

A photograph of several young children sitting at a table in a classroom, focused on their work. One child in the foreground is wearing a grey shirt and is looking down at something on the table. Another child in a green shirt is also looking down. The background is slightly blurred, showing more of the classroom environment.

MT. VISTA KINDERGARTEN PREP PROGRAM

A stylized illustration of a yellow crayon with a blue eraser and a pink band.

# Preschool Registration



A Bright Beginning for your Child!

The Oracle School District provides FREE preschool for 3 and 4-year old children with support from the Oracle Schools Foundation, Quality First, and our District's commitment to Early Childhood Education.

A colorful illustration of a castle with a red roof, blue walls, and yellow accents.

## Why Choose Us

- 5-Star Quality First Program (the FIRST in Pinal County!)
- Engaging, play-based curriculum
- Caring and experienced staff
- Social, emotional, and academic development

A colorful illustration of a rainbow with red, orange, yellow, green, and blue bands, set against white clouds and yellow stars.

**Now Enrolling for Fall 2026**

Limited Spots Available!

A colorful illustration of a hot air balloon with yellow and white stripes, floating in a blue sky with white clouds.

**Complete and return a  
registration packet for your  
child today!**





# Kinder Prep Enrollment Agreement 2026-2027 School Year

***\*Please Read Thoroughly\****

Welcome to Mountain Vista Kinder Prep Program! We look forward to a happy and productive relationship with you and your family. The following policies have been created to help ensure the smooth operation of the Mountain Vista Kinder Prep Program and the safety of all the children enrolled. By **initialing** next to each paragraph, signing the bottom of this agreement, and enrolling your child at Mountain Vista Kinder Prep Program, you are acknowledging and agreeing to the following:

- Mountain Vista Kinder Prep Program will begin on Monday, August 10, 2026. We will have a morning session from 7:30 AM to 10:30 AM and an afternoon session from 11:30 AM to 2:40 PM each Monday, Wednesday, Thursday, and Friday.
- Participation in our Tuesday class will be based on qualification for the Quality First Scholarship. The Tuesday class will be held during the morning session, 7:30 AM to 10:30 AM. We will not have a Tuesday afternoon session.
- Enrolled children must turn 3 or 4 years of age by September 1, 2026.
- Enrolled children **must** be potty trained.
- Enrolled children are expected to attend preschool at least three days per week. Students who attend fewer than three days per week may be dropped from the program and their seat will be given to a student on the wait list.
- The following items are required before your child may attend our program:
  - Immunization records,
  - Copy of your child's birth certificate,
  - Proof of residency,
  - Completed and signed registration packet and emergency form.
  - Possible screening for hearing, vision, weight and height may be necessary before a student enters the program.
- Please note, breakfast, lunch, or snacks are not provided. Preschool students are welcome enjoy free breakfast and lunch in the Mountain Vista K-8 School Cafeteria before or after preschool as long as they are escorted and supervised by a parent or guardian.

- Both the morning session and afternoon session will have a scheduled daily snack time. Please plan to provide a healthy snack and send a bottle of drinking water with your child each day.
- Being late to school disrupts class time and learning. Enrolled children are expected to come to school on time and as often as possible. **Please remember, you must sign in at the Mountain Vista School Office in order to access campus before visiting, dropping off or picking up your child(ren).**
- Failure to pick up your child or contact preschool staff within 10 minutes after dismissal may result your child being released to the Department of Child Services or to a Pinal County Sheriff's Deputy, in accordance with state licensing regulations. It is critical to have current, updated phone numbers for each child's parent/guardian and emergency contact.
- Transportation is available for students who live in the Oracle Elementary School District. Please contact District Transportation at (520) 896-3070, Option 1 for more information and to schedule a specific pick-up and drop-off for your child.
- Your child may have the opportunity to participate in special programs or field trips. Any student who is not on their best behavior may not be allowed to attend any field trip or participate in any special function. Notices will be posted in advance and a signed permission slip will be required in order for your child to participate.
- Staff will release your child only to you or to those people you have listed on the **emergency** form. Emergencies may prevent you from picking up your child, therefore, include those individuals whom you would authorize in such events. If you would like an adult who is not on these forms to pick up your child you must notify Mountain Vista staff in advance, in **writing**. For safety, accuracy, and maintenance of records, it is critical to **sign** children in and out of the building.
- Weather occasionally requires staff to cancel school. Our procedure for notifying families in the event of the cancellation of school or a delayed start is by a text blast from our automated phone system. **Please note: it is very important to update the school if your phone number or address changes.**
- **If your child has 10 or more consecutive unexcused absences, he or she will be withdrawn from the program.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# ORACLE SCHOOL DISTRICT #2

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

## PRESCHOOL STUDENT REGISTRATION FOR 2026-2027

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 Certificate \_\_\_\_\_ Extra Curricular \_\_\_\_\_  
School ID \_\_\_\_\_ Unique ID \_\_\_\_\_ ( ) Other \_\_\_\_\_ Other \_\_\_\_\_



**Arizona Department of Education**  
**Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_\_\_ Bank or credit card statement
- \_\_\_\_\_ W-2 wage statement
- \_\_\_\_\_ Payroll stub
- \_\_\_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)
- \_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- \_\_\_\_\_ 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)
- \_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

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

**ORACLE SCHOOL DISTRICT**

**(520) 896-3070**

**P.O. Box 1720**

**2618 W El Paseo**

**Oracle, AZ 85623**

**www.OSD2.ORG**



February 20, 2026

Dear Current or Prospective Oracle School District Families,

Thank you for your interest in the Oracle Elementary School District! Open Enrollment is a statewide program that allows students who reside outside district boundaries to apply to attend Mountain Vista Kindergarten Prep Program or Mountain Vista K-8 School in the Oracle School District.

Our students are at the center of every decision we make. Our highly dedicated and well-trained teachers and staff are committed to inspiring each child to achieve their fullest potential. Supported by a strong and engaged community, we are proud to offer some of the finest educational facilities in the area, along with a wide range of academic and extracurricular programs designed to meet diverse student interests and needs.

To ensure we provide the best possible educational experience, the District annually determines the number of Open Enrollment students we can accommodate. In accordance with A.R.S. §15-816 and District Policy JFB, Open Enrollment availability is based on Governing Board-approved class sizes by grade level and program. When applications exceed available capacity, students may be placed on a waiting list.

If you would like your child to attend Mountain Vista Kindergarten Prep Program or Mountain Vista K-8 School for the 2026-2027 school year, please complete the attached Open Enrollment Application form. You will be notified by the school regarding whether your child's application has been accepted, denied, or placed on a waiting list. If your child currently attends our school, we ask for your completed Open Enrollment form to be returned to the school office before the **April 1, 2026 deadline**. Open Enrollment decisions for continuing students will be communicated to families by May 1, 2026.

Sincerely,

A handwritten signature in black ink that reads 'cnehrmeyer'.

Crystle Nehrmeier

Superintendent

[cnehrmeyer@osd2.org](mailto:cnehrmeyer@osd2.org)

520 896 3070, Option 3

**GOVERNING BOARD**

**Sean Borland**  
(650) 703-2018

**Edie Crall**  
(520) 404-1005

**Joy Reid**  
(520) 235-2479

**Jeri Taylor**  
(253) 279-6153

**ORACLE SCHOOL DISTRICT  
APPLICATION FOR OPEN ENROLLMENT**

PLEASE CHECK ONE:

New Student

Continuing Student

Student is applying to attend grade: \_\_\_\_\_ for School Year **2026-2027** at \_\_\_\_\_ School.

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

District of Residence: \_\_\_\_\_ Current School Attending: \_\_\_\_\_

Are student's siblings also applying for admission to the Oracle School District?  Yes  No

If yes, list student names (separate application forms must be completed for each child):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is the student under an expulsion or suspension from another school district?  Yes  No

Is the student in compliance with conditions imposed by a juvenile court?  Yes  No

Is the student enrolled in Special Education?  Yes  No

Note: The following conditions apply to the Open Enrollment Program:

- Enrollment is subject to the capacity limit established for the school and/or its grade levels.
- Transportation for the student may be the responsibility of the parent or legal guardian.
- Providing false information on this form may result in the application being denied or admission being revoked.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
*OFFICE USE ONLY*

Approved

Conditional -

Grades

Attendance

Discipline

Denied -

Space

Grades

Attendance

Discipline

Date approved or denied: \_\_\_\_\_ Signature of Principal: \_\_\_\_\_



## 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?**

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**2. What language does the student speak *most* of the time?**

---

**3. What language did the student first speak or understand?**

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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)



# Homeless Education

## ADE Rights of Homeless Students

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The Oracle School District shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

### **McKinney-Vento Definition of Homeless:**

*The term "homeless children and youth"— means individuals who lack a fixed, regular, and adequate nighttime residence [42 U.S.C. § 11434a(2)].*

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.



# Homeless Education

## ADE Rights of Homeless Students

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Act mandates the following: **Immediate Enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

**School Selection and Maintained Enrollment:** McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [42 U.S.C. §11432(g)(3)(A), 42 U.S.C. §11432(g)(3)(B) and 42 U.S.C. §11432(g)(3)(I) (i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

**Transportation Services:** McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

**Participation in Programs:** McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §11432(g)(4) & (6)(iii)].

**Unaccompanied Youth Experiencing Homelessness:** McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §11432(g)(1)(H)(iv)].

**Access to Extracurricular Activities:** Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

**Dispute Resolution:** If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. §11432(g)(3)(E)].

**Appointment of a Local Homeless Liaison:** The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §11432(g)(1)(J)(ii) and U.S.C. §11432(g)(6)(A)].

For more information, refer to Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, and the AZ State ESSA Plan. You may also contact:

<b>Oracle School District Homeless Liaison</b> Lydia Smith 2618 W El Paseo   Oracle, AZ (520) 896-3000 lsmith@osd2.org	<b>State Homeless Education Program Coordinator</b> Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 <a href="mailto:Homeless@azed.gov">Homeless@azed.gov</a>
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# Homeless Education

## ADE Student Residency Questionnaire (SRQ)

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program is authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

### Section A

Today's date: \_\_\_\_\_

Name of individual completing this form: \_\_\_\_\_

Your telephone number: \_\_\_\_\_ Your email address: \_\_\_\_\_

Student name: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Current grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Do you have additional children attending school in our district? Yes  No

Do you have children of the preschool age? Yes  No

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: \_\_\_\_\_

Is this address based on a temporary living arrangement? Yes  No

(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

**NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.**



# Homeless Education

## ADE Student Residency Questionnaire (SRQ)

### Section B

Name of the parent/guardian/adult caring for the student: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing economic hardship? Yes  No

Please place an "X" in each box that best describes where the student sleeps at night.

- In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reason  
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)  
What date did you begin staying here? \_\_\_\_\_
- In a shelter/transitional housing program (name of agency): \_\_\_\_\_  
What date did you begin staying here? \_\_\_\_\_
- In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)  
Provide the main cross streets of this unsheltered location: \_\_\_\_\_
- In a hotel/motel (name of hotel/motel & address) \_\_\_\_\_  
What date did you begin staying here? \_\_\_\_\_
- With an adult that is not a parent or court appointed legal guardian
- Alone, not in the care of a parent or court appointed legal guardian
- None of the above (Please explain): \_\_\_\_\_

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

\_\_\_\_\_  
Signature of Person Providing Information  
Parent/Legal guardian/Caregiver/Student

\_\_\_\_\_  
Date

### For School Use Only

Please note, the student's cumulative file should not include a copy of this form. Do not make copies of this form. If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: \_\_\_\_\_

Please check the housing types that apply:

- Sheltered  Doubled-up  Unsheltered/FEMA/Substandard  Hotel/Motel
- Unaccompanied youth: Yes  No  Transportation to school of origin needed: Yes  No

Date received by Homeless Liaison  _____
--



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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**\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.**

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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**The following individual(s) may NOT remove my child from the facility:**

<b>Name(s):</b>
-----------------

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:



## Permission to Photograph and Publish 2026-2027 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!

# ORACLE SCHOOL DISTRICT

2026-2027

## 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 info er mantenida confidencial.

**Please check the following if any apply to your son/daughter:**

**Indique por favor si cualesquiera de estas condiciones medicas se aplican a su hijo o hija**

Illness (Enfermedades)	Circle YES or No (Encierra si o no)	Date of Diagnosis MO/YR (Fecha del diagnostico)	Comments: (Comentario)
Chicken Pox/Varicella disease (Varicela o Viruela loca)	Yes or No		
Asthma (Asma)	Yes or No		
Diabetes (Diabetis)	Yes or No		
Seizure disorders (Convulsiones)	Yes or No		
Heart Condition (Condicion del corazon)	Yes or No		
Urinary problem (Condicion urinario)	Yes or No		
Orthopedic problem (Problema ortopedico)	Yes or No		
Skin condition (Condicion de la piel)	Yes or No		
Hearing problem (Problemas de oido)	Yes or No		
Frequent headaches or migraines (Los Dolores de cabeza o migrana 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

**Oracle School District Transportation Agreement  
Mountain Vista Kindergarten Prep Program  
2026-2027 School Year**



As the parent/guardian of a preschool student, I acknowledge and agree to the following transportation policies:

**1. Residency Requirement**

School bus transportation is provided only to students who reside within the Oracle School District boundaries.

**2. Transportation as a Privilege**

School bus transportation is a privilege, not a right. Students are expected to follow all bus safety rules and driver instructions at all times. Unsafe or inappropriate behavior may result in suspension or revocation of bus transportation privileges.

**3. Parent/Guardian Required at Bus Stop**

For the safety of preschool students, a parent or authorized guardian must be present at the designated bus stop at the scheduled pick-up and drop-off time. Preschool students will not be released from the bus unless a parent or authorized guardian is visibly present.

**4. Discontinuation of Transportation**

If a parent or authorized guardian is not present at the bus stop for student pickup more than once, school bus transportation services will be discontinued for that preschool student for the remainder of the school year or as determined by school administration.

**Authorization**

I have read, understand, and agree to comply with the Preschool Transportation Policies outlined above. I understand that failure to comply with these policies may result in suspension or termination of my child's transportation services.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# ORACLE School District

Oracle Elementary School District #2

Student Fee Schedule

2026-2027 School Year

## General:

- \$5.00 Extracurricular Activities Fee for all students (Kindergarten-Grade 8)
- \$12.00 Mt. Vista K-8 School Yearbook, optional
- Fall and Spring School Photos – varies, optional
- Lost/damaged books, devices, or equipment – varies by item lost or broken

## Athletics:

- \$25.00 Participation Fee for Grades 6-8, per Fall, Winter, Spring season (maximum fee of \$50.00 per student, per school year)
- \$35.00 Participation Fee for Grades Preschool-Grade 6 Community Schools Athletics (per season)
- \$20.00 Athletic Summer Camp Fee
- \$3.00 Adults, \$2.00 Student and/or Senior Athletic Gate Fee for Athletic Events, Grades 6-8

## Food Service:

- Student Breakfast
  - First full breakfast meal is free
  - Additional servings will be available for purchase:
    - Second full meal: \$2.50
    - Second entrée: \$1.00
    - Extra vegetables: \$0.50
    - Extra milk: \$0.35
    - Extra fruit: \$0.40
    - Extra bread or condiments: \$0.45
- Student Lunch
  - First full lunch meal is free
  - Additional servings will be available for purchase:
    - Second full meal: \$2.75
    - Second entrée: \$1.25
    - Extra vegetables: \$0.50
    - Extra milk: \$0.35
    - Extra fruit: \$0.40
    - Extra bread or condiments: \$0.45

- \$3.25 Adult/Staff Breakfast
  - Additional servings will be available for purchase:
    - Second full meal: \$2.00
    - Second entrée: \$1.25
    - Extra vegetables: \$0.50
    - Extra milk: \$0.35
    - Extra fruit: \$0.40
    - Extra bread or condiments: \$0.45
  
- \$4.50 Adult/Staff Lunch
  - Additional servings will be available for purchase:
    - Second full meal: \$3.00
    - Second entrée: \$1.25
    - Extra vegetables: \$0.50
    - Extra milk: \$0.35
    - Extra fruit: \$0.40
    - Extra bread or condiments: \$0.45

**7<sup>th</sup> and 8<sup>th</sup> Grade Educational Trip:**

- The student fee for this optional, educational trip varies each year depending on location, length of trip, and transportation. The student fee will be determined each year, approved by the Governing Board, and communicated to families in a timely manner to accommodate fundraising and planning.

**8<sup>th</sup> Grade Educational Science Trip:**

- The student fee for this optional, educational trip varies each year depending on location, length of trip, and transportation. The student fee will be determined each year, approved by the Governing Board, and communicated to families in a timely manner to accommodate fundraising and planning.

The Governing Board authorizes the Superintendent to waive all or part of the Extracurricular Activities Fee if it creates an economic hardship for a student.

