

Student Registration Form - PART 1

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT										
Student's Last Name			Student's First Name			Student's Middle Name		Suffix	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (MM/DD/YYYY)		Age	Birth City			Birth State		Birth Country		
Student's Primary Home Address (REQUIRED)						City		State	Zip	
Student's Mailing Address (if different from Home Address)						City		State	Zip	
Primary Phone Number (REQUIRED) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work					Secondary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work					
Ethnicity (CHECK ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino			Race (Check ONE or MORE, regardless of ethnicity) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander							
PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION										
1	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other:							
CONTACT THIS PERSON <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Last Name, First Name (as it appears on Driver's License)					Email Address			Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Birth (MM/DD/YYYY)		Birth Place		Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Contact reason: <input type="checkbox"/> Emergency <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> General <input type="checkbox"/> Priority <input type="checkbox"/> Teacher			Contact reason: <input type="checkbox"/> Emergency <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> General <input type="checkbox"/> Priority <input type="checkbox"/> Teacher			Contact reason: <input type="checkbox"/> Emergency <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> General <input type="checkbox"/> Priority <input type="checkbox"/> Teacher			
PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION										
2	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other:							
CONTACT THIS PERSON <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Last Name, First Name (as it appears on Driver's License)					Email Address			Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Birth (MM/DD/YYYY)		Birth Place		Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Contact reason: <input type="checkbox"/> Emergency <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> General <input type="checkbox"/> Priority <input type="checkbox"/> Teacher			Contact reason: <input type="checkbox"/> Emergency <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> General <input type="checkbox"/> Priority <input type="checkbox"/> Teacher			Contact reason: <input type="checkbox"/> Emergency <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> General <input type="checkbox"/> Priority <input type="checkbox"/> Teacher			
PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION										
3	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other:							
CONTACT THIS PERSON <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Last Name, First Name (as it appears on Driver's License)					Email Address			Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Birth (MM/DD/YYYY)		Birth Place		Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Contact reason: <input type="checkbox"/> Emergency <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> General <input type="checkbox"/> Priority <input type="checkbox"/> Teacher			Contact reason: <input type="checkbox"/> Emergency <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> General <input type="checkbox"/> Priority <input type="checkbox"/> Teacher			Contact reason: <input type="checkbox"/> Emergency <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> General <input type="checkbox"/> Priority <input type="checkbox"/> Teacher			
SCHOOL OFFICE USE ONLY										
Start (Enter) Date:		Date Entered in SIS:		Grade:	Teacher:		Student Perm ID#:		Entered into SIS by:	
Previously Enrolled in District? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Bus <input type="checkbox"/> Walker <input type="checkbox"/> Parent Pick Up		<input type="checkbox"/> ELL <input type="checkbox"/> Migrant <input type="checkbox"/> Gifted		<input type="checkbox"/> SpEd/Speech <input type="checkbox"/> 504 <input type="checkbox"/> Homeless		EdFi ID #:		



Student Registration Form - PART 2

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT				
Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT BACKGROUND INFORMATION				
Name of previous school attended	Has the student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level? _____		Has the student been identified for Gifted Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever attended another school in Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school/district? _____		Has the student attended school in the USA within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school/district? _____		
Has the student ever attended Stanfield Elementary District School: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate year and grade attended: _____				
LIST SIBLINGS ATTENDING STANFIELD ELEMENTARY SCHOOL DISTRICT				
Student's Last Name	Student's First Name	Grade		
Student's Last Name	Student's First Name	Grade		
Student's Last Name	Student's First Name	Grade		
Student's Last Name	Student's First Name	Grade		
Student's Last Name	Student's First Name	Grade		
DISCIPLINE INFORMATION-SUSPENSION/EXPULSION				
Has this student ever been suspended from School? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Date, Reason, School/District		
Has this student ever been expelled from School? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Date, Reason, School/District		
Has either action ever been recommended for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Date, Reason, School/District		
STUDENT EMERGENCY CONTACTS: PERSONS OTHER THAN PARENT/GUARDIAN - NEED TO PROVIDE AT LEAST ONE				
If my child is being sent home or must leave school and attempts to reach me have failed, I authorize the following persons to pick up my child. I understand that if the name of the person picking up my child does not appear on this list or the person does not have a photo ID, my child will not be released from school to that person.				
1 Relationship: (Check ONE) <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+				
Last Name, First Name (as it appears on Driver's License)	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
2 Relationship: (Check ONE) <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+				
Last Name, First Name (as it appears on Driver's License)	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
HOW DID YOU HEAR ABOUT US				
Please Choose One <input type="checkbox"/> Facebook <input type="checkbox"/> Family or Friend <input type="checkbox"/> Instagram <input type="checkbox"/> Mailer <input type="checkbox"/> Movie Theater <input type="checkbox"/> Twitter <input type="checkbox"/> Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____				
PARENT/GUARDIAN SIGNATURE				
I, the undersigned, do hereby authorize officials of Stanfield Elementary School District to contact the person(s) named on this form or updated forms and/or permission is granted to transport, render aid, treatment or care as deemed necessary in an emergency. In the event the parent and other person(s) named on either form cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Buckeye Elementary School District if I wish to change any information on this form or to revoke my consent given herein.				
Parent/Guardian Signature:				Date:



Parent Authorization for Release/Request of Student Records

In Accordance with Family Rights and Privacy Act of 1974 (PL93-380) and the Arizona State Law (ARS-15-151), I hereby authorize the release of student records on the student(s) named on this form.

INFORMATION REQUESTED FROM:

INFORMATION TO BE RELEASED TO:

STANFIELD ELEMENTARY SCHOOL DISTRICT #24

515 South Stanfield Rd

Stanfield, AZ, 85172

	Student's Last Name	Student's First Name	Grade Level	Birthdate
1				
2				
3				
4				
5				
6				
7				

INFORMATION REQUESTED

<input type="checkbox"/>	All Academic Records	<input type="checkbox"/>	Gifted Records	<input type="checkbox"/>	Test Scores
<input type="checkbox"/>	Attendance Records	<input type="checkbox"/>	Immunization/Health Records	<input type="checkbox"/>	Transcript of grades
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Last Report Card	<input type="checkbox"/>	Withdrawal Form
<input type="checkbox"/>	Discipline Records	<input type="checkbox"/>	MOWR Status		
<input type="checkbox"/>	ELL Scores/Records	<input type="checkbox"/>	Special Education Records		
<input type="checkbox"/>	Other: _____				

Written Consent is REQUIRED of Parent(s) when request for student records involve NON-SCHOOL individuals, agencies or Institutions.

Signature of Parent(s) / Guardian: _____

Date: _____

Signature of School Official: _____

Date: _____



Health Information Form

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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MEDICAL HISTORY - PLEASE MARK ANY CONDITIONS AND YEAR OF DIAGNOSIS THAT APPLY TO THE ABOVE STUDENT

<input type="checkbox"/> Arthritis: _____ <input type="checkbox"/> Asthma: _____ <input type="checkbox"/> Attention Deficit Disorder/Hyperactivity: _____ <input type="checkbox"/> Behavior Problems: _____ <input type="checkbox"/> Bladder or Bowel Problems: _____ <input type="checkbox"/> Bleeding Disorder: _____ <input type="checkbox"/> Cancer/Leukemia: _____ <input type="checkbox"/> Chest/Lung Disease: _____ <input type="checkbox"/> Chickenpox: _____ <input type="checkbox"/> Diabetes: _____ <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fractures: _____ <input type="checkbox"/> Head Injuries: _____ <input type="checkbox"/> Heart Condition: _____ <input type="checkbox"/> Kidney Trouble: _____ <input type="checkbox"/> Measles: _____ <input type="checkbox"/> German Measles: _____ <input type="checkbox"/> Migraine: _____ <input type="checkbox"/> Mumps: _____ <input type="checkbox"/> Neurological Disorder: _____ <input type="checkbox"/> Pneumonia: _____	<input type="checkbox"/> Rheumatic Fever: _____ <input type="checkbox"/> Seizures (Epilepsy): _____ <input type="checkbox"/> Skin Conditions: _____ <input type="checkbox"/> Strep Infection: _____ <input type="checkbox"/> Surgery: _____ <input type="checkbox"/> Tonsillitis: _____ <input type="checkbox"/> Tuberculosis: _____ <input type="checkbox"/> Valley Fever: _____
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HEARING HISTORY - PLEASE MARK ANY ITEMS THAT APPLY TO THE ABOVE STUDENT

- | | |
|---|--|
| <input type="checkbox"/> Chronic Ear Infections | <input type="checkbox"/> Known Hearing Loss (please provide documentation) |
| <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Myringotomy (tubes in ears) |

VISION HISTORY - PLEASE MARK ANY ITEMS THAT APPLY TO THE ABOVE STUDENT

- | | |
|--|---|
| <input type="checkbox"/> Color Deficiency | <input type="checkbox"/> Wears Contacts |
| <input type="checkbox"/> Known Vision Loss: <input type="checkbox"/> Left Eye <input type="checkbox"/> Right eye | <input type="checkbox"/> Wears Eyeglasses |

OTHER HEALTH INFORMATION

Physician Name	Phone	Hospital
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Surgeries/Hospitalizations:

Other Health Information:

PARENT/GUARDIAN SIGNATURE

I, the undersigned, do hereby authorize officials of Stanfield Elementary School District to contact the person(s) named on the student's emergency contact list in the event the parent cannot be contacted. In the event the parent/guardian or emergency contact person(s) cannot be reached, the school officials are hereby granted authorization to transport, render aid, treatment or care as deemed necessary in an emergency. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Stanfield Elementary School District if I wish to change any information on this form or to revoke my consent given herein.

Parent/Guardian Signature: _____

Date: _____

Hearing and Vision Screening

Vision and hearing screening is conducted for students in their schools according to the Arizona Department of Education guidelines. Because of the important connection between a student's academic achievement and his/her vision and hearing, parents are encouraged to allow their student to participate in this screening. Your school/center will be conducting screening provided under the supervision of the Stanfield Elementary School District's Certified Screeners.

Vision: The screening is done by certified staff at no charge to the parent. Children 3yrs and above will receive a comprehensive vision screening for color-blindness, near and distance vision, depth perception, convergence, and eye alignment. Children 6 months to 3 yrs will receive a vision screening using SPOT or SureSight Screening Method. Remember, the vision screening is just a screening, not the complete ophthalmologic exam that is provided by a doctor. We do not diagnose the child.

Hearing: The screening is done by certified staff at no charge to the parent. Children 3yrs and above will be screened using the Pure Tone Method as the standard. Children birth to 3 yrs will be screened using the OAE screening method as the standard. Remember, the hearing screening is just a screening, not a complete audiological exam that is provided by a doctor. We do not diagnose the child.

You will be notified in writing if your student does not pass one or more of the screenings.

I do not wish to have my student participate in the School/Preschool hearing and vision screening program.

Parent/Guardian Signature: _____

Date: _____



Medication Authorization Form

STUDENT INFORMATION		
Student's Last Name	Student's First Name	Student's Middle Name

MEDICATIONS – PLEASE MARK MEDICATIONS THAT THE ABOVE STUDENT IS ALLOWED OR NOT ALLOWED TO RECEIVE AT SCHOOL

The school nurse or agent may administer the following over the counter medications to your child in age appropriate doses. Written permission is valid for the current school year.

Acetaminophen or Ibuprofen for minor pain or fever over 100°F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Triple antibiotic ointment for minor injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Antipruritic preparations for minor skin irritations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Visine for minor eye irritations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Throat lozenges for minor sore throat or cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Antacid for minor gastrointestinal discomfort	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Orajel for temporary relief of toothache pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Cormex for temporary cold sore relief	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____

I hereby grant Stanfield Elementary School District permission in an emergency when neither I nor my family doctor can be contacted to take my child to the hospital emergency room.

Parent/Guardian Signature: _____ Date: _____



Student Services Questionnaire

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT				
Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
SPECIAL EDUCATION INFORMATION				
Was your student receiving special education services at their previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your student receiving 504 accommodations at their previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your student receiving ELL services (English Language Learners) at their previous school?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No to ALL above questions, please STOP and sign here →		Parent/Guardian Signature:		Date
If Yes to any of the above questions, please complete the below portion of this form and sign at the bottom				
SELECT SPECIAL EDUCATION SERVICES RECEIVED OR 504 ACCOMMODATIONS RECEIVED:				
<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Traumatic Brain Injury	
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Mild Intellectual Disability	<input type="checkbox"/> Severe Intellectual Disability	<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Moderate Intellectual Disability	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> 504 Plan	
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> Other:	
Do you have a copy of the current IEP or 504 Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Do you have a copy of the current Psychological Evaluation Report (MET)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
*** If you have copies of the current IEP and MET Report, please provide a copy to the Stanfield Elementary School Office ***				
PREVIOUS SCHOOL ATTENDED INFORMATION				
Name of previous school attended		Name of District		
Address		City	State	Zip
Phone	Fax	Email		
STUDENT AND PARENT INFORMATION				
Student's Primary Home Address		City	State	Zip
Parent Name		Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
PARENT/GUARDIAN SIGNATURE				
I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge. I hereby authorize the release of special education records for the above child.				
Parent/Guardian Signature:		Date		



McKinney-Vento Act Questionnaire

This questionnaire is intended to address the McKinney-Vento Assistance Act. U.S.C.A. 42 Section 11302(a). Your answers will help determine residency information necessary for potential services for this student.

1. Presently, where is the student living? Check one box:	
Section A	Section B
<input type="checkbox"/> In a motel/hotel <input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment due to economic hardship <input type="checkbox"/> Moving from place to place <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations (ex. Car, park, campsite) CONTINUE: If you checked a box in SECTION A, complete #2 and the remainder of this form.	<input type="checkbox"/> Choices in Section A do not apply. STOP: If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel.
2. The student lives with:	
<input type="checkbox"/> Parent(s)/Legal Guardian(s) <input type="checkbox"/> Relative(s), friend(s) or other adult(s) <input type="checkbox"/> Alone with no adult	<input type="checkbox"/> Stanfield Elementary School

STUDENT INFORMATION			
Student's Last Name	Student's First Name	Student's Middle Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (MM/DD/YYYY)	Age	Social Security # (if known)	

Other Student Information			
Name of Parent(s)/Legal Guardian(s) (if available)			
Residence Address:	City	State	Zip
Residence Phone:			
Mailing Address:	City	State	Zip
Alternative Contact: Name			Alternative Contact: Phone

Signature of Parent / Legal Guardian: _____ Date: _____

SCHOOL USE ONLY
Campus Administrator's determination of Section A circumstances: <input type="checkbox"/> Student lives apart from parent/guardian for school purposes. <input type="checkbox"/> Student and parent live with another family-not homeless. <input type="checkbox"/> Student comes under the McKinney Act.
Instructions for Registrars: 1. Mark in PEIMS as appropriate. 2. Send questionnaire to campus/district administrator. 3. Questionnaires of qualified students. 4. Discard questionnaires of non-qualifying students. 5. Contact District Liasison.



Student Transportation Request

A separate form must be used for each child to be picked up from or transported on any district bus. Transportation is the responsibility of the parent or legal guardian until this request has been approved and processed.

For any additional questions please feel free to contact the School or the Transportation Department at 520-424-3353 or 520-424-0238.

STUDENT INFORMATION			
Student's Last Name	Student's First Name	Student's Middle Name	Grade
1. TRANSPORTATION <u>TO</u> SCHOOL			
<p>I request my student to be allowed to ride the bus <u>TO</u> school from the bus stop nearest: (allow 48 hours to process)</p> <p>Physical Address: (no PO box) _____</p> <p>This address represents the students: <input type="checkbox"/> Home <input type="checkbox"/> Family <input type="checkbox"/> Friend</p> <p>Name of Child Care Provider: _____</p>			
SCHOOL USE ONLY			
AM Bus #:	Bus Stop:	Pick Up Time:	
2. TRANSPORTATION <u>FROM</u> SCHOOL			
<p>I request my student to be allowed to ride the bus <u>FROM</u> school to the bus stop nearest:</p> <p>Physical Address: (no PO box) _____</p> <p>This address represents the students: <input type="checkbox"/> Home <input type="checkbox"/> Family <input type="checkbox"/> Friend</p> <p>Name of Child Care Provider: _____</p>			
SCHOOL USE ONLY			
PM Bus #:	Bus Stop:	Drop off Up Time:	
PRE-SCHOOL – KINDERGARTEN – 1ST GRADE STUDENTS ONLY			
<p>PS, KG and 1st grade students must be met at the bus stop by an authorized adult or walking home with siblings.</p> <p>Name of person to meet the student at the bus stop: _____</p> <p>OK for student to walk home with siblings: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
2ND GRADE THROUGH 8TH GRADE STUDENTS ONLY			
<p>2nd through 8th students will be permitted to exit the bus at the bus stop unless otherwise noted below.</p> <p>OK for student to walk home from bus stop: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PARENT/GUARDIAN to meet bus or student will be returned to school: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of person to meet the student at the bus stop: _____</p>			

Parent/Guardian Signature: _____ Date: _____

SCHOOL USE ONLY		
Approved for further review	Principal or Designee:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Transportation Supervisor:	Date:



Student Surveys Consent Form

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name

Student's First Name

Student surveys, requires annual notification and written informed consent for the entire year from the parent of a pupil to participate in any survey administered pursuant to A.R.S. §15-117. A parent of a pupil may at any time revoke consent for the pupil to participate in any survey pursuant to subsection A of §15-117. All surveys conducted pursuant to subsection A of §15-117 shall be approved and authorized by the school district. A teacher or other school employee may not administer any survey pursuant to subsection A of §15-117 without written authorization from the school district.

A survey is only subject to §15-117 if the results are retained by the District for more than one year, it collects the student's name or other identifiable information, one or more questions in the survey impacts one or more of the protected areas listed in the statute, and the survey does not fall under one of the exceptions. A parent may agree to allow a child to participate in some surveys, but not in others. Surveys collected under §15-117 cannot be released to third parties without "de-identifying" the results.

If a parent or eligible student believes that the District is violating the FERPA, that person has a right to file a complaint with the U.S. Department of Education at:

The Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

PARENT CONSENT

☐ No, my student is not allowed to participate in student surveys as administered pursuant to A.R.S §15-117.

☐ Yes, my student is allowed to participate in student surveys as administered pursuant to A.R.S §15-117.

☐ Yes, my student is allowed to participate in the selected A.R.S §15-117 student surveys and no others.

(A list of the types of survey areas are below, check the appropriate boxes) _____

SURVEY AREAS PROTECTED BY A.R.S. §15.117

CHECK THE FOLLOWING SURVEY AREAS IN WHICH YOUR STUDENT MAY PARTICIPATE:

☐ Critical appraisals about another person with whom the student has a close relationship

☐ Political affiliations/opinions/beliefs

☐ Gun or ammunition ownership

☐ Biometric information about the student

☐ Illegal/antisocial/ or self-incriminating behavior

☐ Quality of interpersonal relationships in the home

☐ Income or other financial information

☐ Religious practices/affiliations/beliefs

☐ Legally recognized privileged relationships, i.e., priest, attorney, doctor

☐ Self-sufficiency during an emergency/disaster/or essential services interruption plans

☐ Medical history/information

☐ Sexual behavior/attitudes

☐ Mental health history/information

☐ Voting history

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature:

Date:



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 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.



Student Yearly Update

STUDENT INFORMATION			
Student's Last Name	Student's First Name	Student's Middle Name	Grade
1. Student / Family Handbook (https://schoolstanfieldaz.schoolinsites.com/handbook)			
<p>I verify that I have reviewed this school year's Stanfield Student/Family Handbook AND/OR attest to knowing where I can locate information I may need as a parent/guardian of a Stanfield District student.</p> <p>Student Signature: _____ Date: _____</p> <p>Parent/Guardian Name: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p>			
2. District and News Media			
<p>The media sometimes covers events at our school whereby your child may be interviewed, recorded, photographed, or videotaped by the media or district staff for a story in the newspaper, school newsletter, radio or television. In some cases, news photos may be posted on the internet for public access. Your child's name, photo, or interview may be used in school or district level publications and/or by the media unless you direct otherwise.</p> <p>_____ I give permission to use my child's information for the Media use</p> <p>_____ I do not give permission to use my child's information for the Media use</p> <p>Parent/Guardian Name: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p>			
3. Acceptable Use Policy – SAS Children's Privacy Act			
<p>By signing below:</p> <ul style="list-style-type: none"> We accept and agree to the Acceptable Use Policy. (link: https://schoolstanfieldaz.schoolinsites.com/handbook) We acknowledge that we have reviewed the SAS Children's Privacy Act. (link: https://schoolstanfieldaz.schoolinsites.com/handbook) <p>Student Printed Name: _____ Grade: _____</p> <p>Student Signature: _____ Date: _____</p> <p>Parent/Guardian Name: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p>			
SCHOOL USE ONLY			
<p>Payment of \$ _____ received on _____</p> <p style="text-align: center;">(amount) (date)</p> <p>Staff Member Printed Name: _____</p> <p>Staff Member Signature: _____ Date: _____</p>			