

Mt. Vista Kindergarten Prep Program Preschool Registration Packet

2025-2026 School Year

Oracle Elementary School District



ORACLE
School District



WELCOME TO THE 2025-2026 SCHOOL YEAR!

The Oracle School District and the Oracle Schools Foundation welcome you and your child to a new school year at Mt. Vista Kindergarten Prep Program. We offer tuition-free preschool for 3 and 4-year old children. We are a Quality First 5-Star Program, which means your child will receive high-quality education and services to prepare them for kindergarten and elementary school. We also provide Special Education services for students who qualify for additional support. If you reside in the Oracle School District, your child is also eligible for school transportation each day that preschool is in session. We welcome you to the program and we look forward to working with you and your child!



REGISTRATION STEPS

1. Attend a Preschool Orientation Session on Wednesday, March 5 at 11:00 AM or 5:00 PM.
2. Attend Preschool Round-up with your child on March 26 or April 2, 2025.
3. Submit a completed registration packet to the Mt. Vista Office.
4. Submit Quality First paperwork in July 2025.
5. Make sure your child is potty-trained
6. School starts in August 2025.

**PLEASE RETURN THIS
COMPLETED PACKET
TO THE MT. VISTA
K-8 SCHOOL
OFFICE.**

**QUESTIONS?
PLEASE CALL
MRS. THERESA
RODRIGUEZ AT
520 896 3000.
THANK YOU!**

ORACLE SCHOOL DISTRICT #2

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

PRE-K STUDENT REGISTRATION FOR 2025-2026

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:

Name

Phone#

Relationship

I VERIFY THE ABOVE INFORMATION TO BE ACCURATE

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

Date of Entry _____ Enrry Code _____ () Birth Certificate

FEES;

Verify DOB _____ Certified By: _____ () Baptismal Certificate

Extra Curricular _____

School ID _____ Unique ID _____ () Other _____

Chrome Book Insurance Plan _____



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



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)



Homeless Education

ADE Rights of Homeless Students

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:

Oracle School District Homeless Liaison

Lydia Smith
2618 W El Paseo | Oracle, AZ
(520) 896-3000
lsmith@osd2.org

State Homeless Education Program Coordinator

Arizona Department of Education
1535 W. Jefferson Street
Phoenix, AZ 85007
(602) 542-4963
Homeless@azed.gov





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 as 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**

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

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

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

**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.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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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.

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

Name(s):

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 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

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

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:
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Permission to Photograph and Publish 2025-2026 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

2025-2026

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 sera 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 (Usa lentes o lentes de contacto)	Yes or No		
Allergies (Please list all food, medication, etc.) Other) (Alergia (incluir comida, medicamentos, etc.) Otras cosas que causan alergias),	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 _____

In case 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



Kinder Prep Enrollment Agreement 2025-2026 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 11, 2025. 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, 2025.
- 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 to 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 persons 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
(520) 896-3070
P.O. Box 1720
2618 W El Paseo
Oracle, AZ 85623
www.OSD2.ORG



March 3, 2025

Dear Parents and Guardians,

Thank you for your interest in the Oracle Elementary School District! Open enrollment is a special program for any family living outside our school district boundaries who would like their child to attend Mt. Vista K-8 School or Mt. Vista Kindergarten Prep Program.

Your child and their peers are at the center of each decision we make at Mt. Vista K-8 School and Mt. Vista Kindergarten Prep Program. You will find highly dedicated and trained teachers and staff who will inspire your child to achieve success. Because of our supportive community, we now have some of the finest educational facilities in the area and we offer a wide variety of programs to meet the individual academic and extracurricular interests of your child.

To provide the greatest opportunities possible, each year we determine how many open enrollment students we can accommodate. In compliance with A.R.S 15-816 and District Policy JFB, open enrollment availability is based on Governing Board approved class sizes for each grade level and program. Students who have applied for open enrollment may be placed on a waiting list if capacity is exceeded.

If you wish for your child to attend Mt. Vista K-8 School or Mt. Vista Kindergarten Prep Program for the 2025-2026 school year, please complete the attached Open Enrollment Application Form. You will be notified by the school whether your child's application has been accepted, denied, or if they have been added to a waiting list.

Shannon Soule
Principal
Mt. Vista K-8 School
ssoule@osd2.org
520 896 3000 ext. 3

GOVERNING BOARD

Sean Borland
(650) 703-2018

Edie Crall
(520) 404-1005

Wendy Odell
(612) 868-9122

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 **2025-2026** 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 -

☐ Denied -

☐ Grades

☐ Space

☐ Attendance

☐ Grades

☐ Discipline

☐ Attendance

☐ Discipline

Date approved or denied: _____ Signature of Principal: _____