

2024-2025

Welcome to Mountainside High School!

On behalf of MHS faculty, staff, and administration, we welcome you to Nadaburg Unified School District's flagship high school. As principal, I am honored and excited as our team continues to provide quality education to every student, every day and look forward to another school year!

As we enter our fifth year of establishment, it is our goal to continue our work to empower students' voice, as students' needs and perspective are critical to the development of a high school experience that is designed for them, by them. MHS has been a longtime in the making and marks an important milestone for our district and community. MHS seeks to reimagine and redefine a 21st century education that refocuses, first and foremost, on the needs and interests of students. We do so by leveraging technology for more than just efficiency. We leverage our technologies to meet students' individual learning needs, increase critical thinking opportunities and relevant real-world applications, all while bridging innovation with tradition so that students can participate in amazing, positive opportunities that define the high school experience.

Our goal is to provide as many opportunities as possible for academic, athletic, and student growth to every student. Whether participating in-person or in online learning, we understand the responsibility entrusted to us when choosing MHS to serve your student's educational needs. Our staff is committed to providing the best learning experience possible, as well as ensuring the health and safety of all students. We look forward to partnering with you and your student to make the 2024-2025 school year!

Respectfully,



Dr. Kathryn Strevell  
MHS Principal  
*GO Wolves!*

**NADABURG UNIFIED SCHOOL DISTRICT NO. 81**  
**"QUALITY EDUCATION: EVERY STUDENT! EVERY DAY!"**

DESERT OASIS ELEMENTARY    NADABURG ELEMENTARY    MOUNTAINSIDE HIGH SCHOOL

<b>Student</b>	Legal Last Name		Legal First Name		Full Middle Name		Suffix	Grade
	Student's Street Address (if different than above)				City		State	Zip Code
	State of Birth (or Country if Non-US)				Primary Home Language		Home Telephone	
	Gender (circle one) Male or Female	Date of Birth MM   DD   YYYY		Ethnic Code (check no more than two) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White				

<b>Mother/Guardian</b>	Relationship (circle one) Mother   Guardian   Step Mother		Foster Mother		Last Name		First Name	
	Parent Home Address (if different then student's)				City		State	Zip Code
	Home Telephone		Cell Telephone			Work Telephone		
	Employer				Email Address			

**PLEASE NOTE: Having sole custody of a child does not prevent NUSD, by law, from sharing your child's information with the other parent. You must present a valid court document that states the other parent is NOT entitled to receive any information regarding this child. (A.R.S. 25-402 (k); 25-403.6).**

<b>Father/Guardian</b>	Relationship (circle one) Father   Guardian   Step Father		Foster Father		Last Name		First Name	
	Parent Home Address (if different then student's)				City		State	Zip Code
	Home Telephone		Cell Telephone			Work Telephone		
	Employer				Email Address			

<b>Emergency</b>	Emergency Contact (person other than parent/guardian)		Relationship to Student	Home Phone	Cell Phone
	Emergency Contact (person other than parent/guardian)		Relationship to Student	Home Phone	Cell Phone

Has the student ever been enrolled in a Special Education Program or does the student have any handicapped condition that would affect performance in a regular program?    Yes    No   If yes, explain:

Does your child have a current 504 Accommodation Plan?    Yes    No   Has your child ever been expelled?    Yes    No

Name of school most recently attended? (including Nadaburg Schools) \_\_\_\_\_

Previous School address \_\_\_\_\_ Telephone \_\_\_\_\_

**To the best of my knowledge, the information I have provided on this form is accurate and true. I hereby certify that I am the legal or guardian of the above**

named student. \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

SAIS ID	STUDENT ID	Enter Code	Enter Date	Homeroom Teacher		
Proof of Birth System	Proof of Residency	Open Enrollment	Proof of Immunization	Court Custody Documentation	Records Requested	Entered into School System
Type: _____	Type: _____	In District	Type: _____	Type: _____	Date: _____	Date: _____
Initials: _____	Initials: _____	Out of District	Initials: _____	Initials: _____	Initials: _____	Initials: _____



## 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?

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

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

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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 01-2020)



## Arizona Department of Education

Office of English Language Acquisition Services

### Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA). Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

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2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

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3. ¿Qué idioma habló o entendió el estudiante primero?

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Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Distrito o Charter _____	Fecha _____
Escuela _____	

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)



# Nadaburg Unified School District Exceptional Student Services Information Survey

*Please complete this form at the time of enrollment regarding Exceptional Student Services participation.*

In order to provide continuity in the educational environment, it is important that we are informed of any special education services your student has previously received. Please complete the following form and feel free to add any comments in the space provided. *Special Education Records Are Destroyed 5 Years After Student Withdrawal.*

**Student Name:** \_\_\_\_\_  
First
Middle
Last

\_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**    Has your student ever had Special Education Services provided for him/her at a previous school?

\_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**    Has your student ever been tested for Special Education Services at a previous school?

\_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**    Have you ever signed an Individualized Education Plan (IEP) that provides Special Education Services for your student?

*If yes, please indicate name of previous school and approximate date the most recent IEP was written.*

**Name of Previous School:** \_\_\_\_\_

\_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**    Has your student ever received any Special Education Services in the past but is no longer in need of these services?

*If yes, please indicate previous school and approximate date of withdrawal from services.*

**Name of Previous School:** \_\_\_\_\_

**Please indicate the Exceptional Student Services that your student has participated in:**

- |                                                                                         |                                                                               |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| _____ Gifted/Honors Classes                                                             | _____ Multiple Disabilities                                                   |
| _____ Specific Learning Disability                                                      | _____ Other Health Impairment                                                 |
| _____ Speech & Language Therapy                                                         | _____ Hearing Impairment                                                      |
| _____ Emotional Disability - Resource                                                   | _____ Visual Impairment                                                       |
| _____ Emotional Disability – Self-Contained                                             | _____ Traumatic Brain Injury                                                  |
| _____ English as a Second Language Program/Bilingual Resource/English Development (ELD) | _____ Orthopedic Impairment (Physical or Occupational Therapy or Adaptive PE) |
| _____ Section 504 Accommodation Plan                                                    |                                                                               |

**Comments/concerns:** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Nadaburg Unified School District Excepcional Servicios Estudiantiles Encuesta de Información

*Por favor, complete este formulario en el momento de la matrícula sobre la participación Excepcional de Servicios Estudiantiles.*

Con el fin de dar continuidad en el ámbito educativo, es importante que nos informe de los servicios de educación especial su hijo ha recibido previamente. Por favor complete el siguiente formulario y no dude en añadir cualquier comentario en el espacio proporcionado. *Los expedientes de los Servicios de Educación Especial son destruidos 5 años después del retiro del estudiante.*

**Nombre Del Estudiante:**

Primero	Segundo	Apellido
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Su estudiante nunca ha tenido Servicios de Educación Especial proporcionado para él/ella en una escuela anterior?	
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Alguna vez su hijo ha probado para Servicios de Educación Especial en una escuela anterior?	
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ha firmado un Plan de Educación Individualizada (IEP) que proporciona Servicios de Educación Especiales para su hijo?	

*En caso afirmativo, indique el nombre de la escuela anterior y la fecha aproximada del IEP más reciente escrito.*

**Nombre de la Escuela Anterior:**

Sí  No Su hijo alguna vez recibió Servicios de Educación Especial en el pasado, pero ya no está en la necesidad de estos servicios?

*En caso afirmativo, indique la escuela anterior y la fecha aproximada de la retirada de los servicios.*

**Nombre de la Escuela Anterior:**

**Por favor, indique los Servicios de Estudiantes Excepcionales en que el estudiante ha participado:**

<input type="checkbox"/> Clases Dotados/Honores	<input type="checkbox"/> Discapacidades Múltiples
<input type="checkbox"/> Discapacidad Específica de Salud	<input type="checkbox"/> Otro Discapacidad Específica de Salud
<input type="checkbox"/> Terapia del Habla y Lenguaje	<input type="checkbox"/> Discapacidad Auditiva
<input type="checkbox"/> Emocional Discapacidad - Recursos	<input type="checkbox"/> Discapacidad Visual
<input type="checkbox"/> Discapacidad Emocional – Auto-Contenida	<input type="checkbox"/> Lesión Cerebral Traumática
<input type="checkbox"/> Inglés como Segundo Idioma	<input type="checkbox"/> Impedimento Ortopédico
	<input type="checkbox"/> Plan de la Sección 504

**Comentarios/preocupaciones:** \_\_\_\_\_

**Firma** \_\_\_\_\_ **Fecha** \_\_\_\_\_

Nadaburg Unified School District #81  
McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Determining student eligibility for services will be assisted by the answers to these questions. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Is your temporary address due to loss of housing or economic hardship? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "NO" to both of these questions, you may stop here. Thank you.

If you answered "YES" to both of these questions, please continue.

Again, completion of this document is voluntary. By providing further information, you are expressing interest in your rights under McKinney-Vento. You may complete one form for all of your children. \*

NAMES OF ADULTS IN THE HOME	RELATIONSHIP TO CHILD

NAME OF CHILDREN IN THE HOME	SCHOOL	GRADE	AGE

1. Where is the student presently living? (Check one box)

- Doubled up with relatives or friends
- In a motel or hotel
- In a shelter
- Moving from one place to another
- In a place not considered traditional "housing" (campground, car, public place, etc)

2. Do you also have pre-school children at home? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Are you a high school student who is currently living on your own? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Unaccompanied youth also qualify for services under this law.)

\* False claims about living situations may affect enrollment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Please return to your Home School

Nadaburg Unified School District #81  
Elegibilidad bajo el decreto McKinney\_Vento

Este cuestionario cumple con los requisitos de la parte C del decreto McKinney-Vento, Title X, de la ley federal Que Ningún Niño Se Quede Atrás. Sus respuestas nos ayudaran a decidir los servicios para los cuales Ud. pueda ser elegible. El acto de completar este cuestionario es voluntario.

1. ¿Es temporal su dirección actual? SI \_\_\_\_\_ NO \_\_\_\_\_
2. ¿Es temporal su dirección porque perdió domicilio o por falta de ingresos? SI \_\_\_\_\_ NO \_\_\_\_\_

Si Ud. contesto "NO" a estas dos preguntas, no siga adelante. Gracias. Si Ud. contesto "SI" a estas dos preguntas, por favor siga adelante. Gracias.

El resto de este cuestionario es voluntario, también. Sus respuestas nos darán a saber de qué Ud. tiene interés en los servicios bajo McKinney-Vento. Es el único que Ud. necesita completar por todos sus hijos.

LOS ADULTOS EN EL HOGAR	RELACION CON ALUMNO/A

NAME OF CHILDREN IN THE HOME	SCHOOL	GRADE	AGE

1. Actualmente, ¿En dónde viven los alumnos mencionados arriba? (Marque una casilla.)

- Con parientes o amigos
- En un motel
- En un refugio
- Se mudan de un lugar a otro
- En un lugar no tradicional (campamento, carro, lugar público, etc.)

2. ¿Tiene Ud. niños de edad pre escolar en el hogar, también? SI \_\_\_\_\_ NO \_\_\_\_\_

3. ¿Es Ud. un estudiante de preparatoria que actualmente vive solo? SI \_\_\_\_\_ NO \_\_\_\_\_

(Los jóvenes no acompañados también son elegibles para los servicios bajo el decreto.)

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Número de teléfono



NADABURG UNIFIED SCHOOL DISTRICT NO. 81

"OUR MANDATE IS EXCELLENCE"

32919 Center Street, Wittmann, Arizona 85361 Phone: (623) 388-2321 Fax: (623) 388-2915

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_
Last Middle First Month/Day/Year

Has the child ever had any of the following? If "yes", please give age or year at the time.

Table with 2 columns of conditions and AGE/YEAR fields. Conditions include Arthritis, Allergies, Asthma, Bronchitis/Pneumonia, Chicken Pox/Varicella, Cystic Fibrosis, Diabetes, Frequent Ear Infections, Sinusitis, Skin Rashes, Stomach Problems, Tuberculosis, Heart Concerns, Hepatitis, High Blood Pressure, Kidney Disease, Osgood Schlatter's, Scarlet Fever, Scoliosis/Curvature of spine, Eczema, Epilepsy/Seizures, Frequent Sore Throats, Strep/Tonsillitis, and Urinary Tract Infections.

- Yes \_\_\_ No \_\_\_ Is this child presently receiving treatment for any physical problem?
Yes \_\_\_ No \_\_\_ Taking any medicine?
Yes \_\_\_ No \_\_\_ Restricted from P.E.?
Yes \_\_\_ No \_\_\_ Ever had a psychological examination?
Yes \_\_\_ No \_\_\_ Ever been placed in special classes? (LD, Reading, Speech, Hearing Impaired, Visually Impaired, Emotionally Handicapped, Physically Handicapped, Other)
Yes \_\_\_ No \_\_\_ Ever had a serious accident or injury?
Yes \_\_\_ No \_\_\_ Ever had an accident or injury requiring hospitalization or surgery?
Yes \_\_\_ No \_\_\_ Does this child wear glasses?
Yes \_\_\_ No \_\_\_ Have other vision difficulties?
Yes \_\_\_ No \_\_\_ Have any speech difficulties?
Yes \_\_\_ No \_\_\_ Have any hearing loss?
Yes \_\_\_ No \_\_\_ Wear a hearing aide?
Yes \_\_\_ No \_\_\_ Has the child ever had tubes put in his/her ears?
Yes \_\_\_ No \_\_\_ Are there any significant behaviors that may affect this child's performance in school or that may be of concern?

Please explain any "yes" answers \_\_\_\_\_

Signature of Parent/Guardian

Date

**NADABURG UNIFIED SCHOOL DISTRICT NO. 81**  
**"OUR MANDATE IS EXCELLENCE"**

32919 Center Street, Wittmann, Arizona 85361 Phone: (623) 388-2321 Fax: (623) 388-2915

**HISTORIA DE CONDICION MEDICA DEL ESTUDIANTE**

Nombre \_\_\_\_\_ Grado \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_  
 Apellido Nombre de Pila Inicial Mes/Día/Año

¿Ha tenido el niño/la niña las siguientes? ¿A cuál edad?

	EDAD/ Año		EDAD/Año
Sí ___ No ___ Artritis	_____	Sí ___ No ___ Condiciones del Corazón	_____
Sí ___ No ___ Alergias	_____	Sí ___ No ___ Hepatitis	_____
Sí ___ No ___ Asma	_____	Sí ___ No ___ Hipertensión	_____
Sí ___ No ___ Bronquitis/Pulmonía	_____	Sí ___ No ___ Enfermedad se los Riñones	_____
Sí ___ No ___ Varicela	_____	Sí ___ No ___ Osgood Schlatter's	_____
Sí ___ No ___ Fibrosis Cística	_____	Sí ___ No ___ Escarlatina	_____
Sí ___ No ___ Diabetes	_____	Sí ___ No ___ Escoliosis	_____
Sí ___ No ___ Infecciones del Oído	_____	Sí ___ No ___ Eczema	_____
Sí ___ No ___ Sinusitis	_____	Sí ___ No ___ Epilepsia/Convulsiones	_____
Sí ___ No ___ Erupciones de la Piel	_____	Sí ___ No ___ Dolores de la Garganta	_____
Sí ___ No ___ Dolores del Estómago	_____	Sí ___ No ___ Infección Estreptococal/Tonsilitis	_____
Sí ___ No ___ Tuberculosis	_____	Sí ___ No ___ Infecciones del Tracto Urinario	_____

- Sí \_\_\_ No \_\_\_ ¿Está bajo tratamiento por cualquier condición física?  
 Sí \_\_\_ No \_\_\_ ¿Toma algún tipo de medicación?  
 Sí \_\_\_ No \_\_\_ ¿Tiene restricciones de la clase de Educación Física?  
 Sí \_\_\_ No \_\_\_ ¿Ha tenido un examen psicológico?  
 Sí \_\_\_ No \_\_\_ ¿Se ha asignado alguna vez a una clase especial? (Dificultades de Aprendizaje, Lectura, Impedimiento del Habla, de la Vista o de la Audición, Problemas Emocionales, Impedimiento Físico, Otro)  
 Sí \_\_\_ No \_\_\_ ¿Ha sufrido alguna vez un accidente o un herido severo?  
 Sí \_\_\_ No \_\_\_ ¿Ha sufrido alguna vez un accidente o un herido que necesitaba la cirugía o el ingreso al hospital?  
 Sí \_\_\_ No \_\_\_ ¿Usa los lentes?  
 Sí \_\_\_ No \_\_\_ ¿Tiene dificultades de la vista?  
 Sí \_\_\_ No \_\_\_ ¿Tiene dificultades del habla?  
 Sí \_\_\_ No \_\_\_ ¿Tiene problemas de audición?  
 Sí \_\_\_ No \_\_\_ ¿Usa un audífono?  
 Sí \_\_\_ No \_\_\_ ¿Ha tenido tubos puestos en los oídos?  
 Sí \_\_\_ No \_\_\_ ¿Tiene problemas del comportamiento que puedan afectar a su progreso escolar?

Expliquen por favor si han contestado "sí" a cualquier pregunta \_\_\_\_\_

\_\_\_\_\_  
 Firma del Padre/Tutor

\_\_\_\_\_  
 Fecha



Arizona Department of Education  
Arizona Residency Documentation Form

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid U.S. passport
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

\_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Statement of Understanding:  
Registration Without an Official Transcript**

The counseling department will schedule your student based on the information you have provided during the registration process. When Mountainside High School receives and reviews the official transcript, a counselor will meet to review the information with the student. If it is determined that the student is misplaced and/or behind in credits, Mountainside High School counseling will not be liable for misplacement because the registration was based on the information provided to us during the time of registration. Please understand that the schedule may need to be changed to make sure your son/daughter is on track to graduate, and that may not be appropriate until the next semester. If a schedule change is needed, you may be contacted to schedule another meeting with the counselor.

_____ Student Printed Name	_____ Student Signature	_____ Date
_____ Parent Printed Name	_____ Parent Signature	_____ Date
_____ Counselor Printed Name	_____ Counselor Signature	_____ Date



Nadaburg Unified School District # 81

# Mountainside High School

29715 N. Crozier Rd., Wittmann, AZ. 85361

Front Office: 623-288-2800 Email: [aredondo@nadaburgsd.org](mailto:aredondo@nadaburgsd.org)

## REQUEST FOR RECORDS

Student's Name	Grade	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above student(s) has enrolled in our school. Please email or mail all health and academic records to the address given above, indicate if any special services are received. All special education/services records if applicable, are mailed to the address given below. Permission for the release of these records has been given by the undersigned parent or guardian.

*According to Federal Law, parental consent is not required to release student records from one school to another school. According to the Code of Federal Regulation, an educational agency or institution may disclose personally identifiable information from the education records of a student without the written consent of the parent of the student or the eligible student if the disclosure is to school officials, including teachers, within the educational institution or local institution or local educational institution or local educational agency who have been determined by the agency or institution having legitimate educational interests or to official of another school or school system in which the student seeks or intends to enroll.*

**Special Services Department**  
32919 Center Street  
Wittmann, AZ 85361-9416  
623-388-2321 Ext. 302

We appreciate your cooperation in the transfer of these records.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

<b>Office Use Only</b>		<b>Date</b>
Former School Name: _____	Faxed/Emailed:	1 <sup>st</sup> request _____
Phone: _____		2 <sup>nd</sup> request _____
Fax/Email: _____		3 <sup>rd</sup> request _____
Address: _____	OR	Mailed _____
_____		