scholar will be absent, you must report the absence to the School Messenger program and specify in the comment section "Chronic Illness". This must be done every day that your scholar will be absent. If your scholar becomes ill or needs to leave school, you must sign them out at the Front Desk. If your scholar leaves without checking out, the absence will be recorded as unexcused.
- Absences resulting from a chronic health condition do not exempt the scholar from the district/state graduation or promotion requirements. Your scholar will not be disqualified from earning course credit because of excessive absences if their absences are excused because of the chronic health condition.
- 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).
- Parent/guardian and scholar agree to return completed homework to the school for absences during the current school year.
- Scholars 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 scholar is absent.

It is very important that you and your scholar understand and follow these procedures. Please review them with your scholar.

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

Sincerely,

Jennifer Titus
Principal

PARENT CHRONIC HEALTH CONDITION AGREEMENT

HERITAGE ACADEMY

- _____ 1. A scholar with a chronic health condition must reapply and complete the program certification process each school year. (Parents have returned the completed chronic illness form.
Please initial _____ yes _____ no)
- _____ 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 will meet with each teacher and the administration to establish a homework schedule (attached).
- _____ 5. The parent is responsible for returning all homework per the agreed schedule.
- _____ 6. Scholars 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 scholar 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 report the absence the day of or prior to using the School Messenger program the day of or prior to and specify in the comment section "Chronic Illness". 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 scholar's participation in the program.
- _____ 9. The scholar's certification for the chronic health condition program is effective on the date the form is returned to the school office. 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.

Scholar's Name: _____ Date: _____

Scholar'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____

Scholar Name: _____ Birth Date: _____

School: Heritage Academy Maricopa Grade: _____ Scholar #: _____

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 school year 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 the 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: _____

HERITAGE ACADEMY
Teacher/Parent/Scholar Homework Agreement
Campus_____

Scholar Name	Scholar Grade Level	Date
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- 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.

This homework agreement is between:

Scholar Name	Scholar #
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Parent/Guardian Name	Phone #
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Teacher Names

Teacher Names

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

TEACHER SECTION:

The scholar will be given all assignments needed to obtain credit for the course. Enough time will be allocated for each assignment to be completed.

When the scholar is out of school due to chronic illness, all assignments will be posted on Google Classroom with due dates posted. If the scholar will not be at school when work is due, all work should be submitted online by the due date unless an exception is noted below.

- The scholar will need to advocate to their teachers prior to the due date for extended time (2 class periods).
- For assessments, the scholar will take assessments within one week after their return. Scholars should coordinate with their teachers to schedule a time to take the test or quiz if they are not able to take it during class time.
- Other _____
- Other _____
- Other _____
- Other _____

Scholar 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 with questions within one (1) school day of receiving the homework.
- _____ 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.

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 ensure my scholar submits completed homework via Google Classroom for absences in accordance with the agreed-upon timeline.

_____ I will contact my scholar’s teacher if I have questions or concerns about my scholar’s homework.

_____ In addition, I understand that my scholar will not be eligible to participate in any competitive sports, dance, chorus, band & orchestra, or other extracurricular activities on any day that they are absent during the time they are covered by the chronic health condition program.

Parent/Guardian’s Signature & Date

Scholar’s Signature & Date

Teacher’s Signature & Date

Teacher’s Signature & Date

Teacher’s Signature & Date

Teacher’s Signature & Date

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