



January 2022

Dear Parents:

Thank you for choosing to send your student to Mountainside High School. We are honored by the trust you have placed in us!

Per district policy, families who participate in Open Enrollment must complete and submit an application each year. Open Enrollment applications for the 2022/2023 school year are due on or before **February 1, 2022** for guaranteed placement. Applications received after February 1, may result in being placed on a waiting list dependent on enrollment capacity. (Please see attached Open Enrollment Requirements) Please complete and return the attached Open Enrollment request form before **February 1, 2022**.

Please note that the Arizona Interscholastic Association regulates eligibility for high school athletes. A change in school attendance may impact a student's eligibility. Please contact our Athletic Director to determine your student's athletic eligibility at 623-388-2111. Additionally, please note that transportation for the student may be the responsibility of the parent/guardian and that student parking may not be available on the high school campus.

We look forward to having your student return for another exciting year at Mountainside High School!

Sincerely,

Dr. Kathryn Strevell, Principal

NADABURG UNIFIED SCHOOL DISTRICT No. 81

"Quality Education: Every Student! Every Day!"

32919 Center Street, Wittmann, Arizona 85361 Phone: (623) 388-2100 Fax: (623) 388-2915

Open Enrollment Requirements

Per District Policy, Open Enrollment Applications must be submitted on or before February 1 of each year to be considered for enrollment during the following school year.

This document contains information on the Open Enrollment selection process, additional information is available via the district website, www.nadaburghsd.org, or upon request.

Selection Process

All applicants will be accepted if there is sufficient capacity. If there is insufficient capacity, applicants will be selected from the submitted applications for enrollment in a school in accordance with a random selection process except where policy may indicate otherwise. After March 1, pupils shall be selected for enrollment from the waiting list in the order in which the pupils were placed on the waiting list through the random selection process, or as otherwise provided by policy.

Enrollment Priorities

If the Governing Board has determined that there is excess capacity to enroll additional pupils, such pupils shall be selected on the basis of designated priority categories from the pool of pupils:

- Who have properly completed and submitted applications; and
- Who meet admission standards.

Enrollment priorities and procedures for selection shall be in the order and in accordance with the following:

- Enrollment preference shall be given to nonresident pupils who were enrolled in the school the previous year and any sibling who would be enrolled concurrently with such pupils. If capacity is not sufficient to enroll all of these pupils, they shall be selected through a random selection process adopted by regulation of the Superintendent.
- Enrollment preference shall be given to nonresident pupils who were not enrolled in the school the previous year. If capacity is not sufficient to enroll all of these pupils, they shall be selected through a random selection process adopted by regulation of the Superintendent.

Enrollment preference may be given to children who are in foster care.

Admission Standards

A school district may refuse to admit any pupil who has been expelled from another educational institution or who is in the process of being expelled from another educational institution.

Open enrollment approval and notification will be done on a Year-by-Year basis and will be reviewed each new school year.

32919 Center Street, Wittmann, Arizona 85361 Phone: (623) 388-2100 Fax: (623) 388-2915

Desert Oasis Elementary Nadaburg Elementary Mountainside High School

Nadaburg Unified School District Open Enrollment Request 2022/2023

Student's name _____
Last First M.I.
Current grade _____ DOB _____ Home phone _____
Work phone _____ Message phone _____
Parent's Name _____
Last First M.I.
Home address _____
Street City Zip
E-mail address _____
The above-named student: ☐ resides outside the School District; or
☐ resides within the School District

Present school of attendance

School _____ District _____
City _____ County _____

Request assignment to _____ **School**

Is the above-named student:

☐ Yes ☐ No Has your child been suspended (out of school) this year?

☐ Yes ☐ No Currently subject to expulsion or long-term suspension from a school or school district?

☐ Yes ☐ No ☐ N/A In compliance with conditions imposed by a juvenile court?

☐ Yes ☐ No ☐ N/A In compliance with a condition of disciplinary action in any school or school district?

☐ Yes ☐ No In a special program such as ELL, Title I, Gifted, Special Education? Which? _____

The following conditions apply to the open-enrollment program:

1. An attendance application must be completed and submitted each year.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels and class size standards per District Policy.
3. The parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.
4. Transportation for the student may be the responsibility of the parent or legal guardian.

Desert Oasis Elementary Nadaburg Elementary Mountainside High School

5. Providing false information on this form may result in the application being denied or admission being revoked.

NOTE: All approved open enrollment transfers are reviewed annually. Continued enrollment is based upon compliance with all school regulations regarding conduct, academic progress, attendance, and/or school capacity (see governing board policy JFB; JFB-E; IIB; IIB-R). An approved open enrollment may be revoked if a student fails to comply with all school regulations.

The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled.

Signature of Parent or Legal Guardian

Date

FOR DISTRICT USE ONLY . DO NOT WRITE BELOW THIS LINE

Student number _____ **Date stamp** _____

☐ Accepted Principal of Home School (in-district only) _____

☐ Accepted ☐ Placed on waiting list Principal _____

☐ Rejected - Reason for rejection _____

☐ Accepted ☐ Rejected Superintendent _____

Copies sent by school to applicant.

Date sent _____

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			
	<p>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).</p>							
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: _____	



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 matrícula sobre la participación Excepcional de Servicios Estudiantiles.

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

Nombre Del Estudiante:

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

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

Nombre de la Escuela Anterior:

<input type="checkbox"/> Sí <input type="checkbox"/> No	Su hijo alguna vez recibió Servicios de Educación Especial en el pasado, pero ya no está en la necesidad de estos servicios?
---	--

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

Nombre de la Escuela Anterior:

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

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

Comentarios/preocupaciones: _____

Firma _____ **Fecha** _____

Nadaburg Unified School District #81
McKinney-Vento Eligibility Questionnaire

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

1. Is your current address a temporary living arrangement? YES ____ NO ____

2. Is your temporary address due to loss of housing or economic hardship? YES ____ NO ____

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

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

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

NAMES OF ADULTS IN THE HOME	RELATIONSHIP TO CHILD

NAME OF CHILDREN IN THE HOME	SCHOOL	GRADE	AGE

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

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

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

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

* False claims about living situations may affect enrollment.

Signature _____

Date _____

Phone Number _____

Please return to your Home School

Nadaburg Unified School District #81
Elegibilidad bajo el decreto McKinney_Vento

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

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

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

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

LOS ADULTOS EN EL HOGAR	RELACION CON ALUMNO/A

NAME OF CHILDREN IN THE HOME	SCHOOL	GRADE	AGE

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

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

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

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

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

Firma _____

Fecha _____

Número de teléfono _____

NADABURG UNIFIED SCHOOL DISTRICT NO. 81

"OUR MANDATE IS EXCELLENCE"

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

Name _____ Grade _____ DOB _____
Last Middle First Month/Day/Year

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

AGE/YEAR

AGE/YEAR

Yes ___ No ___ Arthritis _____
Yes ___ No ___ Allergies _____
Yes ___ No ___ Asthma _____
Yes ___ No ___ Bronchitis/Pneumonia _____
Yes ___ No ___ Chicken Pox/Varicella _____
Yes ___ No ___ Cystic Fibrosis _____
Yes ___ No ___ Diabetes _____
Yes ___ No ___ Frequent Ear Infections _____
Yes ___ No ___ Sinusitis _____
Yes ___ No ___ Skin Rashes _____
Yes ___ No ___ Stomach Problems _____
Yes ___ No ___ Tuberculosis _____

Yes ___ No ___ Heart Concerns _____
Yes ___ No ___ Hepatitis _____
Yes ___ No ___ High Blood Pressure _____
Yes ___ No ___ Kidney Disease _____
Yes ___ No ___ Osgood Schlatter's _____
Yes ___ No ___ Scarlet Fever _____
Yes ___ No ___ Scoliosis/Curvature of spine _____
Yes ___ No ___ Eczema _____
Yes ___ No ___ Epilepsy/Seizures _____
Yes ___ No ___ Frequent Sore Throats _____
Yes ___ No ___ Strep/Tonsillitis _____
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 de Pila Inicial Mes/Día/Año

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

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

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

Explíquen por favor si han contestado "sí" a cualquier pregunta _____

Firma del Padre/Tutor

Fecha

NUSD#81 08/09



Nadaburg Unified School District # 81

Mountainside High School

32919 Center Street Wittmann, AZ. 85361

Front Office: 623-388-2111 Email: cbedoy@nadaburgsd.org

REQUEST FOR RECORDS

Student's Name

Grade

Date of Birth

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Special Services Department

32919 Center Street
Wittmann, AZ 85361-9416
623-388-2321 Ext. 302

We appreciate your cooperation in the transfer of these records.

Parent/Guardian Signature

Date

Office Use Only

Former School Name: _____

Phone: _____

Fax/Email: _____

Address: _____

Faxed/Emailed: 1st request _____

2nd request _____

3rd request _____

OR Mailed _____

Date

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

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

<hr/> Student Printed Name	<hr/> Student Signature	<hr/> Date
<hr/> Parent Printed Name	<hr/> Parent Signature	<hr/> Date
<hr/> Counselor Printed Name	<hr/> Counselor Signature	<hr/> Date



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

Registration Checklist

- ☐ Proof of Residence - Utility Bill
- ☐ Proof of Residence - Lease Agreement/Mortgage Statement/Tax Document
- ☐ Drivers License
- ☐ Immunization Record
- ☐ Birth Certificate
- ☐ Custody/Guardianship Documents
- ☐ Withdrawal Form
- ☐ Transcript/Report Card

- ☐ Course Selection Card
- ☐ Honors and AP Agreement
- ☐ Official Transcript Statement of Understanding
- ☐ New Pupil Registration Form (online)
- ☐ Proof of Residence Form (online)
- ☐ McKinney-Vento Eligibility Questionnaire (online)
- ☐ PHLOTE - Primary Home Language Other Than English (online)
- ☐ Release, Consent and Acknowledgement Form (online)
- ☐ Request for Educational Records Card
- ☐ Student Health History (online)
- ☐ Referral for Assessment of Special Health Care Services (online)
- ☐ Screening for Possible Handicapping Condition (online)
- ☐ Student Emergency Card
- ☐ Over the Counter Medication Card

HIGH SCHOOL CREDIT REQUIREMENTS

SUBJECT	HIGH SCHOOL DIPLOMA REQUIREMENTS	MINIMUM IN-STATE UNIVERSITY COMPETENCIES
English	4 Credits	4 Credits (Composition or Literature Based)
Math	4 Credits <ul style="list-style-type: none"> • 1 Credit - Algebra I • 1 Credit - Geometry • 1 Credit - Algebra II • 1 Credit - includes significant mathematics content as determined by the local school district governing board or charter school (pre-calc, calculus, or statistics) These three credits shall be taken <i>beginning with the 9th grade</i> unless a student meets these requirements prior to the 9th grade.	4 Credits <ul style="list-style-type: none"> • 1 Credit - Algebra I • 1 Credit - Geometry • 1 Credit - Algebra II • 1 Credit - Advanced math for which Algebra II is a prerequisite
Science	3 Credits Three credits of science in preparation for proficiency at the high school level on the statewide assessment.	3 Lab Credits <ul style="list-style-type: none"> • 1 Credit from any 3 of the following: Biology, Chemistry, Physics, Earth Science, or Integrated Lab Science
World Language	Not required for diploma	2 Credits (Must be of the same foreign language)
Fine Art or CTE	1 Credit	1 Credit
History & Social Science	3 Credits <ul style="list-style-type: none"> • 1 Credit - American History • 1 Credit - World History/Geography • .5 Credit - Government • .5 Credit - Economics 	2 Credits <ul style="list-style-type: none"> • 1 Credit - American History • 1 Credit from any of the following: European History, World History, Economics, Sociology, Geography, Government, Psychology, or Anthropology
Electives	7 Credits	No Specific Requirements; must have a H.S. diploma for admission
Total Credits	22 Credits	16 Credits
	Assessment Requirements: All high school students are required to pass (60/100) a civics test to graduate.	GPA for admission to an in-state university is determined by grades in these 16 core classes. An overall unweighted GPA of 3.0 is required and grades in each subject area must average 2.0 or higher for unconditional admission.