

# ANNOUNCING

## Heritage Academy's Jr. High Southern Arizona Tour

### April 22-23, 2020

#### Come and See

Kartchner Caverns

Old Tucson Studios (Experience the Old West)

Bisbee's Queen Mine (One of the richest copper mines in history)

Arizona-Sonora Desert Museum (World-Renowned Zoo, Natural History & Botanical Garden)

Gaslight Theatre (More fun than you can imagine)

All meals are included in the cost! Spending money is on you.

Open to 7<sup>th</sup> & 8<sup>th</sup> graders who pay their deposit by December 09, 2019, and meet the qualifications.  
(See list of qualifications below.)

**Total Cost: \$255** (PARENTS: Use Tax Credit, see attached instructions)

**Option 1:** Student with GPA 4.0 AND ABOVE will pay **\$191.25.**

(GPA will be determined from 1<sup>st</sup> semester grades at the beginning of the 2<sup>nd</sup> semester.)

**Option 2:** Student with GPA lower than 4.0 will pay the full cost of the tour.

<u>Payment schedule:</u>	<u>Option 1</u>	<u>Option 2</u>
Dec. 09, 2019	\$63.75	\$63.75
Jan. 13, 2020	\$63.75	\$63.75
Feb. 10, 2020	\$63.75	\$63.75
Mar. 23, 2020	\$0	\$63.75

#### **Qualifications:**

1. Student must be passing ALL classes.
2. No discipline referrals to administration.
3. Will commit to following ALL instructions and expectations of the school and chaperones. Will honor room arrangements, curfew, and safety guidelines.
4. Will commit to honoring Heritage Academy's dress and behavior standards.  
(If commitment is broken, parents will be asked to come and pick up child immediately from tour.)
5. Teacher recommendation- you will receive an email if your eligibility is questionable.
6. Failure to attend the tour due to grades, behavior problems, or for personal reasons will not necessitate a refund. There is a \$25 non-refundable deposit. Full refunds (minus the non-refundable deposit) will be given before January 12, 2020. Partial refunds will be given until February 10, 2020. After February 10, 2020 there will be NO REFUNDS.

**\*Important Note:** Per State Law, refunds of ECA (tax credit) money can only be made as a credit to the student's Heritage account, and will not be directly refunded to the donor.

## ARIZONA SCHOOL TAX CREDIT

***Taxpayers filing in Arizona have the unique opportunity to redirect a portion of state tax dollars they already pay, to public education.*** The credit allows an Arizona taxpayer to contribute \$200 per individual tax return or \$400 per joint tax return to a school's extra-curricular program.

### **Commonly Asked Questions**

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#### **What is the difference between a tax credit and a tax deduction?**

A tax deduction helps determine how much taxes you owe to the state. A tax credit reduces the amount you owe to the state. By making a donation to an Arizona Public School, you can reduce the amount you owe to the state, dollar for dollar, until your liability is zero. This allows you to donate to support Arizona schools at no cost to you.

#### **Who can make a contribution?**

We can accept contributions only from individuals. We cannot accept contributions from businesses or corporations.

#### **Do I have to have children enrolled in school?**

No - Any Arizona individual paying state income tax can make a tax credit contribution to be used towards extra-curricular fees. (This means you can ask your aunts/uncles, grandparents, family friends, and neighbors to donate in your name.)

#### **Do I have to live within the District?**

No - Any individual who pays Arizona State income tax can contribute.

#### **Is a charter school considered to be a public school or a private school?**

A charter school is defined in A.R.S. Section 15-101 as a public school. Therefore, Heritage Academy is eligible for the credit for contributions.

#### **Do I have to donate the full \$200 or \$400?**

No – But remember, you can take this credit on any tax liability for state income taxes up to \$200 on an individual tax return or \$400 on a joint return. You may donate up to your \$200 or \$400 limit in installments during the calendar year or donate it at one time.

#### **How does this work on my tax return?**

This is a CREDIT on your income taxes, which means you get every dollar back on your state return, whether you owe money to the state or the state owes you! As an example, let's say you made a \$300 tax credit contribution. When you file your state taxes, you will note the credit with a 322 form. (Downloadable from the State.) If your State tax return calculates to a \$500 refund, applying the credit will increase your refund to \$800. If your State tax return calculates to a \$400 liability (you owe) then applying the credit will reduce your liability to \$100. However, you cannot receive a refund greater than your State income tax assessment for the tax year.

#### **Can this tax credit also be used as a donation on my federal income taxes?**

Yes, the tax credit is considered a donation to a non-profit organization and \*may be eligible for a deduction on your federal income taxes.

*\*Please contact a qualified tax advisor for advice on your personal tax situation.*

**Heritage Academy  
MEDICAL  
INFORMATION NOTICE  
TO PARENTS**

Although we hope we will never need emergency medical information while students are on a trip away from school, we want to be prepared just in case there is a problem. For this reason, we ask that you complete the Student Overnight Travel Emergency and Medication Form and return it to school.

- **Emergency Contact Information:** You may have already provided emergency contact information to the office at the beginning of the school year, but we need to have it with us while traveling in case there is a need to call you or get a message to you. For this reason, we request that you provide up-to-date contact information.
- **Please Attach A Copy of Your Child's Insurance Card to This Form**
- **Parent's Consent for Giving Medication:** This form must be completed and attached (using a rubber band) to the medication your child may need while on the trip. Follow these guidelines:
  1. All medication must be in the original container.
  2. All medication must have the student's name on the container.
  3. Prescription medications and inhalers must have the pharmacy label on them. Dosages will only be given per the directions on the container from the pharmacy.
  4. Consent for acetaminophen (non-aspirin substitute): If you want your child to receive a non-aspirin substitute for any reason (including pain relief for headache) while on the trip, it must be indicated on the consent form.

**Note:** Remember to make advance arrangements with the school for any snacks or meals required by a diabetic student. Advance arrangements should also be made for any special medical equipment required by a student during the trip.

- **Parent Contact in Case of Illness:** If a student appears to be ill, complains of illness to a trip sponsor or has an illness reported to a trip sponsor by another student or adult, the trip sponsor will contact the student's parent by phone to consult as to the appropriate course of action in treating the student's illness. The trip sponsor will not communicate with any parent indirectly through the student, but will instead speak directly to the parent by telephone. If necessary or appropriate, the communication between the trip sponsor and parent will be via e-mail. (This policy should be discussed with parents and students at a pre-event meeting where all travel details are discussed.)

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# STUDENT OVERNIGHT TRAVEL EMERGENCY AND MEDICATION FORM

Date/Duration of Travel: \_\_\_\_\_

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If I am unavailable in the event of an emergency, the following people may make decisions on my behalf and/or assume temporary custody if necessary:

Local friend or relative	Relationship	Home Phone	Work Phone	Cell

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

- Do you authorize a certified district employee or principal's designee to give your child acetaminophen (non-aspirin substitute)? Yes \_\_\_\_\_ No \_\_\_\_\_
- Specify health problems/allergies \_\_\_\_\_
- Is your child on daily medication? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, complete consent for giving medication below.)
- Limitation, concerns or other information: \_\_\_\_\_
- Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION:

In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I understand that Heritage Academy does not provide accident medical/dental coverage for students for injuries/illnesses occurring during travel/activities.

### CONSENT FOR GIVING MEDICATION:

I hereby request and give my consent for a certified district employee or principal's designee to see that my child receives the medication as listed below:

MEDICATION	DOCTOR	DIAGNOSIS/ REASON FOR GIVING	TIME TO BE GIVEN	DATE FROM	DATE TO

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage and time to be given. Any over-the-counter medication must be in the original packaging with all directions, dosages, compound contents and proportions clearly marked.

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