



## Nadaburg Elementary School

"Discovering the Gifts of Every Child!"

21419 W. Dove Valley Rd

Wittmann, AZ 85361

623.388.2321 623.388.2204

Ms. Alysia Wells  
Proud Principal

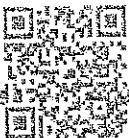
Welcome to Nadaburg Elementary, home of the Sidewinders.

The following items must be returned  
to complete the registration... *including this form.*

- Enrollment Packet (attached)
- Original Birth Certificate (must show original)
- Current Immunization Record
- Proof of Residency (current utility bill, rental or purchase agreement with parent/guardian name on it)
- Picture ID of Parent or Legal Guardian (*Legal documentation* required for Guardianship)
- Withdrawal Form from previous school.
- Copy of *most recent* IEP/documentation from previous school if applicable

### OFFICE USE ONLY BELOW THIS LINE

- Birth Certificate (*Original*)
- Immunization Record
- Parent/Guardian Picture ID
- Proof of Residency
- Withdrawal Form from Previous School
- Copy of most recent IEP (*if applicable*)



NES Website



Virtual Backpack



Teachers



Sidewinders Backpack



Nadaburg Education Foundation

**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
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?**

\_\_\_\_\_

**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)



## 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?

---

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

---

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

---

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 matricula 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 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 ___ Asthna	_____	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 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 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?

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Firma del Padre/Tutor \_\_\_\_\_  
 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 #31  
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

Por favor regresa a su escuela

Nadaburg Unified School District #81

Nadaburg Elementary School

21419 W. Dove Valley Rd.

Wittmann, AZ. 85361

Phone: 623-388-2321 • Fax: 623-388-2204

REQUEST FOR RECORDS

Student's Name

Grade

Date of Birth

_____	_____	_____
_____	_____	_____
_____	_____	_____

The above student(s) has enrolled in our school. Please fax 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 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  
623.388.2321 ext. 302

We appreciate your cooperation in the transfer of these records.

Parent/Guardian Signature

Date

Office Use Only		Date
Former School Name: _____	Faxed: <input type="checkbox"/> 1 <sup>st</sup> request	_____
Phone: _____	<input type="checkbox"/> 2 <sup>nd</sup> request	_____
Fax: _____	<input type="checkbox"/> 3 <sup>rd</sup> request	_____
Address: _____	OR <input type="checkbox"/> Mailed	_____
_____		





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