

**ORACLE SCHOOL DISTRICT**  
**(520) 896-3070**  
**P.O. Box 1720**  
**2618 W El Paseo**  
**Oracle, AZ 85623**  
**www.OSD2.ORG**



April 5, 2023

Parents and Guardians of Mountain Vista K-8 Students,

On behalf of our teachers and staff, we thank you for choosing the Oracle Elementary School District for your child's education. We value the opportunity to create an educational partnership with you and your child. As we look forward to the 2023-2024 school year, our enthusiasm for and commitment to providing the best educational experience for your child is stronger than ever.

Please review the important information below:

- We ask that you complete the enclosed registration packet and mail each form back to the school office in the attached stamped, addressed envelope before **Monday, May 6, 2023.**
- We will host a Back to School Night on Tuesday, August 1, 2023 from 5:00 PM to 7:00 PM. This is a Mt. Vista tradition and opportunity for students and families to meet their child's new teachers.
- The first day of school for Grades K-8 is Thursday, August 3, 2023. School will start promptly at 7:50 AM and will end at 2:10 PM each day. We will no longer have Wednesday early release days.
- The first day of preschool will be Monday, August 14, 2023. Our 4-year old session will take place from 8:00 AM to 10:30 AM and our 3-year session will take place from 11:30 AM to 2:00 PM.
- Included with this letter is our 2023-2024 District Calendar for your reference and planning.
- We are proud of our students, staff, and B grade rating from the Arizona Department of Education for the 2022-2023 school year. We plan to be an A+ school and we know we are on track to meet that goal!
- After two years of campus construction, our school is almost complete. We look forward to August and will start the new school year in our new library, play on our new basketball court, and enter campus through our newly renovated school office lobby.
- We encourage you to follow Mountain Vista K-8 School on Facebook and visit our district website at [www.osd2.org](http://www.osd2.org) for regular updates and information.

We look forward to a successful and smooth end to the current school year and a strong start to the upcoming school year!

Sincerely,

Crystle Nehrmeyer  
Superintendent  
520-896-3074 office  
[cnehrmeyer@osd2.org](mailto:cnehrmeyer@osd2.org)

Shannon Soulé  
Principal  
520-896-3003 office  
[ssoule@osd2.org](mailto:ssoule@osd2.org)

# Registration Fees for the 2023-2024 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 Chrome Book  
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 2023-2024

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:

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>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

FEES;

Verify DOB \_\_\_\_\_ Certified By: \_\_\_\_\_ ( ) Baptismal Certificat

Extra Curricular \_\_\_\_\_

( ) Other

Chrome Book Insurance Plan \_\_\_\_\_



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 \_\_\_\_\_

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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)



**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

\_\_\_\_\_



## 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  
Lydia Smith

State Coordinator  
Silvia Chavez





## 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

Ludie Smith

Coordinador estatal

Silvia Chavez



## Permission to Photograph and Publish 2023-2024 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**  
**Over the Counter Medication Consent Form 2023-2024**

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

## 2023-2024

### 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 se mantendra 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 migraña 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