



THANK YOU FOR CHOOSING **Mountain Vista K-8 School** 2022-2023 SCHOOL YEAR

What Makes Mountain Vista Unique?

Experienced and creative teachers
Dedicated and encouraging staff
Caring volunteers and families
Active and knowledgeable Governing Board
1:1 Chromebooks and tablets for all students
Art Education available for all students
Tech Academy available for all students
Physical Education available for all students
Music Education available for all students
Positive Behavior Interventions and Supports (PBIS)
Research-Based Curriculum
Gifted Education Program
Inclusion-Based Special Education Program
Advanced courses available for high school credit
Extended School Day Enrichment Programs, Clubs
Community Schools Athletics for Grades K-6
School Athletics for Grades 6-8
Student Council for Grades 6-8
National Junior Honor Society for Grades 6-8
Federal Free and Reduced Lunch Program
Free Preschool for 3 and 4 year old children
New school buses and campus renovation projects
\$13.2 Million Capital Bond Passed in 2019
Support from the Oracle Schools Foundation
Small Town Roots, Global Expectations



Registration Fees for the 2022-2023 School Year

\$5.00 Student Activity Fee

Allows each student in Grades K-8 to participate in a variety of educational field trips during the school year.

\$50.00 ChromeBook

Non-refundable Deposit for Grades 5-8

(\$30.00 for students who have a hardship.)



MOUNTAIN VISTA
K-8 School

ORACLE SCHOOL DISTRICT #2

2618 W. EL PASEO ORACLE, AZ. 85623 P.O. Box 1720 ORACLE, AZ. 85623

STUDENT REGISTRATION FOR 2022-2023

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 INFORMATION

FATHER _____ EMPLOYER _____ WORK _____ CELL _____ Email _____

MOTHER _____ EMPLOYER _____ WORK _____ CELL _____ Email _____

STEP PARENT _____ EMPLOYER _____ WORK _____ CELL _____ Email _____

GUARDIAN _____ EMPLOYER _____ WORK _____ CELL _____ 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:

Was your child enrolled in any Special Education program? If yes, please explain:

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>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I VERIFY THE ABOVE INFORMATION TO BE ACCURATE

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Date of Entry _____ Entry Code _____ () Birth Certificate

Verify DOB _____ Certified By: _____ () Baptismal Certificat

() 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)

_____ 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)

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

INFORMATION FOR SCHOOL-AGE YOUTH



IF YOU LIVE IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

You may qualify for certain rights and protections under the federal McKinney-Vento Act.

Eligible students have the right to:

- Receive a free, appropriate public education.
 - Enroll in school immediately, even if lacking documents normally required for enrollment.
 - Enroll in school and attend classes while the school gathers needed documents.
 - Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is their preference.
- * If the school district believes that the school selected is not in his/her best interest, then the district must provide the student with a written explanation of its position and inform the student of his/her right to appeal its decision.
- Receive transportation to and from the school of origin, if requested.
 - Receive educational services comparable to those provided to other students, according to the students' needs.

If you believe you may be eligible, contact the local liaison to find out what services and supports may be available.



Local Liaison

State Coordinator

If you need further assistance with your educational needs,
contact the National Center for Homeless Education:

1-800-308-2145 ★ homeless@serve.org ★ <http://nche.ed.gov>

INFORMACIÓN PARA LOS JÓVENES DE EDAD ESCOLAR



SI VIVES EN CUALQUIERA DE LAS SITUACIONES SIGUIENTES:

En un albergue



En un motel o un sitio para acampar debido a la falta de una alternativa adecuada



En un auto, un parque, un edificio abandonado, o una estación de trenes o de autobuses



Compartiendo la vivienda de otras personas debido a la pérdida de tu casa
o a una dificultad económica

Podrías calificar para recibir ciertos derechos y protecciones bajo la ley federal McKinney-Vento.

Estudiantes elegibles tienen derecho a:

- Recibir una educación pública gratuita y apropiada.
- Inscribirse en la escuela inmediatamente, aunque falten documentos normalmente requeridos para la inscripción.
- Inscribirse y asistir a clases mientras que la escuela obtiene los documentos necesarios.
- Inscribirse en la escuela local; o continuar asistiendo a la escuela de origen (la escuela a la cual asistió el estudiante cuando tenía una residencia permanente, o la última escuela en la cual estaba inscrito), si esto es su preferencia.

* Si el distrito escolar cree que la escuela escogida no es la mejor para el estudiante, el distrito tiene que darle al estudiante una explicación escrita de su posición e informarle de su derecho de apelar su decisión.

- Recibir transporte a/de la escuela de origen, si se lo pide.
- Recibir servicios educacionales comparables a los que están provistos para otros estudiantes, según la necesidad del estudiante.

Si crees que podrías ser elegible, contacta al oficial para la educación de los niños y jóvenes sin hogar del distrito escolar para averiguar los servicios y ayudas que podrían estar disponibles.



Oficial para la educación de los niños y jóvenes sin hogar

Coordinador estatal

Si necesitas ayuda adicional con tus necesidades educacionales, contacta al
Centro Nacional de Educación para los Niños y Jóvenes sin Hogar
1-800-308-2145 * homeless@serve.org * <http://ncche.ed.gov>



Permission to Photograph and Publish 2022-2023 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: _____

MOUNTAIN VISTA SCHOOL

School Health Office 520.896.3000

Over the Counter Medication Consent Form 2022-2023

I hereby authorize and give my consent for the school health aide or 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

- ◇ Antacid (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

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 diabetes. 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 safe-guarding the student's inhaler, Epi-Pen, or diabetic supplies.

SIGN HERE for medication to be stored in Health Office and administered by staff.

OR SIGN HERE to authorize students to carry/self Administer inhaler, Epi-Pen or diabetic supplies

Signature Parent/Guardian Date

Signature Parent/Guardian Date

ORACLE SCHOOL DISTRICT

2022-2023

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 informacion sera 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

Illness (Enfermedades)	Circle YES or No (Encierra si o no)	Date of Diagnosis MO/YR (Fecha del diagnostico)	Comments: (Comentario)
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 migraña frecuentes)	Yes or No		
Surgeries(Cirugia)	Yes or No		
Wears glasses or contacts (Usa lentes o lentes de contacto)	Yes or No		
Allergies (Please list all food, medication, etc.) Other) (Alergia (incluir comida, medicacion, etc.) Otras cosas que causan alergias),	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