

# Tolleson Elementary School District No. 17

Welcome Center – 9401 W. Garfield • Tolleson, AZ 85353

(623) 936-9740 ♦ Fax (623) 533-3918



## Enrollment Packet Checklist Page

**You must bring the following documents with you at the time of registration to the Welcome Center. The registration process cannot be completed unless we have all of the following documents:**

- ☼ *Proof of Address (Current utility bill, rental agreement/mortgage statement, etc. in parent/guardian's name)*
- ☼ *Immunization Record (must be current)*
- ☼ *Official Birth Certificate*
- ☼ *Withdrawal Form & Report Card from Previous School*
- ☼ *Parent/Guardian's Photo ID*
- ☼ *IEP or DEP (if your child requires Special Services)*



### Forms to Complete and Return

- |  |  |
|--|--|
| <input type="checkbox"/> Front Cover of Student File | <input type="checkbox"/> Health Screening Form                                 |
| <input type="checkbox"/> Enrollment Form             | <input type="checkbox"/> Special Education Information                         |
| <input type="checkbox"/> PHLOTE Home Language Survey | <input type="checkbox"/> Arizona Residency Documentation Form                  |
| <input type="checkbox"/> Emergency Information Sheet | <input type="checkbox"/> Request for Student Records/Authorization for Release |

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**Usted debe traer los siguientes documentos el día de la inscripción. El proceso de inscripción no podrá ser completado al menos que tengamos todos los siguientes documentos:**

- ☼ *Comprobante de domicilio (Reciente recibo de pago de utilidades, contrato de renta/recibo hipotecario, etc. in el nombre del Padre or guardian legal)*
- ☼ *Tarjeta de vacunas*
- ☼ *Acta de Nacimiento Oficial*
- ☼ *Forma de Retiro y/o Boleta de Calificaciones de la Escuela Anterior*
- ☼ *Identificación con foto de los Padres/Guardianes*
- ☼ *IEP or DEP (Si su hijo/a necesita servicios especiales)*



### Formas para llenar y regresar

- |  |   |
|--|---|
| <input type="checkbox"/> Hoja principal del folder del Estudiante  | <input type="checkbox"/> Forma de Salud del Estudiante  |
| <input type="checkbox"/> Forma de Inscripción                      | <input type="checkbox"/> Información acerca de Educación Especial                               |
| <input type="checkbox"/> (PHLOTE) Encuesta de Lenguaje en el Hogar | <input type="checkbox"/> Forma de Residencia y Documentación en Arizona                         |
| <input type="checkbox"/> Hoja para información de Emergencia       | <input type="checkbox"/> Autorización para solicitar información en los records del Estudiante. |



# Tolleson Elementary School District

## Uniform Store in Welcome Center

**Store Hours: 8:00 A.M. - 2:00 P.M. Monday – Friday Per School Calendar**  
**Closed 2 days at the end of each month for Monthly Inventory**

Uniform Colors: Bottoms – **Navy Blue or Khaki Color**

Shirts – **White, Hunter Green, or Powder Blue**

Bottoms: **No Denim, Corduroy or Sweat Pants.**

Shirts **MUST** be solid, have collar, have sleeves, and No logos.

**\*Cash ONLY**

**\*No Bills over \$20.00**

**\*ALL prices include tax**

**\*No Refunds/Exchanges – ALL sales final!**

### Uniform Price List

Basic Polo Shirts		\$5.00
Shorts		\$6.00
Pants		\$7.00
Girls Skorts		\$8.00
Girls Jumpers		\$8.00

### USED UNIFORMS *(limited sizes)*

<b>ALL USED UNIFORMS</b>	<b>\$1.00</b>
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**Tolleson Elementary School District No. 17**  
**Student Enrollment Form 2014-15**

**Arizona Desert**    **Desert Oasis**    **P.H. Gonzales**    **Sheely Farms**

<b>Student Information - Please Print</b>				
Student Legal Last Name		Student Legal First Name		Middle Name <small>Male / Female</small>
Date of Birth / /	US, State of Birth	Country of Birth	If your child was born outside the U.S., on what date did your child <b>first enter school</b> in the U.S.?	
Required Ethnicity: <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Not Hispanic/Latino		Required Race: <input type="checkbox"/> American Indian /Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		
Home Residence Address:		City	Zip	Home Phone Number
Mailing Address:		City	Zip	Message Phone
<b>Is this a temporary living situation due to loss of housing or economic hardship?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>If you answered yes, you may be eligible for services under the McKinney-Vento Homeless Student Act 42 U.S.C. 11435.</b>				
Parent/Guardian Information - Parent/Guardian is responsible for providing any and all court documentation pertaining to legal custody of student, if any. Please Print				
Student Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <small>(legal document required)</small> <input type="checkbox"/> Other- please specify _____	First Name: _____ Last Name: _____			
	Check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Released To			
	Home Phone:	Cell Phone:	Work Phone:	
	Email Address: _____			
Student Lives with: <input type="checkbox"/> Father <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <small>(legal document required)</small> <input type="checkbox"/> Other- please specify _____	First Name: _____ Last Name: _____			
	Check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Released To			
	Home Phone:	Cell Phone:	Work Phone:	
	Email Address: _____			
<b>Siblings under 18 years:</b> Name _____ Age _____ Name _____ Age _____ Name _____ Age _____ Name _____ Age _____				
Student Home Language:	Migrant Survey			
What is the primary language used in the home regardless of language spoken by the student? _____	Have you moved along with or to join a parent, spouse or guardian within the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, do not answer the next two questions.</i>  Was the primary purpose of the move to obtain (or try to obtain) work that is temporary or seasonal, in agricultural activities including dairy work? <input type="checkbox"/> Yes <input type="checkbox"/> No  Was agricultural work a primary means of livelihood for the worker and his/her family? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the language most often spoken by student? _____				
What is the language that the student first acquired? _____				
<b>Previous Education Information - Has your child ever been enrolled in Tolleson Elementary School District: Yes NO if yes what school and year ?</b>				
Last School Attended: _____	District: _____	City	State	Country
If the last school was out of state/country has your child ever attended school in AZ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if Yes in what year?</i>				
<b>Please provide us with the following required information to better serve your student</b>				
Has your child been Long-term Suspended or Expelled <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if Yes, explain:</i>				
Does your child have an IEP, receives Special Ed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child been identified for Gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No	At Previous School was Student in ELL Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Signature of Parent/Guardian:</i>			<i>Date:</i>	

<b>Official use only</b>								
Birth Certificate	Proof of Res.	Immunizations	WD Form/Report Card	<i>Foster Home</i> Y N	<i>Group Home</i> Y N	<i>McKinney Vento</i> Y N	<i>Immigrant</i> Y N	<i>Migrant</i> Y N
Enter Date	Enter Code	Grade	SAIS #	School ID	CTDS	Date Entered Synergy	Initials	
					070417000			



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** \_\_\_\_\_
2. **What is the language most often spoken by the student?** \_\_\_\_\_
3. **What is the language that the student first acquired?** \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



# TOLLESON ELEMENTARY SCHOOL DISTRICT No. 17

## EMERGENCY INFORMATION FORM School Year 20\_\_ - 20\_\_

Student's Name \_\_\_\_\_ Male/ Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Father or Guardian: \_\_\_\_\_

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

Main Phone: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Email/Twitter: \_\_\_\_\_ Email/Twitter: \_\_\_\_\_

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

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Guardian's relationship to student: \_\_\_\_\_ Guardian's relationship to student: \_\_\_\_\_

*Are there any Custody Concerns the school needs to be informed on?  Yes  No – if Yes: Parent/Guardian is responsible for providing Tolleson Elementary School District with the necessary legal custody papers.*

**In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**If Medical Care is Necessary, Call:**

**DOCTOR:** \_\_\_\_\_  
Name Phone Address City State Zip

**HOSPITAL:** \_\_\_\_\_  
Name Phone Address City State Zip

Does your child have insurance coverage? Yes or No \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

*In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me or the emergency contacts listed, I hereby authorize the school to call the doctor indicated above and to follow his instructions. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.*

*I hereby give authority to any hospital or doctor to render immediate aid to my child as might be required at the time for his/her health and safety. It is understood by me that the expenses of this service will be accepted by me.*

**This Emergency Information Form is accurate and complete, and was provided by:**

\_\_\_\_\_  
 Parent or Guardian-(Printed name) Signature Date



# TOLLESON ELEMENTARY SCHOOL DISTRICT No. 17

## STUDENT HEALTH SCREENING

### Request for administration of prescription or over the counter medication at school

Please complete and return this form to the school Health Office.

School Year 20\_\_ - 20\_\_

[ ] AZ Desert [ ] Desert Oasis [ ] P.H. Gonzales [ ] Sheely Farms

Written permission is necessary before medication can be given to your child. If written permission is not available, then verbal permission may be obtained for each episode. Written permission is valid only for the current school year. If you have any questions regarding this please contact the Health Office of your child's school. Students who need to have access to prescription or over the counter medication in school must leave it with the health office along with the parent/guardian signed medication administration form. Medication must be in its original container with written directions from prescribing physician concerning medication's use and administration.

**Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_**

Legal First Name	Legal Middle	Legal Last Name	Date of Birth
			/ /

Does your child have a hearing problem?	Yes	No
Does your child wear prescription glasses?	Yes	No
Does your child have a speech problem?	Yes	No
Your child's vision and hearing may be tested this year, if you don't want it to be tested please notify the school in writing.		
Please specify any chronic health problems:		
Is your child on daily medications or other medical treatments?		
Has your child had any surgery, accidents or illnesses within the past year?		
Is your child susceptible to infections and if so, what precautions need to be taken?		
Is your child subject to convulsions and what should be our procedure if one occurs?		
Any other health related issues you want to make the school aware of?		
Is your child allergic to food or other substances?	Yes	No
List allergies here:		

**Please indicate which of the following medications may be administered to your child for minor injuries or sickness:**

Acetaminophen (Tylenol) (headache/menstrual cramps, etc)	Yes	No	Ibuprofen/Advil/Motrin (headache/menstrual cramps, etc)	Yes	No
Eye drops/Eye Wash (wash away foreign object in eyes/burning)	Yes	No	Anti-itch Cream/Hydrocortisone cream (insect bite/itching/rash)	Yes	No
	Yes	No		Yes	No
Antibiotic Ointment (cut/abrasion)	Yes	No	Throat Lozenge (sore throat)	Yes	No
Topical Anesthetic (burn/abrasion)	Yes	No	Cough drops (cough)	Yes	No
Antacid/Tums/Pepto Bismol (upset stomach)	Yes	No			

**I understand that it is my responsibility to notify School Health Office of any changes to my child's health.**

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)



*Tolleson Elementary School District No. 17*

Welcome Center – 9401 W. Garfield • Tolleson, AZ 85353

(623) 936-9740 ♦ Fax (623) 533-3918

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“Together, We Make a Difference ”

## Special Education Information

Was your child receiving Special Education services at his/her previous school?  Yes ,please complete the remainder of this form.

No

Please select the appropriate Special Education category:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Autism                       | <input type="checkbox"/> Developmental Delay                              | <input type="checkbox"/> Emotional Disability        |
| <input type="checkbox"/> Hearing Impaired             | <input type="checkbox"/> Multiple Disabilities- Severe Sensory Impairment |  |
| <input type="checkbox"/> Multiple Disabilities        | <input type="checkbox"/> Mild Mental Retardation                          | <input type="checkbox"/> Moderate Mental Retardation |
| <input type="checkbox"/> Other Health Impairment      | <input type="checkbox"/> Orthopedic Impairment                            | <input type="checkbox"/> Severe Mental Retardation   |
| <input type="checkbox"/> Specific Learning Disability |   | <input type="checkbox"/> Speech/ Language Impairment |
| <input type="checkbox"/> Traumatic Brain injury       |   | <input type="checkbox"/> Visual Impairment           |

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

Parent Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Students Date of Birth: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address of School (if Known) \_\_\_\_\_

School District of Previous School: \_\_\_\_\_

Phone Number of Previous School: \_\_\_\_\_

Name of student's last teacher: \_\_\_\_\_

Do you have a copy of the current IEP?: Yes No

Do you have a copy of the current Psych educational Evaluation? Yes No

If you have copies of the current IEP and Psych educational Evaluation, please provide a copy to the Special Education Services located in the District Office or the Welcome Center. For confidential purposes, please enclose the copies on a manila envelope.

Thank you for your cooperation.



**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
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  
- \_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*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.



# Tolleson Elementary School District #17

## Request For Student Records

( ) Arizona Desert ELEM.

( ) Desert Oasis ELEM.

( ) P.H. Gonzales ELEM.

( ) Sheely Farms ELEM.

**MAIL OR FAX RECORDS TO: T.E.S.D Welcome Center**

9401 W Garfield St Tolleson, Arizona 85353

Phone: (623) 936-9740 Fax: (623) 533-3918

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Previous School *(last school attended)*

\_\_\_\_\_  
Address *(last school)*

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone# \_\_\_\_\_

Fax# \_\_\_\_\_

### **PARENT AUTHORIZATION FOR RELEASE OF RECORDS**

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic (educational) medical (health), psychological, special education, social developmental, and gifted information, regarding the following pupil:

Students name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Students name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Students name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Students name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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

Date \_\_\_\_\_

**Please forward the following cumulative information/records for the student(s) named above:**

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Test Scores

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ English Language Scores (ELL)

\_\_\_\_\_ Withdrawal Form

\_\_\_\_\_ Discipline Records

\_\_\_\_\_ Report Card

\_\_\_\_\_ Gifted Records

*Forward records to: T.E.S.D Welcome Center 9401 W Garfield St Tolleson, AZ 85353 Fax: (623) 533-3918*

***Please send Special Education File to:***

Educational Service Office

9261 West Van Buren Street Tolleson, AZ 85353

Phone: (623) 533- 3900 Fax: (623) 533- 3925



*Tolleson Elementary School District No. 17*

9261 W. Van Buren • Tolleson, AZ 85353

(623) 936-9740 • FAX (623) 533-3919

**The Governing Board**

B. Dale Crandell

Ruth H. Díaz

Bertha A. Estrada

Elizabeth T. Hunsaker

Adriana G. Morado

**Superintendent**

Dr. Lupita Hightower

February 10, 2014

Dear Parents:

We are pleased to notify you that in accordance with the *No Child Left Behind Act of 2001*, you have the right to request information regarding the professional qualifications of your child's teacher.

Specifically, you may request the following:

- Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria has been waived.
- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.
- Whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like to receive this information, please contact the Principal at your child's school or the district Human Resources Department. Should you have any questions, feel free to contact Dr. Ramona Lomeli, Administrator of Human Resources at 623.533.3900.

Sincerely,

Dr. Ramona Lomeli

Administrator of Human Resources