

**ORACLE SCHOOL DISTRICT**

**(520) 896-3070**

**P.O. Box 1720**

**2618 W El Paseo**

**Oracle, AZ 85623**

**www.OSD2.ORG**



April 20, 2026

Dear Parents and Guardians for Mt. Vista K-8 School Students,

It is officially time to register your child for the upcoming 2026-2027 school year! On behalf of our teachers and staff, we thank you for choosing the Oracle Elementary School District for your child. We value the opportunity to create an educational partnership with you and your child.

Please review the important information below:

- We ask that you review and complete the **enclosed registration packet** and bring each form back to the Mt. Vista School Office before **Friday, May 15, 2026**. If your child currently attends Mt. Vista K-8 School, we welcome you back and share that it is imperative to return your completed registration packet so we can secure your child’s enrollment for the 2026-2027 school year.
- We will host a **Back to School Night** on **Tuesday, August 4, 2026** from 5:00 PM to 7:00 PM. This is a Mt. Vista tradition and a great opportunity for students and families to meet their child’s new teacher(s) and visit their classroom(s).
- The **First Day of School** for students in Grades K-8 is **Thursday, August 6, 2026**. Gates will open at 7:30 AM. Free breakfast will be available for all students from 7:30 AM to 7:55 AM in the Cafeteria each morning. School will begin promptly at 8:00 AM and will end at 2:45 PM on Mondays, Wednesdays, Thursdays, and Fridays. We will have a 12:45 PM dismissal on Tuesdays and Parent Teacher Conference days. Please review the attached 2026-2027 District Calendar for more information.

We have truly enjoyed the 2025-2026 school year and we look forward to welcoming you back for a terrific 2026-2027 school year!

Sincerely,

Crystle Nehrmeyer  
Superintendent  
520-896-3070, Option 3  
[cnehrmeyer@osd2.org](mailto:cnehrmeyer@osd2.org)

Lydia Smith  
Attendance Clerk  
520-896-3000  
[lsmith@osd2.org](mailto:lsmith@osd2.org)

**GOVERNING BOARD**

**Jodi Barczak**  
(520) 440-1410

**Sean Borland**  
(650) 703-2018

**Edie Crall**  
(520) 404-1005

**Joy Reid**  
(520) 235-2479

**Jeri Taylor**  
(253) 279-6153

Mt. Vista K -8 School

# SCHOOL REGISTRATION Checklist

## REQUIRED DOCUMENTS

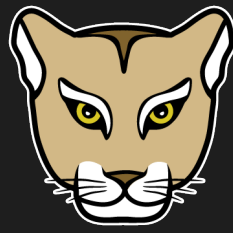
- Child's Birth Certificate
- Proof of Residency (Utility Bill, Rent Agreement, Driver's License, etc.)
- Immunization Records
- \$5.00 per student activity fee (cash, check, or money order)

## COMPLETED PAPERWORK

- 2026 -2027 Registration Form (Light Pink)
- Arizona Residency Form (White)
- Shared Residency Form (White) - *if shared residency applies*
- PHLOTE Form (White)
- Homeless Education Information Pages (White)
- Permission to Photograph (White)
- Technology Agreement (Light Blue)
- Transportation Agreement (Light Yellow)
- Alternative Form for Income-Based Eligibility - Food Service (White)
- Medical Form (Light Purple)
- Medical History Form (Gold)

## KEEP FOR YOUR REFERENCE

- 2026-2027 District Calendar



MOUNTAIN VISTA  
K-8 School

# IMPORTANT ANNOUNCEMENT

We're thrilled to share that we are not collecting Chromebook Insurance Fees of \$50.00 for the 2026-2027 School Year.

The only fee collected at registration will be a \$5.00 per student activity fee to be used towards field trips.

COUGAR PRIDE!

# ORACLE SCHOOL DISTRICT #2

2618 W. EL PASEO ORACLE, AZ 85623 PO Box 1720 ORACLE, AZ 85623

## K-8 STUDENT REGISTRATION FOR 2026-2027

A.R.S. 15-802(B) SCHOOL DISTRICTS ARE REQUIRED TO OBTAIN VERIFIABLE DOCUMENTATION OF ARIZONA RESIDENCY UPON ENROLLMENT IN AN ARIZONA PUBLIC SCHOOL.

### STUDENT INFORMATION

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE \_\_\_\_\_ Female \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

FATHER \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ Receive Text \_\_\_ Email \_\_\_\_\_

MOTHER \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ Receive Text \_\_\_ Email \_\_\_\_\_

STEP PARENT \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ Receive Text \_\_\_ Email \_\_\_\_\_

GUARDIAN \_\_\_\_\_ EMPLOYER \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_ Receive Text \_\_\_ Email \_\_\_\_\_

IS PARENT OR GUARDIAN AN ACTIVE MEMBER OF THE MILITARY? \_\_\_\_\_ Branch \_\_\_\_\_ Start Date \_\_\_\_\_ Exit date \_\_\_\_\_

**PLEASE PROVIDE ALL LEGAL DOCUMENTATION REGARDING STUDENT**

WHO IS THE PARENT(S) OR GUARDIANS STUDENT LIVING WITH? \_\_\_\_\_

IS THERE A NON-CUSTODIAL PARENT? YES \_\_\_ NO \_\_\_ If yes, a copy of the court order needs to be submitted to the office.

### SPECIAL EDUCATION INFORMATION:

*Ethnic choice; Check ONE you most closely identify with*

Was your child enrolled in any Special Education program? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_ American Indian \_\_\_\_\_ Hispanic \_\_\_\_\_ White

\_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ African American

Does your child have special needs, Speech or ESL programs? If yes, please explain:

Has your child been suspended or expelled from school for any reason? If yes, please provide information:

### **Person(s) to call if parent cannot be reached:**

<u>Name</u>	<u>Phone#</u>	<u>Consent to Receive Text</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I VERIFY THE ABOVE INFORMATION TO BE ACCURATE

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### FOR OFFICE USE ONLY

Date of Entry \_\_\_\_\_ Enrry Code \_\_\_\_\_ ( ) Birth Certificate \_\_\_\_\_ FEE: \_\_\_\_\_  
Verify DOB \_\_\_\_\_ Certified By: \_\_\_\_\_ ( ) Baptismal Certificate \_\_\_\_\_ Extra Curricular \_\_\_\_\_  
School ID \_\_\_\_\_ Unique ID \_\_\_\_\_ ( ) Other \_\_\_\_\_



**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 Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)
- \_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- \_\_\_\_\_ 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

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona**  
**Affidavit of Shared Residence**

Student Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

School Name: \_\_\_\_\_

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

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

## Acknowledgement

State of Arizona

County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_ day of \_\_\_\_\_, 20 \_\_,

By \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_

Notary Public



## 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)



State of Arizona  
Department of Education



Office of English Language Acquisition Services

**Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)**  
**Encuesta sobre el Idioma en el Hogar**  
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** \_\_\_\_\_

2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** \_\_\_\_\_

3. **¿Cuál fue el primer idioma que aprendió el estudiante?** \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ Distrito  
Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ SSID \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito o Charter \_\_\_\_\_

Escuela \_\_\_\_\_

-----  
Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please indicate the student's home or primary language. (Revised 01-2019)



# Homeless Education

## The Educational Rights of Homeless Children and Youths

The LEA shall provide an educational environment that treats all students with dignity and respect. Every student experiencing homelessness shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of children, youth, and unaccompanied youth experiencing homelessness applies to all services, programs, and activities provided or made available by the LEA.

### McKinney-Vento Definition of Homeless:

***The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [\[42 U.S.C. § 11434a\(2\)\]](#).***

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if presently living in one of the following situations:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,  
Living in emergency or transitional shelters; or are abandoned in hospitals,
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,  
Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- Is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Homeless Assistance Act mandates the following:

**Immediate Enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

**School Selection and Maintained Enrollment:** McKinney-Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend [42 U.S.C. §§11432(g)(3)(A); (g)(3)(B); (g)(3)(I)(i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

**Transportation Services:** McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

**Participation in Programs:** McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §§11432(g)(4); (g)(6)(iii)].


**Unaccompanied Youth Experiencing Homelessness:** McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

**Access to Extracurricular Activities:** Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

**Dispute Resolution:** If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a dispute with the school district by contacting the McKinney-Vento Homeless Liaison within seven (7) business days of receiving the written eligibility determination notification [42 U.S.C. §11432(g)(3)(E)].

**Appointment of a McKinney-Vento Homeless Liaison:** The McKinney-Vento Homeless Assistance Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §§11432(g)(1)(J)(ii); (g)(6)(A)].

For more information, refer to [Arizona Department of Education Homeless Education Program, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths](#), and [the Arizona ESEA Consolidated State Plan](#). You may also contact:

<p><b>LEA Homeless Liaison</b></p> <p>LEA Name</p> <p>LEA Homeless Liaison Office Address</p> <p>LEA Homeless Liaison Phone Number</p> <p>LEA Homeless Liaison Email address</p>	<p><b>State Homeless Education Program Coordinator</b></p> <p>Arizona Department of Education</p> <p>1535 W. Jefferson Street</p> <p>Phoenix, AZ 85007</p> <p>(602) 542-4963</p> <p><a href="mailto:Homeless@azed.gov">Homeless@azed.gov</a></p> 
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# Homeless Education

## Arizona 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

Please Complete This Form

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 due to the loss of housing? Yes  No

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

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

**Section B**

Name of the parent/guardian/adult caring for the student: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes  No

**Please place an "X" in each box that best describes where the student sleeps at night.**

- In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reason  
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)  
What date did you begin staying here? \_\_\_\_\_
- In a shelter/transitional housing program (name of agency): \_\_\_\_\_  
What date did you begin staying here? \_\_\_\_\_
- In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)  
Provide the main cross streets of this unsheltered location: \_\_\_\_\_
- In a hotel/motel (name of hotel/motel & address) \_\_\_\_\_  
What date did you begin staying here? \_\_\_\_\_
- With an adult that is not a parent or court appointed legal guardian
- Alone, not in the care of a parent or court appointed legal guardian
- None of the above (Please explain): \_\_\_\_\_

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

\_\_\_\_\_  
Signature of Person Providing Information  
Parent/Legal guardian/Caregiver/Student

\_\_\_\_\_  
Date

**For School Use Only**

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: \_\_\_\_\_

Please check the housing types that apply:

Sheltered  Doubled-up  Unsheltered/FEMA/Substandard  Hotel/Motel

Unaccompanied youth: Yes  No  Transportation to school of origin needed: Yes  No

Date received by Homeless Liaison  _____
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## Permission to Photograph and Publish 2026-2027 School Year

By signing this form, I give the Oracle Elementary School District permission to photograph my child and use my child's photograph, name, and grade level for use in the school yearbook, newsletters, website, local newspapers, and school Facebook account.

I understand that if I do not grant permission to the District, my child's name and/or photograph(s) will not be included in any of the publications listed above.

Legal Parent/Guardian Name: \_\_\_\_\_

Legal Parent/Guardian Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Please use the space below for any specific information you would like to share with the school, including for example, if you grant permission for your child to be included in school publications but not local newspapers, etc. Thank you!



## Student Guidelines for Appropriate Use of Technology Resources Acceptable Use Policy

Oracle Elementary School District is deeply committed to utilizing technology as an educational tool. The internet and devices on our network are used to support the educational objectives of the District. Use of these technologies is a privilege and is subject to the following terms and conditions:

1. Communication – I will make appropriate decisions when communicating and will not send or share mean or inappropriate content. I will participate in collaboration while using effective participation skills. I will be mindful of what I post and not use profanity or language that is inappropriate.
2. Privacy and Safety – I am aware that anything I do online or electronically is not private and can be monitored. I will seek help if I feel unsafe, bullied or witness any form of unkind behavior including cyberbullying.
3. Learning – I will do my best. I understand some websites are inappropriate and I will not search for words that are not related to my academics.
4. Respect – I will follow all copyright rules and give credit when it is needed. I will respond thoughtfully to the opinions, ideas and values of others. I will take proper care of all equipment including district provided and personal devices. I will report misuse and/or inappropriate content to my teachers.

### Students:

I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Oracle Elementary School District's technology values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior. I will not engage in activities that are in violation of the Technology Acceptable Use Policy. I understand that any violation of the Acceptable Use Policy is unethical and may result in consequences outlined in the Student Code of Conduct and/or state and federal law.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardians:

I understand that the Oracle Elementary School District encourages parents and guardians to supervise and monitor their child's online activity. I accept full responsibility if and when my child's use of technology is not in a school setting and understand that my child is subject to the same rules and agreements while not at school. I understand that the District encourages parents and guardians to supervise and monitor any online activity. I understand that any violation of the Acceptable Use Policy is unethical and may result in consequences outlined in the Student Code of Conduct and/or state and federal law.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Oracle School District Transportation Agreement  
Mountain Vista K-8 School  
2026-2027 School Year**



As the parent/guardian of a student at Mountain Vista K-8 School, I acknowledge and agree to the following transportation policies:

**1. Residency Requirement**

School bus transportation is provided only to students who reside within the Oracle School District boundaries. The only exemption is for Open Enrollment students on a school-sponsored field trip or athletics event.

**2. Transportation as a Privilege**

School bus transportation is a privilege, not a right. Students are expected to follow all bus safety rules and driver instructions at all times. Unsafe or inappropriate behavior may result in suspension or revocation of bus transportation privileges.

**3. Parent/Guardian Required at Bus Stop**

For the safety of our youngest students, a parent or authorized guardian must be present at the designated bus stop at the scheduled pick-up and drop-off time for students in Kindergarten, First Grade, and some students with special needs. Kindergarten, First Grade, and select students with special needs will not be released from the bus unless a parent or authorized guardian is visibly present.

If a parent or authorized guardian is not present at the bus stop for student pickup more than once, school bus transportation services will be discontinued for that student for the remainder of the school year or as determined by school administration.

**4. Transportation Home or to Childcare**

School bus transportation is reserved for student transportation to school and either home from school or to childcare. We are not permitted to transport students to the homes of friends, etc. Bus Passes will not be granted for addresses other than the child's residence or childcare.

**Authorization**

I have read, understand, and agree to comply with the Transportation Policies outlined above. I understand that failure to comply with these policies may result in suspension or termination of my child's transportation services.

Parent/Guardian Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_



## Oracle School District Transportation Request Form

### Student Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

Medical History/Allergies: \_\_\_\_\_

### Parent/ Guardian Information:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_

Contact Number 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address if different from student: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_

Contact Number 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address if different from student: \_\_\_\_\_

### Transportation Request Details:

Pick up location if different from student address up to two:

1. \_\_\_\_\_

2. \_\_\_\_\_

Drop off location if different from student address up to two:

1. \_\_\_\_\_

2. \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Can student be left at bus stop without adult or siblings? YES or NO

**NO LONGER PROVIDING BUS PASS TO FRIENDS HOUSE DUE TO  
OVERCROWDING ON BUSES.**



# Alternative Form for Income-Based Eligibility

The Arizona Department of Education provides the following Fiscal Year 2026 Income Guidelines for determining income eligibility for a various state and federal programs. This form should be utilized by households with students that attend schools that do not offer the National School Lunch Program (NSLP) or by households with students that attend schools operating a special provision option in a non-base year for the NSLP. Organizations should retain completed forms for a period of five years.

**Definition of Income:** all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits, unemployment compensation, worker’s compensation, aid for dependent children, alimony, child support, pensions, insurance, or annuity payments, etc.

**Exclusion:** the value of meals, milk, or EBT benefits to children shall NOT be considered income in the household.

Is your household at or below the current income guidelines based on the attached Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act Income Eligibility Guidelines Schedule?

Yes, Income Eligibility 2 (Indicator 2 in AzEDS):	<input type="checkbox"/>
Yes, Income Eligibility 1 (Indicator 1 in AzEDS):	<input type="checkbox"/>
No:	<input type="checkbox"/>

If your household qualifies, please complete the following information for each student:

**Student’s Name**

**Name of School**

\_\_\_\_\_

Eligibility status is only recognized from the date of the signature until the end of the respective school year.

I hereby certify that all the above information is true and correct:

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

Date: \_\_\_\_\_

## Income Eligibility Guidelines: July 1, 2025 to June 30, 2026

### Income Eligibility 1

#### HOW OFTEN INCOME WAS RECEIVED

Family Size	Yearly	Monthly	2x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	\$20,345	\$1,696	\$848	\$783	\$392
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354
<b>Each Additional Member Add:</b>	<b>+\$7,150</b>	<b>+\$596</b>	<b>+\$298</b>	<b>+\$275</b>	<b>+\$138</b>

### Income Eligibility 2

#### HOW OFTEN INCOME WAS RECEIVED

Family Size	Yearly	Monthly	2x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
<b>Each Additional Member Add:</b>	<b>+\$10,175</b>	<b>+\$848</b>	<b>+\$424</b>	<b>+\$392</b>	<b>+\$196</b>

If all income is received on the same schedule  
 Example: alimony = \$100 / month & pension = \$300/month

DO NOT use conversion factors

If family reports income sources from more than one schedule  
 Example: alimony = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Yearly income = Monthly x 12  
 Yearly income = Twice Per Month (Bi-Monthly) x 24  
 Yearly Income = Every Two Weeks (Bi-Weekly) x 26  
 Yearly Income = Week x 52

DO NOT round the values resulting from each conversion.

# MOUNTAIN VISTA SCHOOL

## Over the Counter Medication Consent Form 2026-2027

I hereby authorize and give my consent for the person designated by the administrator, to give the age appropriate dose of the below named over the counter medications as directed to my child: \_\_\_\_\_ grade \_\_\_\_\_

- ✓ **Check those medications you give permission for your child to receive through the Health Office to get them temporarily thru the day.**

**Note:** Generic Medications given when possible. All meds listed may or may not be available

- Tums 1-2 for heartburn, gas or mild upset stomach
- Acetaminophen (Tylenol) 1 -2 tab for mild headache or pain
- Ibuprofen (Advil/Motrin) 1-2 tab for menstrual pain or musculoskeletal pain
- Cough Drops 1-2 for cough
- Diphenhydramine (Benadryl) 1 tab for bite/sting or rash/hives
- Sunscreen absorbs or reflects some of the sun's ultraviolet radiation
- Eye drops due to treat itching due to allergies

Route of administration: to be given by mouth

Amount to be given: Age/wt. appropriate dose

Time of day to be given: as needed during school hours

Other OTC Medication(s): \_\_\_\_\_

(Provided by Parent)

This will need to arrive in its **original, unopened** container/box and will be administered as directed above. **Parent/Guardian understands medications remaining after the last day of school year will be discarded.**

**ALLERGIC TO ANY MEDICATION? YES or NO If so, please list** \_\_\_\_\_

Please list any health conditions that your child is diagnosed with, ie, asthma, seizures, etc.

\_\_\_\_\_

X \_\_\_\_\_

Signature (Parent/Guardian)

\_\_\_\_\_

Date

**\*\*\*ATTENTION: FOR ANAPHYLAXIS (EPI-PEN), ASTHMA (INHALERS) DIABETES USE ONLY\*\*\***

Students are not allowed to carry and self-administer any medications. **Exceptions: medication for diagnosed anaphylaxis (Epi Pen), breathing disorders requiring hand held inhaler devices and diabetic supplies. They must have a prescription label on the actual Epi Pen or Inhaler.**

\*Please ask the pharmacist to print an extra label for this purpose.

\*Any prescribed medication, must have Permission to Administer during school hours form, filled out by physician as well.

I, the undersigned Parent/Guardian, release the school district and its employees, agents and officers of any responsibility in safeguarding the student's inhaler, Epi-Pen or diabetic supplies.

**SIGN HERE** to authorize student to store in health office, carry/self-administer inhaler, Epi-Pen or diabetic supplies

\_\_\_\_\_

Signature (Parent/Guardian)

\_\_\_\_\_

Date

# **ORACLE SCHOOL DISTRICT**

**2026-2027**

## **MEDICAL HISTORY/ Historio Medico**

Student's Name (Nombre del estudiante): \_\_\_\_\_ Date (Fecha): \_\_\_\_\_  
School (Escuela): \_\_\_\_\_ Birth Date (Fecha de nacimiento): \_\_\_\_\_  
Grade (Grado en escuela): \_\_\_\_\_

We request that you complete this form entirely. It will help us insure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential.

Es necesario llenar esta forma completamente. Nos ayuda a asegurar que el estudiante reciba ayuda necesario. Esta info er mantenida confidencial.

**Please check the following if any apply to your son/daughter:**  
**Indique por favor si cualesquiera de estas condiciones medicas se aplican a su hijo o hija**

<b>Illness (Enfermedades)</b>	<b>Circle YES or No (Encierra si o no)</b>	<b>Date of Diagnosis MO/YR (Fecha del diagnostico)</b>	<b>Comments: (Comentario)</b>
Chicken Pox/Varicella disease (Varicela o Viruela loca)	Yes or No		
Asthma (Asma)	Yes or No		
Diabetes (Diabetis)	Yes or No		
Seizure disorders (Convulsiones)	Yes or No		
Heart Condition (Condicion del corazon)	Yes or No		
Urinary problem (Condicion urinario)	Yes or No		
Orthopedic problem (Problema ortopedico)	Yes or No		
Skin condition (Condicion de la piel)	Yes or No		
Hearing problem (Problemas de oido)	Yes or No		
Frequent headaches or migraines (Los Dolores de cabeza o migrana frecuentes)	Yes or No		
Surgeries(Cirugia)	Yes or No		
Wears glasses or contacts (Unsan lentes o lentes de contacto)	Yes or No		
Allergies ( Please list all food, edication Other) (Alergia (incluir comida, medica Otras cosas que causan alegias),	Yes or No		

Doctor's Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

Does student have any medical concerns, allergies, or chronic illnesses: If yes, please specify: \_\_\_\_\_

Does child take medication on a regular basis? If yes, please specify \_\_\_\_\_







Incase of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

Form completed by: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_  
Parent or legal court ordered guardian signature

\_\_\_\_\_  
Date

		July 2026									January 2027							
		S	M	T	W	T	F	S			S	M	T	W	T	F	S	
July 3 – Independence Day Holiday 30 – New Teachers Report 31 – Teachers Report					1	2	3	4	January 4 – School Resumes 18 – Dr. Martin Luther King Jr. Holiday 22- 100 <sup>th</sup> Day of School School Days: 19							1	2	
		5	6	7	8	9	10	11			3	4	5	6	7	8	9	
		12	13	14	15	16	17	18			10	11	12	13	14	15	16	
		19	20	21	22	23	24	25			17	18	19	20	21	22	23	
		26	27	28	29	30	31				24/31	25	26	27	28	29	30	
August 5 – 10-Month Staff Report 6 – First Day of School K-8 10 – First Day of Preschool School Days: 18	August 2026									February 2027								
		S	M	T	W	T	F	S	February 25-26 – Rodeo Break School Days: 18			S	M	T	W	T	F	S
								1					1	2	3	4	5	6
		2	3	4	5	6	7	8			7	8	9	10	11	12	13	
		9	10	11	12	13	14	15			14	15	16	17	18	19	20	
September 7 – Labor Day Holiday School Days: 21	September 2026									March 2027								
		S	M	T	W	T	F	S	March 15-19 – Spring Break 29 – Easter Monday School Days: 17			S	M	T	W	T	F	S
				1	2	3	4	5					1	2	3	4	5	6
		6	7	8	9	10	11	12			7	8	9	10	11	12	13	
		13	14	15	16	17	18	19			14	15	16	17	18	19	20	
October 1 – 40 <sup>th</sup> Day of School 12-16 – Fall Break School Days: 17	October 2026									April 2027								
		S	M	T	W	T	F	S	April School Days: 22			S	M	T	W	T	F	S
						1	2	3							1	2	3	
		4	5	6	7	8	9	10			4	5	6	7	8	9	10	
		11	12	13	14	15	16	17			11	12	13	14	15	16	17	
November 11 – Veteran’s Day Holiday 25-27 – Thanksgiving Holiday School Days: 17	November 2026									May 2027								
		S	M	T	W	T	F	S	May 19 – 8 <sup>th</sup> Grade Promotion 20 – Last Day of School 21 – Teacher Work Day 25- Memorial Day Holiday School Days: 14			S	M	T	W	T	F	S
		1	2	3	4	5	6	7									1	
		8	9	10	11	12	13	14			2	3	4	5	6	7	8	
		15	16	17	18	19	20	21			9	10	11	12	13	14	15	
December 17 – Last Day of School 18 – Teacher Work Day 21-31 – Winter Break School Days: 13  Fall Semester School Days: 86	December 2026									June 2027								
		S	M	T	W	T	F	S	June  Spring Semester School Days: 90			S	M	T	W	T	F	S
				1	2	3	4	5					1	2	3	4	5	
		6	7	8	9	10	11	12			6	7	8	9	10	11	12	
		13	14	15	16	17	18	19			13	14	15	16	17	18	19	

	K-8 School Days – 8:00 AM to 2:45 PM
	K-8 Early Dismissal Days – 8:00 AM to 12:45 PM
	Paid District Holidays – School and all Offices closed
	School Holidays – School closed, work day for District Office and 12-month employees
	Teacher Work Days – No School for students, School Office and District Office open, work day for teachers and 12-month employees
	Staff Work Day – No School for students, work day for 10 and 12-month employees

**K-8 Grading Periods:**

- Quarter 1 – August 6 – October 9 (46 school days)
- Quarter 2 – October 19 – December 17 (40 school days)
- Quarter 3 – January 4 – March 12 (47 school days)
- Quarter 4 – March 22 – May 20 (43 school days)

**Parent and Teacher Conferences:**

- Quarter 1 – September 28 – October 2, 2026
- Quarter 2 – December 7-11, 2026
- Quarter 3 - March 1-5, 2027