

Nadaburg Unified School District #81
DESERT OASIS ELEMENTARY SCHOOL



Home of the Roadrunners!!

17161 W. Bajada Rd.

Surprise, AZ 85387

Phone: 623.288.2801

ksalamon@nadaburgsd.org

Items needed for enrollment:

Enrollment Packet

Birth Certificate (original)

Immunization Records

Proof of Residency (current utility bill, rental agreement, etc.)

Withdrawal form from former school, if applicable.

IEP or other Special Services documents

Absences or Tardiness should be reported by dialing: 623.288.2801 by 8:00 am.

Please report your student(s) absence as soon as you know your child(ren)
will not be attending school.

Any questions please free to call us.

NADABURG UNIFIED SCHOOL DISTRICT NO. 81

"QUALITY EDUCATION: EVERY STUDENT! EVERY DAY!"

☐ DESERT OASIS ELEMENTARY ☐ NADABURG ELEMENTARY ☐ MOUNTAINSIDE HIGH SCHOOL

Student	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			

Mother/Guardian	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).							

Father/Guardian	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			

Emergency	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	
Type: _____	Type: _____	In District	Type: _____	Type: _____	Date: _____	Date: _____	
Initials: _____	Initials: _____	Out of District	Initials: _____	Initials: _____	Initials: _____	Initials: _____	

Original – Office Pink – Nurse Yellow – Teacher

NUSD 08/2020



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 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** _____



Student Residency Questionnaire

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement? Yes ☐ No ☐

(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

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.

	<u>AGE/YEAR</u>		<u>AGE/YEAR</u>
Yes ___ No ___ Arthritis	_____	Yes ___ No ___ Heart Concerns	_____
Yes ___ No ___ Allergies	_____	Yes ___ No ___ Hepatitis	_____
Yes ___ No ___ Asthma	_____	Yes ___ No ___ High Blood Pressure	_____
Yes ___ No ___ Bronchitis/Pneumonia	_____	Yes ___ No ___ Kidney Disease	_____
Yes ___ No ___ Chicken Pox/Varicella	_____	Yes ___ No ___ Osgood Schlatter's	_____
Yes ___ No ___ Cystic Fibrosis	_____	Yes ___ No ___ Scarlet Fever	_____
Yes ___ No ___ Diabetes	_____	Yes ___ No ___ Scoliosis/Curvature of spine	_____
Yes ___ No ___ Frequent Ear Infections	_____	Yes ___ No ___ Eczema	_____
Yes ___ No ___ Sinusitis	_____	Yes ___ No ___ Epilepsy/Seizures	_____
Yes ___ No ___ Skin Rashes	_____	Yes ___ No ___ Frequent Sore Throats	_____
Yes ___ No ___ Stomach Problems	_____	Yes ___ No ___ Strep/Tonsillitis	_____
Yes ___ No ___ Tuberculosis	_____	Yes ___ No ___ 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

Desert Oasis Elementary School
17161 W. Bajada Rd.
Surprise, AZ 85387
623-288-2801
ksalamon@nadaburgsd.org

REQUEST FOR RECORDS

Student's Name

Grade

Date of Birth

_____	_____	_____
_____	_____	_____
_____	_____	_____

The above student(s) has enrolled in our school. Please fax, mail or email 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 the 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 institute may disclose personally identifiable information from the education records of a student without the 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 agency who have been determined by the agency or institution having legitimate educational interests or to officials 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
623.250.7746

We appreciate your cooperation in the transfer of these records.

Parent/Guardian Signature _____

Date _____

Office use Only

Date _____

Former School Name: _____

Phone: _____

Fax: _____

Address: _____

Faxed 1st request _____

2nd request _____

3rd request _____

OR mailed _____