

SNOWFLAKE SCHOOL DISTRICT

"Home of the Lobos"

682 School Bus Lane

Snowflake, AZ 85937

RECORDS REQUEST

Please forward records for the following student:

_____/_____/_____
Student Name/Nombre del estudiante **DOB/Fecha de Nacimiento** **Grade/Grad(o)**

Last school attended/Última escuela a la cual asistió el / la estudiante: _____

Address of last school/Dirección de la escuela **City/Ciudad** **State/Estado** **Zip/Código Postal**

Fax: (_____) _____ - _____ **Phone/Teléfono:** (_____) _____ - _____
Last school/Última escuela a la cual asistió el / la estudiante **Last school/Última escuela a la cual asistió el / la estudiante**

PLEASE SEND THE FOLLOWING RECORDS:

AIMS Results (Arizona Schools Only)
SAIS ID Number (Arizona Schools Only)
Birth Certificate
Withdrawal Grades
Immunization Records/Health Records
Official Withdrawal Form

Official Transcript
Special Education Records including IEP's
Psychological Reports and 504 Plans
Tests Scores
AZZELLA Results

Parent/Guardian/Principal-Firma del Padre o Tutor/Director o Consejero **Date/Fecha**

State Law ARS 15-828 Paragraph "F" states that **NO SCHOOL SHALL WITHHOLD RECORDS DUE TO FINANCIAL DEBTS.**

Title 34 Federal Law 99.31 – No Parent/Guardian Signature required for educational records to be sent to another educational agency.

SNOWFLAKE HIGH SCHOOL
928-536-4156 ext 7521
928-536-4240 fax

SNOWFLAKE
INTERMEDIATE
928-536-4156 ext 7111
928-536-2995 fax

TAYLOR
INTERMEDIATE
928-536-4156 ext 7410
928-536-7225 fax

SNOWFLAKE JUNIOR HIGH
928-536-4156 ext 7311
928-536-3007 fax

HIGHLAND
PRIMARY
928-536-4156 ext 7610
928-536-3006 fax

TAYLOR
ELEMENTARY
928-536-4156 ext 7210
928-536-6887 fax

STUDENT REGISTRATION FORM

SNOWFLAKE UNIFIED SCHOOL DISTRICT #5

Home of the Lobos
682 West School Bus Lane
Snowflake, AZ 85937
(928) 536-4156

NATIVE AMERICAN	
Tribe _____	_____
Census/Enrollment # _____	_____
Agency _____	_____
CIB _____	_____
Form 506 _____	_____

Legal Last name of Student _____ First _____ Middle _____ Name you want your child called at school _____ Grade _____
Date of Birth _____ Official Birth Certificate Yes No Sex M F Age (on August 31st of this year) _____
Birth State _____ Birth City _____ Birth Country _____

Ethnic/Race Background:

Is student Hispanic/Latino? Yes No
Is student of one or more races? (check all that apply)
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

What is the primary language used in the home regardless of the language spoken by the student? _____
What is the language most often spoken by the student? _____
What is the language that the student first acquired? _____
What language(s) should the school use in written notices sent to your home? _____

Physical Address _____ City _____ State AZ Zip Code _____
Mailing Address _____ City _____ State AZ Zip Code _____
Parent Email _____ Student Email _____ Student Cell _____

Family Data

Last Name	First Name	Contact Priority (1, 2, 3)	Student Lives With	Has Legal Custody	Receives Mail	Place of Employment	Business Number	Home/Cell Number
Father								
Mother								
Stepfather								
Stepmother								
Foster Parent/ Legal Guardian								
Other (specify)								

If there is a divorce or separation, please provide custody papers.

Student Residency – The McKinney-Vento Homeless Education Assistance Improvement Act 42 U.S.C. 11435

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

****If YES, Please fill out supplemental form****

Last school attended _____ Date withdrawn _____ Grade _____
School address _____ Street _____ City _____ State _____ Zip Code _____

Has student ever attended school in the Snowflake District? If Yes, School Name _____
Year attended _____ Grade _____
Any other pertinent information regarding your child? _____

Parent/Guardian Signature _____ Date _____

Principal/Counselor Signature: _____ Date _____

FOR OFFICE USE ONLY		
Teacher _____	Student ID# _____	Student SAIS ID# _____
Enrollment Date _____	Grade _____	Open Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No
Date records requested _____	School Year _____	Custody papers on file <input type="checkbox"/> Yes <input type="checkbox"/> No
	Language Code _____	Bus # IN _____ OUT _____



NOTICE TO PARENTS CONCERNING ACCESS TO STUDENTS

The school district will allow either parent to check children out of the school as provided by law and district policy. If parents are legally separated or divorced, the district will assume that each parent has equal right and access to the child unless the district is provided with a copy of a court order directing otherwise. For example, if a court issues a Protective Order dictating that a parent shall not have contact with a child, the district will release the child only to the other parent. If a court issues a Divorce Decree specifically ordering that one parent has sole legal and/or physical custody of the child, the district will comply with the court order and release the child only to the appropriate parent unless specifically directed otherwise by the parent with sole custody.

Please understand that teachers, principals, and others at the school cannot rely on parent's verbal report that another parent's rights have been temporarily or permanently changed. The district will assume that both parents have access to their child and to information about their child unless the district is provided with a copy of the most recent court order concerning these issues.

Student Name: _____

Date: _____

Please check one of the following statements:

_____ There are no court orders or parental custody issues that apply to the student named above.

_____ I have provided a copy of all documented court orders, restraining orders, etc. that apply to the above named student.

_____ I have court orders, restraining orders, etc. that pertain to the student named above and realize that it is my responsibility to provide them to my child's school. Until that time, I am aware that both parents will be treated as custodial parents.

Parent Name (print) _____

Parent Signature _____



**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.



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 _____

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.

STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435. The answers to the residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangements due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

School _____

Student Name _____

Birth Date ____/____/____

Parent/Legal Guardian Name _____

Address _____

Parent/Legal Guardian Signature: _____ Date _____

Presenting a false record or falsifying records is an offense Section 37.10. Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Please send a copy of this questionnaire to Kim Stevens at the Student Services Department
Fax Number: 536-4246



RACE and ETHNICITY DATA COLLECTION FORM

In accordance with federal guidance, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on the ethnicity and the second is on race. The race question can have multiple values.

Student Name _____ Date _____

Parent/Guardian Signature _____

Race/Ethnicity Two Part Question: Answer BOTH questions.

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

Part 1: Ethnicity Is this student (or is the respondent) Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central America, or other Spanish culture or origin, regardless of race)

Part 2: Race What is the student's (or respondent's) race? (Regardless of how respondent answered the first question, choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliations or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

PARENT PERMISSION FOR SCHOOL "MEDIA" USE

YES

Parental permission must be recorded and on file before school sources are granted access to your student for purposes of photographs, videotapes, and/or interviews of your student, including voice recordings for use by District/School personnel for yearbooks, school websites, newspaper articles, yearbook, etc.

NO

I GIVE PERMISSION for my child to be photographed, videotaped, and/or interviewed by school personnel.

[The primary reason a parent/guardian might say no is if there were a vicious custody battle and no information of any kind is desired to be made public.]

Student's name _____ Teacher _____

Parent Signature _____ Date _____

**SNOWFLAKE UNIFIED SCHOOL DISTRICT #5
REGISTRATION FORM**

NOTIFICATION BY PARENT OF PUPIL'S ANSENCE FROM SCHOOL (ARS 15-807)

According to Arizona Revised Statutes 15-807, it is the responsibility of the parent/guardian to notify the school in which the pupil is enrolled prior to or at the time of any absence of the pupil.

If a student is not in attendance at school and the school has not been notified, reasonable effort will be made to contact parent/guardians by phone.

By law the School District is required to ask for a telephone number where either parent/guardian can be contacted for purposes of attendance, and that the school be notified promptly of any change in telephone number(s).

Parent/Guardian

Students Name

Telephone Number

Date

SNOWFLAKE UNIFIED SCHOOL DISTRICT

Electronic Information Services Acceptable User Agreement

Terms, Conditions, and Permissions

The appropriate use of the Electronic Information Service supports the vision, mission, goals, and objectives as defined by District policy. Teachers/staff will maintain supervision of students using Electronic Information Service resources, but cannot always control the appropriateness, accuracy, or accessibility to such resources. Ultimately, parents and guardians of minor students are responsible for setting and conveying the standards and values their children should follow. The District supports each family's right to decide whether or not to allow their student access to these services.

THE FOLLOWING GUIDELINES APPLY:

Acceptable Use to include, but not limited to the following:

- To support educational objectives and enhance the mission of SUSD
- To conduct official SUSD business

Unacceptable Use to include, but not limited to the following:

- Student use of any messaging software (email or chat) to communicate with another student in class or someone off campus.
- Staff use of email to forward chain letters, jokes, or advertising
- Playing or downloading games or music from the Internet for non-educational purposes
- Downloading or uploading files, software, or documents without permission
- Violating copyright laws
- Plagiarism
- Attempting or gaining access to unauthorized files
- Any malicious behavior including creating/transferring viruses, deleting, tampering file contents or properties or damage to or removal of hardware or software components.
- Installation of unauthorized and/or non-licensed software

CONTRACT FOR ELECTRONIC INFORMATION SERVICES

- I understand and agree to abide by the above guidelines and restrictions.
- I will use the EIS to support educational objectives within the defined educational goals and objectives of the District.
- I understand that improper use may result in disciplinary action and or cancellation of my EIS privileges.
- I understand that I will only be allowed to use EIS resources when this signed agreement is on file in the appropriate school office.

PERMISSIONS AND SIGNATURES

User Name (please Print): _____
First Middle Last

User Signature: _____ Date: _____

PARENT PERMISSION FOR STUDENT USERS:

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

I DO NOT WANT MY CHILD TO HAVE ACCESS TO THE INTERNET AT SCHOOL.

Complete copy of District Electronic Information System Policy is available at each site.

10054 4/18/05

Student Health History

Student Name _____
 Legal Last Name First Name Middle Name

Does your child have any of the following medical conditions? Please circle yes (Y) or no (N) for each condition.

Y	N	ADD or ADHD	Y	N	Epilepsy/Seizures
Y	N	Allergies ____ Mild ____ Moderate ____ Severe	Y	N	Asthma ____ Mild ____ Moderate ____ Severe
Y	N	Gastrointestinal (stomach) disorders	Y	N	Migraine Headaches
Y	N	Chicken Pox Month _____ Year _____	Y	N	Urinary Conditions
Y	N	Diabetes	Y	N	Skin Disorders
Y	N	Psychiatric Disorders	Y	N	Heart Conditions

If any yes answers, please explain _____

Please list any known allergies _____

Is your child on any medications at home? If yes, please list _____

Is your child currently under a doctor's care? If yes, please give reason _____

Occasionally your child may need acetaminophen or a cough drop at school. Please check yes or no:

Yes No My child may be given an age-appropriate dose of acetaminophen (Tylenol) at school.

Yes No My child may be given a cough drop at school.

Family Doctor _____ Insurance _____

EMERGENCY CONTACTS (other than parent)

Name	Relationship	Phone Number

Emergency Contacts-Parental approval for the student to be picked up from school, for any reason, by someone other than the parent/guardian must be given. The school will not release the student to any one not listed on this form.

SIBLINGS LIVING IN THE HOME

Name	School Attending

If emergency medical action or treatment is required and a parent/guardian cannot be contacted, I hereby consent for my student to be given medical care and if necessary, transported by ambulance to the hospital or doctor's office.

Parent/Guardian Signature _____ Date _____

